A Phenomenological Study: Experiences of Men Residing in a Substance Abuse Recovery Program With a Domestic Violence Perpetration Intervention Cohort

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

The purpose of this qualitative phenomenological study was to explore the lived experiences of men in a substance use disorder (SUD) residential program simultaneously receiving domestic violence (DV) perpetration intervention and services that address adverse childhood experiences (ACEs). This study examined men's ACEs, substance use, and DV perpetration. Urie Bronfenbrenner's socioecological model and Rudolf Moos' modification of socioecological model provided the foundational context and theoretical framework for the study. Although there are various reasons individuals use substances, one of the underlying causes is often unattended ACEs. Individuals with SUDs are also often the perpetrators of DV within their intimate relationships. Currently, violent perpetrators are often ordered to complete batterer intervention programs, but these programs have been ineffective in reducing DV. This research study provided a voice for the men in an SUD program who have experienced ACEs and DV perpetration. Data were collected from 12 men residing in a DV perpetration intervention program using semi-structured interviews. The implications of the results from the interviews indicated that ACEs was a predictor of future drug use and domestic violence perpetration. The results of this study could be valuable for batterer intervention programs, SUD counselors, court systems, and churches.

Keywords: domestic violence, substance use disorder, adverse childhood experiences, ACEs, trauma, batterer intervention program

Dedication

I first dedicate this dissertation to my Lord and Savior, Jesus Christ, who has blessed me with salvation and has lavished His love upon me. You are constantly proving to me that all things are possible. I also dedicate this dissertation to the loving memory of my grandmothers, Thelma Bryant, and Ardella Gilmore, and to my godparents, Lee and Alma Brown, all of whom are with Jesus. To my father and mother-in-law, Johnny and Carrie Bullock: I know you are rejoicing in heaven. And to my beloved cousin, Jermiel Covington: I know you are elated to be in heaven. Charlene, thank you for loving and caring for my cousin. Oh, how he loved you.

To my beloved husband, Johnny Gray Bullock, Jr.: "My darling, I am yours, and you are mine" (*English Standard Version Bible*, 2001, Song of Solomon 2:16). You are God's definition of a husband and father. When God created man, He had you in mind. More than anyone, you sacrificed the most. Your selfless love for me allowed me to step out in faith. You lovingly challenged me to obtain this degree, and because of you, it has been accomplished. I wholly dedicate this dissertation to you.

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List of Abbreviations

Adverse childhood experience (ACE)

Alcohol use disorder (AUD)

American Psychological Association (APA)

Batterer intervention program (BIP)

Centers for Disease Control and Prevention (CDC)

Complex PTSD (C-PTSD)

Domestic violence (DV)

Driving under the influence (DUI)

Institutional Review Board (IRB)

National Center for Drug Abuse Statistics (NCDAS)

National Institute on Drug Abuse (NIDA)

Rape, Abuse, & Incest National Network (RAINN)

Sexually transmitted infections (STIs)

Socioecological model (SEM)

Substance Abuse and Mental Health Administration (SAMHSA)

Substance use disorder (SUD)

United States Drug Enforcement Administration (DEA)

World Health Organization (WHO)

Chapter One: Introduction

Overview

Domestic violence (DV) has ravaged victims and families (Centers for Disease Control and Prevention [CDC], n.d.-c; Chiara, 2020; Choi et al., 2019). DV has become so widespread and commonplace that it has become a part of society and is deemed acceptable in some cultures, although the victims are left bruised, broken, and injured (Fridel & Fox, 2019; Nnyombi et al., 2022). According to the World Health Organization (WHO, 2021), DV is a worldwide issue. In addition, women are at greater risk of being abused than men, and the number of women being injured continues to rise. DV is happening with such frequency that it has become normalized. The WHO (2021) also reported that 641 million women have been affected by some form of DV. Although DV occurs for various reasons, substance use is a major contributor to DV (Cafferky et al., 2018; Choi et al., 2019; Eriksson et al., 2018). When an individual is under the influence of drugs, DV is exacerbated and the violence can be worsened (Crane et al., 2014).

DV and substance use disorder (SUD) are often symptoms of traumatic childhood experiences. A child who has grown up in a home where there has been family violence and abuse often turns to drugs to cope (Felitti et al., 1998; Stevens, 2012). This can lead to destructive lifestyles characterized by volatile relationships and drug addiction (Felitti et al., 1998; Substance Abuse and Mental Health Administration [SAMHSA], 2014b; Stevens, 2012). Trauma that a child incurs before their 18th birthday, also known as adverse childhood experiences (ACEs), can be the driving force behind injurious patterns and self-destructive behavior (Felitti et al., 1998; Stevens, 2012).

Within the following chapter, the researcher describes the impact of ACEs and the influence ACEs have on individuals battling SUD and DV. The historical context, social context,

and theoretical context are presented. The problem statement and purpose statement are also components of this chapter. Additionally, the researcher details the significance of the study, outlines the research questions, provides definitions of key terms, and summarize the chapter.

Background

The number of children being abused has continued to increase dramatically (Children's Bureau, 2021). Whether physical, psychological, or sexual, child abuse is harmful and can impact the victim for the rest of their lives (Felitti et al., 1998; Stevens, 2012). Unfortunately, the CDC (n.d.-b) stated that child abuse and neglect are common; one out of seven children are either abused or neglected. The CDC (n.d.-b) also reported that approximately 1,800 children died in 2020 due to abuse. Along with experiencing abuse, some children are raised in homes that are volatile, which can also be devastating and traumatic (Lünnemann et al., 2019; Rollè et al., 2019). The aftereffects of ACEs can lead to destructive behavioral patterns and negative outcomes (Anda et al., 1999; CDC, n.d.-b; Felitti et al., 1998; Stevens, 2012). Two of the most pervasive negative consequences of ACEs are illicit drug use which often leads to SUD, and relational problems manifested through DV (Felitti et al., 1998; Stevens, 2012; Timko et al., 2012).

When individuals have unresolved trauma, they often cope by using drugs to alleviate the pain (Anda et al., 1999; Felitti et al., 1998; He et al., 2022; SAMHSA, 2014a; Stevens, 2012). Drug use often leads to drug dependency, which severely alters one's mood and behavior (Grant et al., 2015). Situations often become unstable when a person is in an intimate relationship and under the influence of drugs (Grant et al., 2015). Individuals with traumatic backgrounds are susceptible to volatile relationships, and drugs only make matters worse, especially when drug use has escalated to dependency (Grant et al., 2015). Violent outbursts can ensue, and when the

police are called, the perpetrator is often ordered by the court to complete a batterer intervention program (BIP; Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021).

Historical Context

Historically, batterers have been ordered to BIPs to help reduce DV (Timko et al., 2012). These programs started in the late 1970s due to the rise of violence against women and the need to give battered women a voice (Healey & Smith, 1998). The 1980s saw the beginning of the criminalization of DV, as arrest policies began to be enforced by police departments. At this time, grassroots BIPs also began to expand. These efforts were intended to bring the devastating effects of DV to the public eye (Babcock et al., 2016). As BIPs became more common across states, courts also began to impose punitive measures on DV perpetrators. Instigators of DV were ordered to complete BIPs as a part of the court-ordered disciplinary action (Babcock et al., 2016; Timko et al., 2012). Although grassroots BIP programs were expanding, their curriculums had no empirical basis. By the 1990s, 37 states had begun to develop standards for BIP curriculums, and 80% of DV perpetrators were ordered by a court to attend a BIP (Healey & Smith, 1998).

Although BIPs have been in existence for several decades, gaps still exist in the literature regarding their effectiveness (Leza et al., 2021; Shields et al., 2020). While referrals have been a common practice since the 1970s (Healey & Smith, 1988), research has shown these programs have not been effective (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021). Some of the reasons cited for this ineffectiveness are lack of oversight, inadequate assessments, the lack of SUD referral services, and the programs' failure to attend to BIP participants' trauma (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021). However, in this study, the researcher focused on the experiences of men in

an SUD program located in central Virginia who were also involved in DV intervention. The SUD program that is focus of this study, made services for ACEs readily available to the men. The inclusion of these services attends to the gaps that exist due to the absence of SUD and childhood trauma services for men in BIPs. It would be advantageous for these gaps to be addressed if these programs are going to fulfill their purpose. Not only have ACEs, DV, and SUD affected individuals throughout history, but society as a whole is adversely affected by these ills (National Center for Drug Abuse Statistics [NCDAS], 2023; National Institute on Drug Abuse, [NIDA], 2018).

Social Context

Unaddressed trauma causes a host of societal issues (CDC, n.d.-b; Felitti et al., 1998; SAMHSA, 2014b; Stevens, 2012). Society pays a great cost, both socially and economically, due to SUD and DV, which can be repercussions of ACEs. One of the ways ACEs manifest themselves is through mental instability, which can lead to a lack of restraint and maladaptive behavior (Anda et al., 1999; Babcock et al., 2016; Crane et al., 2014; Felitti et al., 1998; SAMHSA, 2014b; Spinazzola et al., 2014; Stevens, 2012; Timko et al., 2012). When a child's mental health is compromised, it can lead to unhealthy coping mechanisms, and one of those mechanisms is drug use (American Psychological Association [APA], 2022; Cafferky et al., 2018; Choi et al., 2019; Felitti et al., 1998; He et al., 2022; Leza et al., 2021; SAMHSA, 2022; Stevens, 2012). Research also indicates that individuals raised in homes where there is DV are more apt to be involved in violence-riddled relationships when they get older (Lünnemann et al., 2019; Rollè et al., 2019).

The economic cost of SUD and DV is staggering. SUD alone has been an economic burden, and the CDC (n.d.-e) provided information regarding the financial impact of drugs on

the United States. One of the most destructive types of drugs is opiates (NCDAS, 2023; United States Drug Enforcement Administration [DEA], n.d.). According to the NCDAS (2023), more than two million people over the age of 12 have an opiate addiction. It was also reported that opioid disorders and deaths due to overdose cost the United States $1.07 trillion annually. The value life lost due to opiate overdose leading to death was approximately $481 billion. In 2017, the financial impact of opiate abuse had a significant impact. For opiate abusers requiring health care, the tab was $31.3 billion, and it cost $3.5 billion to treat their addiction (CDC, n.d.-e). In 2022, the NCDAS (2023) had a $35 billion budget for the implementation of drug control.

DV also has its monetary cost. The CDC (n.d.-c) calculated the cost of DV to be almost four trillion dollars. According to the National Coalition Against Domestic Violence, 2020), domestic assaults have an annual cost of $6 to $13 billion. The impact of violence has a direct effect on work hours and employment. The National Coalition Against Domestic Violence (2020) reported that each year, eight million work absences are due to injuries from DV. These patterns impact workplace productivity, which adds up to an annual loss of almost $730 million (Adhia et al., 2019) for businesses.

Not only is there a financial cost, but there is also personal cost to individuals and families as a result of DV and SUD (APA, 2022; Felitti et al., 1998; SAMHSA, 2014b). When there is a breakdown in the family, there is also a breakdown in society (Golden et al., 2015). SUD and DV affect the well-being of individuals (APA, 2022; Cafferky et al., 2018; Choi et al., 2019; Felitti et al., 1998; He et al., 2022; Leza et al., 2021). The mental, physical, and psychological implications of DV and SUD can cause great harm, especially when children are involved (APA, 2022; SAMHSA, 2014b). The implications of ACEs, DV, and SUD can also be transgenerational, with the cycle of these maladies continuing in families due to unresolved

trauma (Lloyd; 2018; Lünnemann et al., 2019; Rollè et al., 2019). When individuals are not mentally, physically, or psychologically sound, there is a direct impact on society as a whole (SAMHSA, 2014a). Mental and physical health issues can cause chronic health problems, homelessness, lack of employment, imprisonment, self-destructive behavior including suicide, and division in families (Felitti et al., 1998; Ford et al., 2019; Mayo Clinic, 2016; SAMHSA, 2014b).

Theoretical Context

The theoretical framework that undergirded this study was Urie Bronfenbrenner's (1976) socioecological model (SEM) and Rudolf Moos's (1984) modification of SEM. The SEM focuses on how environmental and sociological factors affect the health and well-being of individuals (Eriksson et al., 2018; Golden et al., 2015; Partelow, 2018; Salihu et al., 2015). This model was also used for this study because it is hailed as a flexible model that can be adapted to a variety of contexts and modes of research (Eriksson et al., 2018; Golden et al., 2015; Partelow, 2018; Salihu et al., 2015). This study used Bronfenbrenner's (1976) model to explain how one's family and social upbringing influence their psychological, mental, and physical health. Moos's (1984) modification of the SEM was also utilized, as it complements Bronfenbrenner's (1976) model. Moos's (1984) model focuses on the effectiveness of cross-program linkages and how these linkages, if executed appropriately, can assist individuals in promoting their overall health and finding a better way of life.

This qualitative phenomenological study focused on men who were raised in environments affected by abuse and drug addiction. Male participants in this research were battling a SUD and had a history of DV perpetration. During the study, the men were residing in an SUD residential program based in the heart of a community that is being revitalized and

seeking to improve the quality of life for community members. The men in this program who had a history of violence against their romantic partners were also engaged in a DV perpetrator program. Bronfenbrenner's (1976) SEM model attended to ACEs, which are the environmental circumstances that have shaped these men's behavior. This program provides a variety of services to the men who take part in it. SUD services, domestic perpetration intervention, and counseling for childhood trauma, which correspond with Moos's (1984) emphasis on the importance of cross-linked services, were applicable to this study. One type of program that could benefit from cross-linkage services is BIPs (Timko et al., 2012).

BIPs

According to researchers, SUD and DV are interconnected (Caetano et al., 2019; Timko et al., 2012; Wilson et al., 2021). Timko et al.'s (2012) study indicated that approximately 60% of men in BIPs had been the perpetrators of violent assaults with their partners. As previously mentioned, although BIPs have been in existence for several decades, these programs have not been shown to be effective (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021).

Situation to Self

My desire to conduct this study was due to my aspiration to help the hurting, especially those who have experienced abuse. I always had a heart for abused children and those susceptible to harm. It breaks my heart to see individuals in situations where they were bound and held captive by another individual. As a relatively young educator who grew up in a Christian home full of love and care, I was baffled that I had children who sat in my classroom every day who were abused and neglected. I could never understand how a parent could abuse or neglect their child and leave them to care for themselves for days on end. Although the children

in my classroom never talked about or admitted the abuse, the markings and unkempt appearances said it all. Their conversations were not typical of middle schoolers, as they were consistently filled with adult topics. I would overhear these young students speaking about things that they should not have known about.

At that time, the language of childhood trauma or ACEs was nonexistent, and abuse and neglect were just considered unfortunate circumstances. I did what I could as a teacher but had very little understanding of what I was seeing and hearing. So, I continued to teach these bright yet inattentive middle schoolers to the best of my ability. Little did I know that 20 years later, I would enter another professional world, one of providing support to those navigating the trials of drugs, addiction, and DV. Due to my experience working with individuals who have gone through a great deal of trauma, I approached this study from an epistemological assumption and positivism paradigm. These approaches supported my focus on exploring the lived experiences of men who had a history of ACEs, SUD, and DV perpetration. These factors have not only affected these men individually but also society as a whole (Cafferky et al., 2018; Choi et al., 2019; Felitti et al., 1998; NIDA, 2018; Stevens, 2012). It was my goal to not only explore the behavior of these men but also to understand the meaning behind their behavior (Gattone, 2021). The epistemological positivist approach also seeks to influence policy in such a way as to have a positive effect on the quality of human life (Wang, 2022). It was my goal to add to the body of literature that seeks to effect policy change in how it affects persons who have been affected by ACEs, SUD, and DV policies.

It was through my occupation of assisting those battling addiction that I saw the brokenness through another lens. While engaged in countless interviews and conversations, I noticed that there was one thread common among my clients: ACEs. It was the unaddressed

ACEs that were often the culprit of their addiction. It became clearer as to how a mother could leave the ones she bore unattended or why a father was uninterested. I also saw why children engaged in acts and conversations that were far beyond their years. The cycle of trauma ran deep and caused the unthinkable to happen. Those affected by ACEs have broken hearts, and drugs have become a chain of imprisonment.

It also became more apparent to me why Jesus' heart broke and why it angered Him to see those He loved mentally, physically, and emotionally bound. With great tenacity and determination, Jesus declared that He came to "heal the brokenhearted and to announce release to captives and freedom to those in prison" (*Good News Translation,* 1966, Isaiah 61:1). God hates abuse in any form. Psalm 11:5 says, "The Lord tests the righteous, but his soul hates the wicked and the one who loves violence" (*English Standard Version Bible*, 2001, Psalm 11:5). His heart equally goes out to those bound by addiction. Paul warned the Galatians by stating, "They separate into parties and groups; they are envious, get drunk, have orgies, and do other things like these" (*Good News Translation,* 1966, Galatians 5:21). These are things that occur when one is in an altered state of mind.

Witnessing the destructive aftermath of abuse, caused me to have greater compassion for others, more understanding of the extent hurt people will go to alleviate pain, and the great love our Heavenly Father has for those who are hurting. Through this work, I was privileged to see the restorative work of Jesus in those who had gotten the help they needed. I saw the broken be made whole, families restored, and lives forever changed. Truly, with God, all things are possible for one who believes (*Good News Translation,* 1966, Mark 9:23). I must say of the miracles I saw, "This is the Lord's doing; it is marvelous in our eyes" (*English Standard Version Bible*, 2001, Psalm 118:23).

Problem Statement

The problem that was addressed by this study was that men in BIPs need services for both ACEs and SUD (Timko et al., 2012). It is not uncommon for men in BIPs to have a problem with illicit drug use and in spite of their participation in a BIP, these drug issues often continue to go unaddressed (Gilchrist et al., 2019; Timko et al., 2012; WHO, 2019). The literature also reveals these programs have not been shown to be effective although the court has ordered these men to these programs for decades (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021). Research indicates that men are not usually referred to services that could address the issues of SUD and ACEs (Babcock et al., 2016; Timko et al., 2012). These issues could be the underlying reasons they are so volatile (Timko et al., 2012). If these matters continue to go unaddressed, it is likely violent behavior will continue (Babcock et al., 2016; Gilchrist et al., 2019; Timko et al., 2012).

According to the literature, men in BIPs usually have a background of SUD and a history of ACEs (Expósito-Álvarez et al., 2021; Timko et al., 2012). Directors of BIPs who participated in Timko et al.'s (2012) study advised that SUD services were needed for their clients. However, because providing SUD services was not a part of the mission of these organizations, these additional services were not provided (Timko et al., 2012). Directors also stated that additional reasons these services are not provided were the lack of trained staff and insufficient resources to take on additional tasks (Timko et al., 2012). Since this is the case, this research focused on the experiences of men in an SUD residential program who were simultaneously receiving DV perpetration intervention and services that addressed ACEs.

Purpose Statement

The purpose of this qualitative phenomenological study was to explore the lived experiences of men in a SUD residential program who were simultaneously receiving DV perpetration intervention and services that address ACEs. This study examined men's ACEs, substance use, and involvement in DV perpetration. Research shows that SUD is a significant predictor of DV in relationships, and substance use escalates violent occurrences (Caetano et al., 2019; Cafferky et al., 2018; Choi et al., 2019; Crane et al., 2014; Gilchrist et al., 2019). According to Zhong et al. (2020), individuals who have an SUD are four to 10 times more likely to be a perpetrator of DV than those who do not have an SUD.

The men participating in the study were battling SUD. During participant interviews, they vocalized how ACEs affected their lives and what part ACEs played in their drug use and acts of violence. According to Timko et al. (2012), participants in BIPs often have SUD and unresolved ACEs, but these matters are rarely addressed. Zhong et al. (2020) reported that of those who have been battling SUD for at least a year, only 14% to 25% have received treatment for SUD. Furthermore, research indicates that more services should be made available to assist individuals with SUD (Gilchrist et al., 2019; Timko et al., 2012; Zhong et al., 2020).

The men in this study participated in the BIP and received services and support for SUD, ACEs, and DV perpetration. Participants described how receiving services that addressed all of these issues had affected them. The theory that guided this study was the SEM developed by Urie Bronfenbrenner (1976), as this model explains how sociological and environmental factors affect a person's health and well-being. Rudolf Moos's (1984) modification to the SEM was employed as well, as it emphasizes the importance of cross-program linkages and how these additional

support services can have a positive effect on an individual's outcomes. This research filled a gap in the literature surrounding men in BIPs with unaddressed ACEs and issues with SUD.

Significance of the Study

This study is significant because it contributes to the literature by attending to the gap that exists regarding the experiences of men in a DV intervention program while they are simultaneously receiving additional services for SUD and unaddressed trauma. SUD and past trauma often go unaddressed in men in BIPs. The literature continues to indicate that BIPs are ineffective (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021), and there are several reasons these gaps in BIPs and the literature exist. Two reasons that are often cited for BIP ineffectiveness is that men in BIPs may be battling a SUD and may have unaddressed ACEs (Babcock et al., 2016; Timko et al., 2012). This study contributed to this gap in the literature theoretically, empirically, and practically by examining the experiences of men who received support services for drug addiction and unresolved childhood trauma while in a program that focused on DV perpetration.

Theoretically, this study is significant because it expands the application of Bronfenbrenner's (1976) and Moos's (1984) SEMs. Bronfenbrenner's (1976) model is described as a flexible model that can be used across a variety of disciplines (Leipoldt et al., 2018; Salihu et al., 2015; Scarneo et al., 2019). Although his model can be used in treatment, educational, community, intervention, and behavioral change settings (Leipoldt et al., 2018; Salihu et al., 2015; Scarneo et al., 2019), for this study, the focus was on community, behavioral change, and intervention.

Bronfenbrenner's (1976) model was also applicable as it emphasizes how one's social environment affects one's behavior and health and how individuals' behaviors are impacted as a

result of being in these environments (Golden et al., 2015; Salihu et al., 2015). Additionally, Bronfenbrenner's (1976) model highlights microsystems and how these systems impact an individual. The system closest to an individual is the family, which has the greatest influence on the individual (Bronfenbrenner, 1976). The men in the DV perpetration intervention program were likely raised in abusive and tumultuous family environments, which led to their subsequent drug abuse and volatile relationships. Thus, Bronfenbrenner's (1976) model laid the foundation for this study. Moos's (1984) modification accentuated the study as it added another layer by stressing the importance of cross-program linkages and how additional resources can assist individuals and lead to positive outcomes.

Empirically, this research added to the literature by providing research participants with a platform to vocalize their lived experiences. This addressed the gap in the literature regarding men who have been perpetrators of DV. These men also had unresolved issues due to ACEs and battled SUD. Male participants were able to share their experiences through questionnaires and recorded Zoom interviews. Creswell and Poth (2018) provided the context for this type of study, which stressed themes common to participants, interviews, and participants' lived experiences. The literature is sparse regarding men in BIPs receiving additional services that could be critical to the reduction or cessation of DV perpetration; this study addressed this gap.

This study is important practically because it will incite agencies that work with male batterers to provide the needed resources to address SUD and ACEs. If these areas are not tackled, the cycle of DV will continue (Timko et al., 2012). Although BIPs have been in existence since the 1970s (Healey & Smith, 1998), research has shown that these programs do not work and have not had a significant impact on the reduction of DV (Leza et al., 2021; Shields et al., 2020; Timko et al., 2012). Making a forum available for the men to communicate their

ACEs, drugs, and DV, provided further insight into the needs of this population, which can allow leaders of BIPs to see the importance of providing cross-linkage services for violent men.

Not only does this research provide an incentive for agencies to provide effective programming, but it can also serve as a catalyst for provoking change in the attitude and behavior of abusive men. Society has paid a hefty price for abuse, as a substantial number of lives have been negatively impacted by DV (Alessandrino et al., 2020; CDC, n.d.-c; Fogarty et al., 2019; Holmes et al., 2017; Tsai et al., 2022). SUD has also taken a toll on society due to overdoses that have resulted in lives disrupted and overdoses that have resulted in death (CDC, n.d.-e; DEA, n.d.; NCDAS, 2023). As the past several decades have shown that BIPs have not worked and research has indicated several reasons these services have not been effective, it would be advantageous if these agencies would attend to these gaps to produce favorable outcomes.

Research Questions

The purpose of this research study was to examine the experiences of men in a SUD residential program who were simultaneously receiving DV perpetration intervention and services that address childhood trauma.

Central Research Question: What are the lived experiences of men in a SUD residential program receiving DV perpetration intervention services who have an ACE score of three or higher?

The central research question asked how ACEs had affected the lives of men with an ACE score of three or higher. The higher a person's ACE score, the more susceptible they are to maladaptive behavior and drug use, as well as mental and physical health maladies (Stevens, 2012). Individuals with an ACE score of three or more are considered to have high ACEs. There

is a stark increase in drug dependency, DV, and other physical and mental problems for those with an ACE score of four or more (Stevens, 2012). As the research participants were in a residential SUD program and were involved in a DV perpetration intervention cohort, it was evident that ACEs have had consequential effects on these men and had negatively impacted their lives (Aliev et al., 2020; Caetano et al., 2019; Choi et al., 2019; He et al., 2022; Leza et al., 2021; Wilson et al., 2021).

Sub-question 1: What impact have ACEs had on the lives of men in the SUD program?

Research has shown that when ACEs go unresolved, maladaptive coping mechanisms, such as drug use, can be the result and can cause destruction (Anda et al., 1999; Caetano et al., 2019; Cafferky et al., 2018; Felitti et al., 1998; He et al., 2022; SAMHSA, 2014a; Stevens, 2012). The aftermath of ACEs can include severe physical, emotional, and mental maladies and can cause one to engage in acts of self-destruction (Felitti et al., 1998; SAMHSA, 2014b; Stevens, 2012). Research also indicates that destructive patterns may manifest through SUD and DV (Cafferky et al., 2018; Felitti et al., 1998; Stevens, 2012). The men in the SUD program had experienced both SUD and DV, which are common outcomes of ACEs (Caetano et al., 2019; Cafferky et al., 2018; He et al., 2022; Stevens, 2012). ACEs have had a negative impact on the men's behaviors and decision-making (Kavanaugh et al., 2016). Subsequently, these behaviors and decisions have resulted in them being addicted to illegal substances and perpetrators of DV.

Sub-question 2: How has the use of drugs affected the men's personal lives and decision-making?

Drug use in the United States has continued to rise and adversely affects individuals' lives and decision-making (Kavanaugh et al., 2016). Drugs are being manufactured in ways that increase their potency, and they are being distributed illegally at a rapid rate (NIDA, 2021). The

upsurge in potency negatively impacts the user's brain, which brings on another host of issues (NIDA, 2021). Drug use can result in brain damage, severely altering the way the brain functions, the way an individual thinks, and the ability to make rational decisions (Kavanaugh et al., 2016).

Drug use as well as being raised in a home where there is family violence can cause children to be more likely to be in violent relationships when they are older (Caetano et al., 2019; Cafferky et al., 2018; Lloyd, 2018; Ross et al., 2021; Timko et al., 2012; Vu et al., 2016). Most often, women are the victims of DV and men the perpetrators (Fridel & Fox, 2019; McHugh et al., 2018; Susmitha, 2016). Family violence fills a child with anxiety and fear (Aliev et al., 2020; Felitti et al., 1998). Although not a desirable behavior, DV can be transgenerational, as children often repeat the same type of destructive behavior as adults.

Sub-question 3: How has DV been exacerbated by ACEs and SUD?

Research indicates that individuals with a history of ACEs and SUD are more likely to be involved in violent relationships than the general population (Cafferky et al., 2018; Choi et al., 2019; Leza et al., 2021; Vu et al., 2016). Unresolved ACEs coupled with drug use can increase volatile incidents and cause the perpetrator to become even more aggravated (Wilson et al., 2021). The relationship may be characterized by unstable behavior and outbursts of uncontrollable anger (Wilson et al., 2021). These factors can result in the female partner experiencing serious abuse and sustaining severe injuries (Crane et al., 2014).

Research also shows that individuals with ACEs may also have trouble regulating their emotions (He et al., 2022). The inability to control emotions coupled with illicit drug use increases the propensity for violence (Wilson et al., 2021). Drugs and alcohol also weaken executive functioning, diminishing the abuser's ability to make rational decisions. Compromised

executive functioning can lead to increased hostility and violence (Crane et al., 2014; Gilchrist et al., 2019). Although both men and women engage in drug and alcohol use, there is a difference in the outcomes between the genders. Men who have a history of ACEs and drug use, tend to be more volatile and have more interactions with law enforcement than women (Fridel & Fox, 2019; Leemis et al., 2022).

Definitions

1. *Adverse childhood experiences (ACEs)* – Traumatic events that happen before a child's 18th birthday that may negatively alter their mental, physical, and psychological well-being (Stevens, 2012).
2. *ACE Study* – One of the first and largest studies to investigate the long-term implications of child abuse and traumatic events experienced during childhood (CDC, 2021a).
3. *ACE Test* – A test comprising questions that measure the number of traumatic events that occurred before an individual turned 18 years old that also serves as a predictor of health and social outcomes (Stevens, 2017).
4. *Batterer* – The individual inflicting physical pain in an intimate relationship (University of Michigan, 2009).
5. *Batterer intervention program (BIP)* – A program designed to curtail intimate relationships for individuals inflicting physical pain in relationships; programs that treat DV perpetration (Timko et al., 2012).
6. *Domestic violence (DV)* – The use of verbally, psychologically, sexually, and physically abusive behavior to control another person within an intimate relationship (Prakash et al., 2018).
7. *Intimate partner* – An individuals in a romantic relationship (CDC, n.d.-c).

8. *Substance* – Any drug that alters the mind and can cause an individual to become dependent (SAMHSA, 2014a).
9. *Substance use disorder (SUD)* – A disease acquired by drug use that destroys every aspect of an individual's life (CDC, n.d.-e).
10. *Trauma* – Life-altering events that hurt an individual's mental, emotional, spiritual, and physical state (SAMHSA, 2014b).

Summary

DV is so widespread and has increased at such a rapid rate that it is now labeled as endemic (WHO, 2021). This phenomenon is a deplorable reality in society despite efforts to curtail it (Healey & Smith, 1998). Although the implementation of BIPs started in the 1970s, decades later, the results of these programs have been insignificant in terms of reduction of intimate violence (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012). One of the primary reasons cited by researchers is that there are gaps in services for those who participate in these programs (Timko et al., 2012).

The literature shows that a considerable number of BIP participants have ACEs that have never been addressed (Babcock et al., 2016; Gilchrist et al., 2019; Timko et al., 2012). It has also been found that male perpetrators often also have SUD and do not receive services for this issue (Babcock et al., 2016; Gilchrist et al., 2019; Timko et al., 2012). For BIPs and other domestic intervention programs to be effective, the focus must not just be on the symptoms but also the cause of violent behavior (Timko et al., 2012). Research has shown that attending only to acts of violence while ignoring other aspects of a person's behavior does not work (Timko et al., 2012).

The men in this study were participating in a residential SUD program and a DV perpetration intervention cohort. The researcher examined their ACEs, SUD, and DV while they

were receiving DV perpetration intervention. As the additional components of simultaneous SUD and ACEs services addressed the gaps in the literature (Babcock et al., 2016; Gilchrist et al., 2019; Timko et al., 2012), this study added to the body of research as it shed light on what can be done to promote more effective DV programming. The next chapter provides more information on the detrimental effects of ACEs as well as their impact on the study participants.

Chapter Two: Literature Review

Overview

This study captured men's experiences in a substance abuse program with a DV perpetration intervention component. The study also explored the possible influences of ACEs. This chapter discusses the historical context from which the theoretical framework was derived, including how a socioecological framework undergirded this study. Secondly, the history of ACEs, factors that cause ACEs, and negative outcomes of ACEs are discussed. Lastly, DV, SUD, and the intersection of ACEs, DV, and SUD are addressed. The literature review focuses on the effects ACEs have on an individual's life.

Theoretical Framework

The theoretical framework for this study was the SEM. The SEM has been used in various settings and has its foundation in Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1986; Scarneo et al., 2019). The SEM has been used in several contexts, including therapeutic, treatment, educational, community, and health-related behavioral change settings (Leipoldt et al., 2018; Salihu et al., 2015; Scarneo et al., 2019). Sociology, public health, and intervention platforms also use the SEM model (Bronfenbrenner, 1986; Scarneo et al., 2019).

The SEM theory describes how individuals react to subsystems within their environment and how these subsystems affect the overall health of the inhabitants (Golden et al., 2015; Salihu et al., 2015). As explained by Golden et al. (2015), the "inside out" subsystems consist of policy and environments, including communities individuals dwell in or frequent (p. 8. Organizations, interpersonal connections, and individuals are interwoven in this system (Golden et al., 2015).

Due to the flexibility and multilevel approach of the SEM, practitioners and organizations often use this model as a part of their intervention implementation (Schölmerich & Kawachi, 2016). The SEM posits that not only does as individual's personal characteristics influence their behavior but so does the environment in which they live (Bronfenbrenner, 1986). The SEM is often utilized to evoke change in a person's behavior, especially when what is considered a social norm in these environments may result in negative consequences (Schölmerich & Kawachi, 2016). For example, in some cultures, it is customary for a husband to beat his wife if he feels she needs discipline she is not fulfilling her role as a wife or mother (Nnyombi et al., 2022). Despite the disastrous effects and possibility of death, acts of violence appear frequently in the media, entertainment, and homes, and DV and other violent acts are acceptable in some societies (Fridel & Fox, 2019; Nnyombi et al., 2022). Due to the normalcy of these occurrences, the perpetrator and victim may conclude that there is no reason to change (Nnyombi et al., 2022).

History of SEM

Urie Bronfenbrenner is credited as being the progenitor of the SEM (Partelow, 2018). The framework began as a way to explain human development in the 1970s and developed into a theory (Bronfenbrenner, 1986). Organizations, interpersonal connections, and individuals are components of systems that envelop the individual (Bronfenbrenner, 1986; Eriksson et al., 2018). Bronfenbrenner (1986) and Eriksson et al. (2018) described these systems as the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem. The microsystem, such as the family, is the system closest to the individual and has the most significant impact on them. The mesosystem (i.e., institutions of learning and the primary community) is the system the individual is exposed to regularly and also has a significant impact. Although the exosystem (i.e., social network/friends) indirectly influences the individual, it can still have a significant impact

on that person. The macrosystem comprises one's religious and cultural values. The chronosystem includes changes an individual undergoes during their lifetime (Bronfenbrenner, 1986; Eriksson et al., 2018). According to Bronfenbrenner (1986), the influence of policy was later added to the system's conceptual context.

One of the central themes of Bronfenbrenner's SEM is how these systems affect the overall health of individuals (Bronfenbrenner, 1986; Salihu et al., 2015). In the 1980s, Bronfenbrenner (1986) stressed that external environments, their conditions, and policies affecting these environmental influences adversely affected families and the health of children. Although critics of the SEM propose that Bronfenbrenner's model primarily focuses on the negative aspects of the external environment while failing to stress the human-systems model of human interconnectedness (Elliott & Davis, 2020), his SEM has still been influential across a variety of research studies and disciplines.

Advancement of Bronfenbrenner's Framework

Bronfenbrenner's framework has had a significant impact on other theorists. According to Partelow (2018), Bronfenbrenner's socioecological framework is considered the "most comprehensive framework in diagnosing interactions and outcomes in social-ecological systems" (p. 1). Bronfenbrenner's theory evolved in phases over time. In the theory's beginning stages, Bronfenbrenner referred to this new concept as either an ecological approach to human development or an ecological model of human development (Bronfenbrenner, 1976). The model describes the influence of social environments on human development (Rosa & Tudge, 2013) and is still widely used today.

Bronfenbrenner's foundational constructs influence mental health policies (Leipoldt et al., 2018). The socioecological framework has continued to influence other fields of study, such

as mental health (Eriksson et al., 2018). The impact of the model has continued to be emphasized and expand. One such way this model is expanding is in work related to substance use (SUD) and overdose prevention, mental health, and trauma (National Center for Health Statistics, 2022). Through multifaceted approaches to identifying health determinants, an individual's experiences, interpersonal relationships, community resources, and societal influences are considered (Eriksson et al., 2018). This ecological approach employs these factors when exploring the cause and treatment of SUD.

The SEM system has evolved from a human development model to one that emphasizes individual and collective development and is also considered a process-person-centered-time model used in mental health research and intervention (Eriksson et al., 2018). Furthermore, the CDC's National Institute of Health uses the SEM model to research how exposure to various kinds of violence affects children (Sabri et al., 2013). The model provides additional information on the outcomes of these experiences to identify causal links and is used in the development of violence prevention programs. The CDC (n.d.-f) also uses the model in violence prevention efforts.

Learning institutions have also benefited from the work of Bronfenbrenner (Brogan et al., 2019). Schools have used the SEM not only in the area of physical health but also in the unfortunate reality of school bullying (Brogan et al., 2019). Victims of school bullying may experience suicidal ideation, and some have even committed suicide (Brogan et al., 2019). Bronfenbrenner's five systems (micro, meso, macro, exo, and chrono) explain how these systems are interrelated and may provide further context for such volatile behavior (Bronfenbrenner, 1986).

Another advance of Bronfenbrenner's work is seen in the use of the SEM in DV intervention programs that are highly relevant to this study. Pallatino et al. (2019) used Bronfenbrenner's ecological systems theory to ensure stakeholders hold DV perpetrators accountable for their actions. This model also provides streamlined accountability measures for providers implementing quality BIP programming. Pallatino et al. (2019) specifically selected the SEM because it provides a thorough approach and facilitates a systematic look at DV from Bronfenbrenner's multi-systems level.

The SEM is flexible and can be easily modified to fit different branches of research (Eriksson et al., 2018; Golden et al., 2015; Pallatino et al., 2019; Partelow, 2018; Salihu et al., 2015). SEM is used to describe how environmental and sociological factors impact the health of individuals (Golden et al., 2015; Partelow, 2018; Salihu et al., 2015). SEM systems (micro, macro, exo, and chrono; Eriksson et al., 2018; Sabri et al., 2013) can be used to measure the effectiveness of programs. One modification of the SEM framework is Rudolph Moos's model. Moos's (1984) work is based on Bronfenbrenner's framework and uses the model's flexibility to effect change.

Rudolf Moos SEM Modification

Moos's (1984) SEM laid the groundwork for this study. Flynn et al. (2012) highlighted the strength of this model by emphasizing that when a program is intense and integrates cross-program linkage within its structure, the result is favorable outcomes for clients. As indicated by Timko et al. (2012), Moos's model focuses on organizational factors, cross-program linkages, and other factors that have a bearing on client success.

The SEM also posits that individuals' overall health is highly contingent upon community engagement and the social and physical environment (Golden et al., 2015). As Moos

(1984) embraced this perspective, his framework was used in this study. Another reason this model was used is that it considers that environmental factors, participation, and retention can be challenging to maintain in community-based settings. Moos's (1984) model takes a proactive stance regarding barriers to successful treatment completion (Salihu et al., 2015).

As Moos's (1984) SEM embraces community treatment settings, it was proper to use it in this study as the study occurred in a community-based nonprofit entity. The SEM notes barriers and supports a concerted effort to keep clients engaged in treatment (Salihu et al., 2015). Retention in programs and treatment can be low if environmental and personal factors are not considered (Moos, 1984).

SEM Framework and DV

Researchers have mentioned several gaps regarding the SEM framework and its use in DV research (Carlson et al., 2019; Timko et al., 2012). Although SEM is used in DV research, a multilevel sociological approach is still needed (Carlson et al., 2019). It is common for entities to work in silos, even though agencies working alongside one another may benefit those served (Carlson et al., 2019; Hardesty & Ogolsky, 2020). Some researchers stress the need for entities providing DV services to work together (Carlson et al., 2019; Hardesty & Ogolsky, 2020). Although organizations may offer unique services, working in partnership with one another on all ecological and global levels could be advantageous in helping those in SUD and DV programs.

Another gap some researchers mention is the lack of cross-program linkage between agencies. Some researchers and practitioners are proponents of cross-program linkage, citing the benefits these additional services could offer (Moos, 1984; Timko et al., 2012). In the DV program that is the setting this study, cross-program linkage and partnerships with other entities

are already in place. Coinciding with the SEM (Moos, 1984), the DV program is based in a community treatment setting and has cross-program linkages with other community providers. These providers are directly involved with program participants and offer additional treatment services. They also play a critical role in keeping participants engaged in SUD and DV treatment.

An additional gap in the literature that contributes to the lack of BIP effectiveness is the lack of standardization and accountability of BIPs (Pallatino et al., 2019; Timko et al., 2012). One of the reasons for these issues is the need for more research documenting the effectiveness of BIPs, as these programs have been void of oversight and state regulations (Timko et al., 2012). Additionally, the program models employed by BIPs are not currently research based (Babcock et al., 2016).

Related Literature

SUD may be a factor when an individual is involved in a volatile relationship (Leza et al., 2021; McHugh et al., 2018; Timko et al., 2012). However, the root cause behind SUD and DV may be a traumatic childhood (Anda et al., 1999; Felitti et al., 1998; Stevens, 2012). ACEs have been directly linked to long-term physical and mental health maladies (Anda et al., 1999; CDC, n.d.-b; Felitti et al., 1998 Stevens, 2012). ACEs are traumatic and can be the underlying factor for both SUD and DV (Felitti et al., 1998; Ross et al., 2021; Stevens, 2012). This study investigated the long-term effects of ACEs and examined the experiences of men in an SUD program who also participate in a BIP.

Reasons behind the lack of evidence on the effectiveness of these programs have continued to elude researchers. This study highlighted men's experiences receiving SUD services and participating in a BIP. Their childhood experiences played a critical role in their SUD and its

adverse effects on their intimate relationships. It is essential to investigate ACEs and their influence on maladaptive behavioral patterns (Anda et al., 1999; Felitti et al., 1998). The underlying factor of trauma, specifically ACEs, needed to be addressed to capture the men's experiences.

The Demographic: Men in a SUD Residential Program

The male participants resided in a recovery house for individuals who are battling SUD. The recovery house is one of several programmatic arms of a nonprofit agency located in central Virginia. Clients of this agency receive intensive case management services and other services relative to their individual needs. One of the services provided is a DV perpetration intervention program for male perpetrators of DV.

The participants in this study were men in recovery from SUD. The males in this study have experienced some form of ACEs, have had their lives interrupted by SUD, and have a history of DV perpetration. The background of these men aligns with the literature. Research indicates there is a direct correlation between ACEs, SUD, and DV, with ACEs being the underlying factor (Cafferky et al., 2018; Choi et al., 2019; Felitti et al., 1998; He et al., 2022; Leza et al., 2021; Shields et al., 2020; Stevens, 2012; Vu et al., 2016). Research also shows that trauma has a dramatic effect on a person's mental and physical state and can affect every aspect of their lives (APA, 2022; Felitti et al., 1998; SAMHSA, 2022; Stevens, 2012).

Trauma

Trauma can cause turbulence in a person's life and result in emotional and psychological upheaval (APA, 2022; SAMHSA, 2022). The CDC (n.d.-d) reported that approximately 21 million individuals suffer from depression due to trauma. According to the U.S. Department of Veteran's Affairs National Center for PTSD (n.d.), 50% of men and 60% of women experience

at least one traumatic incident in their lifetime. SAMHSA (2022) reported that more than two thirds of children have a traumatic experience before age 16 (SAMHSA, 2022). The organization also reported that in 2019, 1,840 children died due to abuse or neglect, and over 1,000 children had emergency room visits due to abuse (SAMHSA, 2022). Because trauma is not always expressed in the same way and causes varying conditions, it is vital to define trauma to provide insight into the destruction it can cause.

Defining Trauma

Due to the complexities of trauma and its impact on individuals, there are varying definitions of trauma. Saakvitne and Gamble (2000) defined trauma as how an individual experiences an event. According to the Trauma-Informed Care Implementation Resource Center (2022), trauma "results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being" (para. 1). Kleber's (2019) research added to the definition of trauma by highlighting that traumatic events are not isolated and do not impact only those who have experienced the event but others as well. Trauma can have a community impact as it reaches those relationally and socially close to the victim and even those unknown to the victim (Kaye et al., 2021). Hearing about major traumatic events that resulted in significant harm can cause others to empathize with the victims (Kaye et al., 2021). Listening to traumatic events can cause vicarious or secondary trauma to those empathizing with individuals experiencing trauma firsthand (Kaye et al., 2021).

As human experiences have continued to become increasingly multifaceted (Gradus & Galea, 2022), so has the definition of trauma. Although the definitions vary slightly, the American Psychological Association (2022) defined trauma as "an emotional response to a

terrible event like an accident, rape, or natural disaster" (para. 1). The APA (2022) described the immediate after-effects of trauma for the individual as feelings of shocked and denial that the traumatic event ever happened. A single act of rape would be a prime example of trauma. Although rape may be a single act, it is nonetheless traumatic and could have a long-lasting deleterious consequences for the victim (American Academy of Experts in Traumatic Stress, 2020; APA, 2022).

According to SAMHSA's (2014b) definition, trauma is a negative event or series of events that can have devastating consequences on the overall well-being and health of an individual. Traumatic experiences can change the trajectory of a person's life. This detrimental issue has become prevalent and can cause individuals to be overwhelmed by its aftermath. A considerable proportion of victims of trauma experience challenges with their mental health and substance abuse (SAMHSA, 2014b).

Although they are in pain, those experiencing distressing events may not necessarily be diagnosed with trauma (Pai et al., 2017). The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; American Psychiatric Association, 2022) has specific criteria for a definitive diagnosis of trauma. For an event to be considered traumatic, there must be exposure to "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2022, p. 305). Individuals experiencing trauma vicariously such as by witnessing a traumatic event take place or learning about an event a loved one has experienced can also be devastated. Also included in the criteria for trauma are wars, physical assaults, terrorist attacks, and natural disasters (APA, 2022). Beyond the varying definitions and criteria for trauma, trauma also has various descriptions.

Description of Trauma

Trauma is described as acute, chronic, or complex (American Academy of Experts in Traumatic Stress, 2020). Acute trauma (stress disorder) occurs due to a specific traumatic event (American Academy of Experts in Traumatic Stress, 2020; Center for Substance Abuse Treatment, 2014), such as a car accident resulting in severe injury or death. Chronic trauma occurs when an individual experiences ongoing traumatic events of the same or different types (Center for Substance Abuse Treatment, 2014; Nelson et al., 2020), such as being sexually abused over time. Complex trauma is experienced in situations such as bullying that result in a clinical syndrome from culminating traumatic events that occur over an extended period during the early years (Giourou et al., 2018).

SAMHSA (2014a) classifies traumatic events, such as incest, based on how the individual internalizes the occurrence. The three *E*s of trauma are: event(s), experience(s), and effect(s). Each of the three *E*'s have distinctive descriptions. The *event* may be a one-time or repeated occurrence. It may entail a traumatic experience or the imminence of being physically or psychologically harmed. Traumatic events also include acute or chronic incidences that stymie a child's natural and healthy development and can cause angst in adults. Examples of the event could be the experience of war, natural disaster, violence, or losing a loved one (SAMHSA, 2014a).

The *experience* determines whether the circumstance is considered traumatic (SAMHSA, 2014a). Individuals have different ways that they process and experience trauma, and what one individual deems traumatic may not be considered traumatic to another (Kleber, 2019). An example of this could be how a child experiences abuse. ACEs may significantly impact one

sibling more than the other. How the individual processes the event and how it affects their lives helps determine whether the event is traumatic (SAMHSA, 2014a).

The last of the three *E*s is the consequential adverse *effects* of trauma, which can be devastating (Felitti et al., 1998; Jellestad et al., 2021; McLaughlin et al., 2015; SAMHSA, 2014a). Traumatic events can lead to distress impairment (McLaughlin et al., 2015), suicidal ideation and suicide attempts (Felitti et al., 1998), and perceived functional impairment (Jellestad et al., 2021). The intrusiveness of these memories can catalyze other negative clinical occurrences, including avoidance, hyperarousal, and mood disorder (Sadeghi et al., 2022). Another aspect of trauma is the detrimental negative consequences that may not immediately show themselves (Vu et al., 2016).

Negative Outcomes of Trauma

An individual's trauma may manifest immediately or years after the event (SAMHSA, 2022). Deleterious effects of trauma can include intrusive recollections and reoccurring memories of the traumatic event (Engelhard et al., 2019). Sentiency can cause these recollections to be even more overpowering, as the individual may visually relive the experience, face sensory manifestations (sight, taste, smell, hearing), and undergo physical and sensory manifestations (Engelhard et al., 2019). Other injurious experiences can include flashbacks, night terrors, and severe emotional distress from the traumatic event (Mayo Clinic, 2016). The individual may also experience mental health aftereffects of trauma, with PTSD being one of the most common maladies (Bryant et al., 2020).

Trauma and Mental Illness

Trauma can have a significant impact on a person's mental health. An experience can be so traumatic that it causes an individual develops a mental illness (APA, 2022; SAMHSA,

2014b). Mental illnesses that are the direct result of trauma are noted in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; American Psychiatric Association, 2022). Some of these mental ailments are complex PTSD (C-PTSD), PTSD, and dissociative disorder (SAMHSA, 2014b). Although each of the aforementioned disorders are types of mental illness, they have varying distinctions.

The symptoms of PTSD and complex trauma are alike, but C-PTSD is more difficult to overcome (Cloitre et al., 2019). C-PTSD occurs after abuse that happened at the hands of someone the child is attached to, while the event that is linked to PTSD could have occurred with a stranger (Cloitre et al., 2019; SAMHSA, 2014b). Another difference is that PTSD can be caused by a singular event, but events associated with C-PTSD were chronic and happened on multiple occasions and over a significant period (Cloitre et al., 2019; SAMHSA, 2014b). According to Cloitre et al. (2019), 3.8% of the population has C-PTSD, and outcomes like depression stemming from the event seem to be more pronounced than they are in simple PTSD. Those who have C-PTSD have an unusually difficult time regulating emotions such as anger and are plagued with more severe psychiatric symptoms than those who are diagnosed with just PTSD (Cloitre et al., 2019). C-PTSD also takes longer to treat than PTSD. In 2018, C-PTSD was included in the *International Classification of Diseases and Related Health Problems,* which is used globally for diagnoses (Cloitre et al., 2019).

Another mental health issue of great concern is dissociative disorders. The mental illnesses under this umbrella are characterized by mentally detachment from the traumatic experience (APA, 2022; SAMHSA, 2014a). The person may be unable to recall the event and may suffer from memory loss (APA, 2022; SAMHSA, 2014a). Sometimes mental illness can cause a person not to be consciously present in reality (SAMHSA, 2014b). Persons experiencing

ACEs, war, and torture may be susceptible to dissociative disorders. Displacement of emotions, detached feelings, and detachment from the present are some of the symptoms a person may display (SAMHSA, 2014b). Mitra and Jain (2023) indicated that 1.5% of the world population is diagnosed with a dissociative disorder. As a person is contending with mental health challenges due to trauma, they may find themselves struggling with their physical health as well.

Trauma and Physical Illness

Trauma not only acts as a catalyst for poor mental health but can also cause physical maladies (SAMHSA, 2014a). Poor physical health bred out of trauma can be attributed to mental illness, drug use, and risky behavior (Anda et al., 1999; Felitti et al., 1998; He et al., 2022; SAMHSA, 2014b). One may find themselves physically ill due to chronic illicit drug use (Anda et al., 1999; Felitti et al., 1998; He et al., 2022; SAMHSA, 2014a). Individuals may use substances to cope with the pain to mask feelings and intrusive memories associated with traumatic events (Anda et al., 1999; Felitti et al., 1998; SAMHSA, 2014a). Research has found that individuals who have a diagnosis of PTSD are especially susceptible to using drugs to deal with traumatic events (He et al., 2022; SAMHSA, 2014a). Sleep deprivation is another cause of poor physical health (SAMHSA, 2014b). Individuals with mental illnesses, notably PTSD, are often unable to sleep due to upsetting memories and may use substances such as alcohol to help them sleep. The lack of proper rest makes it difficult for the body and mind to heal and can also make a person more prone to relapse and experience other illnesses (SAMHSA, 2014b).

Another threat to one's physical health is risky and self-injurious behavior (SAMHSA, 2014b). Risky behaviors may include having sex with multiple partners or having sex without protection (SAMHSA, 2014b). These actions pave the way for sexually transmitted infections (STIs) and the possibility of being a victim of sexual assault (Chiara, 2020; Leemis et al., 2022).

According to the WHO (2022), STIs are a significant issue worldwide. The WHO (2022) reported that over one million people contract an STI daily. This is reason for concern, as STIs can affect reproductive health, can be very easily spread, and can even cause death (WHO, 2022).

Lastly, inflicting pain and purposely harming oneself are examples of self-injurious behaviors (SAMHSA, 2014b). Individuals who have experienced trauma early in life are more prone to these types of behaviors. Self-harm behaviors include cutting, burning, and inserting foreign objects in openings in the body to inflict pain. Purposely subjecting oneself to self-destructive actions is a result of trauma and is a sign of the inner turmoil a person is experiencing (SAMHSA, 2014b).

Trauma and Emotional Distress

Stress and traumatic events can cause damage to a person's emotional well-being (SAMHSA, 2014b). Inner turmoil is sometimes manifested through emotional distress (SAMHSA, 2014b). One of the reasons psychological distress is so troublesome is that it has a profound negative effect on a person's mental and physical health (McLachlan & Gale, 2018). Distress can be the result of abuse experienced in childhood or later in life and is often characterized by depression and anxiety (Arvidsdotter et al., 2016). Individuals experiencing distress find it difficult to attend to the details of everyday life and do not feel in control of their lives (Arvidsdotter et al., 2016). Persons may become withdrawn, isolate themselves, and contend with a negative self-image (Arvidsdotter et al., 2016; McLachlan & Gale, 2018). These overwhelming feelings of lack of control and loss may begin to spill over into their professional and personal lives and may cause difficulty in these relationships (Arvidsdotter et al., 2016).

Trauma and Relational Difficulties

Emotional stressors brought on by trauma can cause physical manifestations of illness and emotional instability, which can result in relational problems (APA, 2022). How a person interacts with others, makes decisions, and is able to regulate behavior is affected by their mental and physical well-being (Arvidsdotter et al., 2016). The closest relationships, whether intimate or familial, can become strained, as the person who has experienced trauma may be emotionally detached and physically isolated (Campbell & Renshaw, 2018; Mayo Clinic, 2016). While a diagnosis of PTSD is often a consequence of trauma, the presence of this diagnosis may result in co-occurring conditions such as drug use, psychological distress and depression (Arvidsdotter et al., 2016; Campbell & Renshaw, 2018; Mayo Clinic, 2016).

The intrusion of trauma may also cause a lack of physical and emotional intimacy between partners and put a strain on the relationship (Campbell & Renshaw, 2018). Lack of sleep, nightmares, and moodiness experienced by the survivor interrupts sleep for both the partner and survivor, which can result in an emotional upheaval for both (Campbell & Renshaw, 2018; Mayo Clinic, 2016). Other symptomology may cause isolation not only for the survivor but also for the family. The social life of the family and partners may be impacted. Depending on the type of trauma, the survivor may experience trepidation when in crowds or may not desire to be around other family members or friends, limiting what can be done socially (Mayo Clinic, 2016). Also, due to the other symptomology and the survivor's inability to be present, the burden of responsibilities often rests on the partner, which can cause weariness and added stress for the partner (Campbell & Renshaw, 2018). Traumatic events can take place in any phase of life and even during childhood. Distressing occurrences in childhood can affect the rest of an individual's life (CDC, n.d.-b; Felitti et al., 1998; Stevens, 2012).

Perpetuating the Trauma Cycle

ACEs are a perpetual problem. Data from the Children's Bureau (2023) reveal that a significant number of children are suffering maltreatment. For the 2021 fiscal year, Child Protective Services received approximately 4,000,000 child abuse referrals nationwide with 7,000,000 children being a part of these allegations. After investigation, it was found that 600,000 children were abused. Even more troublesome is that the majority (90.6%) of these incidences occurred at the hands of one or both of the child's parents. It should be noted the actual rate of abuse is higher, as these numbers do not account for unknown or unreported abuse (Children's Bureau, 2023). Asnes and Leventhal's (2022) report for the American Academy of Pediatrics noted that children under the age of one are more than twice as likely to suffer abuse as children in any other age bracket, and the mortality rate of infants rate is three times that of other age groups.

Adverse Childhood Experiences (ACEs)

A more specific type of trauma that is highly relevant to this study is ACEs, which can have significant effects on a child's life (CDC, n.d.-b; Felitti et al., 1998; Stevens, 2012; Vu et al., 2016). If one were to delve into the challenges some adults face, it is likely that one would find that the individual experienced trauma early on in life (CDC, n.d.-b). The traumatic effects of ACEs can permeate all aspects of a person's life even when they do not show themselves until later in the person's life (Anda et al., 1999; Felitti et al., 1998; Vu et al., 2016). Mental illnesses and behavioral maladies, including SUD and DV, can be attributed to destructive patterns which stem from ACEs (Felitti et al., 1998; Ross et al., 2021).

How the ACE Study Developed

The ACE study was the most extensive research on childhood trauma (Anda et al., 1999; CDC, n.d.-b; Felitti et al., 1998; Stevens, 2012). The study's results shed light on child abuse and its disastrous effects. This study was conceived through a seemingly unrelated series of events. Stevens (2012) provided the narrative for the conception of one of the most significant ACEs and neglect studies.

The CDC-Kaiser Permanente ACE study was developed by accident and stemmed from a seemingly unrelated place, an obesity clinic. In 1985, Dr. Vincent Felitti, the chief of Kaiser Permanente's Department of Preventive Medicine, experienced high attrition rates in his obesity clinic (Stevens, 2012). The clinic was specifically designed to serve those who were morbidly obese and needed to lose between 100 to 600 pounds, but many challenges caused the researchers to look more deeply at what was going on with the research participants (Stevens, 2012). In addition to high attrition rates, they noticed that participants who lost weight were not experiencing continued success. Due to the ongoing inability of specific clients to maintain a healthy weight, Dr. Felitti changed his tactics and conducted in-person interviews with his patients and asked questions he had never asked them before.

Being uncomfortable asking one of his female patients about her sexual history, Dr. Felitti misspoke and asked her how much she weighed when she first became sexually active. The patient replied, "40 pounds" (Stevens, 2012, para. 11). Surprised by her answer and confused about what he had heard, he repeated the question. The patient, who was visibly upset, provided the same answer of being 40 pounds at the time of her first sexual experience. The patient then revealed that the first time she had sex was with her father when she was four (Stevens, 2012). This interview led to another interview in which the client revealed similar

information. Not wanting to take the chance of inserting his ideas into his findings, he asked five of his colleagues to pose the same question to other patients. These interviews resulted in 100 more patients revealing sexual abuse. Most of the 286 patients interviewed admitted to being molested as a child. Sexual and other forms of abuse affected different aspects of these patients' lives (Stevens, 2012).

After discovering how sexual abuse impacted patients' inability to lose weight in his obesity clinic, Dr. Felitti shared his findings with Dr. Williamson and Dr. Anda, epidemiologists in the United States (Stevens, 2012). Trauma-related questions were added to patient surveys dispensed at Kaiser Permanente in San Diego. From 1995 to 1997, 14,-721 patients agreed to take the survey (Stevens, 2012). The study revealed troublesome but important information. Firstly, the study showed that childhood trauma and future chronic disease, mental illness, incarceration, and work-related problems were interconnected (Stevens, 2012). Secondly, the study revealed that approximately two thirds of study participants had undergone one or more ACEs and that 87% of those individuals had experienced several types of ACEs (Felitti et al., 1998). These numbers indicated that different types of traumata could be experienced simultaneously. Lastly, it was discovered that a frequent result of trauma was the future manifestation of medical, mental health, and social issues (Sanderson et al., 2021).

As the study progressed, a scoring system was designed to gather more specific information regarding the detriments of ACEs (Felitti et al., 1998). The survey pertained to traumatic experiences suffered before the individual was 18 and included a simple scoring system. Questions that did not pertain to the individual were scored as zero points. If the question did pertain to the reader, the question would be scored as one point (e.g., if they were hit, punched, or slapped or if a family member had been in prison). At the end of the survey, the

person would count all the questions they answered “yes” to; the number would be their ACE score (Felitti et al., 1998; Stevens, 2012). For example, if four questions were characteristic of the individual’s life experiences before age 18, the ACE score would be four.

Research has shown that ACE scoring accurately predicts future health problems (CDC, n.d.-b). This finding has resulted in the expansion of the ACE study (Chronholm et al., 2015; Pachter et al., 2017). The Expanded ACE Survey (Chronholm et al., 2015) provides additional questions about childhood trauma for targeted groups. For example, the Philadelphia ACE Project (Pachter et al., 2017) measures the ACEs of youth growing up in the inner city. Along with the original 10 ACE questions, this study includes 30 additional questions. Some questions are about one’s neighborhood, community violence, bullying, and discrimination. The ACE study is also used in the fight against human trafficking. The Human Trafficking of Minors and Childhood Adversity study (Reid et al., 2017) found that children who had been the victim of sexual abuse and children with an ACE score of six or more are more susceptible to being involved in sex trafficking. Childhood trauma can lead to negative outcomes and have severe adverse effects on individuals in the future.

Findings of Long-Term ACE Study Impact

As statistics indicate, ACEs are not foreign to many individuals. According to the CDC (2021b), approximately 61% of adults have at least one ACE, with 16% having an ACE score of four or more. The CDC also reports that ACEs are contribute to half of the top 10 leading causes of death (heart disease, cancer, unintentional injuries, chronic lower respiratory disease, stroke, Alzheimer’s disease, diabetes, kidney disease, influenza/pneumonia, and suicide). In the United States, ACEs are also the progenitor of depression experienced by 21 million individuals and the reason 2 million people have heart disease. ACEs have also contributed to the 2.5 million cases

of obesity. Along with causing physical and mental maladies, ACEs also create a fiscal burden. Illnesses due to early trauma have a substantial monetary impact, costing North America $748 billion a year (CDC, 2021a).

The CDC has also used ACE scores as health and behavioral predictors (CDC, 2021b). The results provide staggering information about the impact of ACEs. Individuals with a score of four or more have been impacted severely and are the most vulnerable (Felitti, 2002; Stevens, 2012). Felitti (2002) revealed that these individuals are 500% more likely to become an alcoholic and to be a victim of DV. They are 242% more likely to smoke and 222% more likely to be grossly overweight. The statistics get even more astounding, as the data further reveal that an ACE score of four or more increases the likelihood of depression by 357%. Those with an ACE score of four or more are 443% more likely to use drugs and are 1,133% more inclined to engage in intravenous drug use. Unfortunately, there is also a 1,525% increase in attempted suicides for those having an ACE score of four or more (Felitti, 2002).

In addition to the information about those with an ACE score of four, Felitti (2002) also provided statistics about individuals with a score of six and seven. Those in this score range are 250% more likely to smoke as adults. Suicide attempts in adulthood increase by 3,000%, and there is a 5,000% increased probability of experiencing hallucinations (Felitti, 2002). Additionally, those with an ACE score of six or more, there is a 51-fold increased risk of suicide for children and adolescents and a 30-fold increase among adults (Felitti, 2002). Childhood trauma also increases boys' likelihood to use intravenous drugs later in life by 4,600%, while both males and females are more likely to die 20 years younger than those with no ACEs (Felitti, 2002).

ACE scoring provided invaluable information. A higher ACE score correlates to higher risk factors and a higher chance for social, mental, behavioral, and health implications (CDC, n.d.-b; Felitti et al., 1998). As Dr. Felitti and colleagues' findings began to unfold, research was also taking place regarding the effects of childhood trauma on the brain. The research revealed how trauma adversely impacts the development and structure of the traumatized child's brain (Nelson et al., 2020; Teicher & Samson, 2016).

Numerous studies have shown that toxic stress can reconfigure the brain and cause abnormalities (CDC, n.d.-b; Nelson et al., 2020; Pachter et al., 2017; Teicher & Samson, 2016; Stevens, 2012). They also discovered that not only did ACEs affect the brain, but they were also the breeding ground for chronic diseases. Those with ACEs are more likely to develop chronic disease than those without ACEs (CDC, n.d.-b; Felitti et al., 1998). Due to ACEs, illnesses like heart disease affect 1.9 million people (CDC, n.d.-b). ACEs can lead to increased susceptibility to serious health issues, auto-immune diseases, ongoing illness, and heightened exposure to infections (Felitti et al., 1998).

Types of ACEs

Children undergo different types of ACEs. ACEs are usually divided into three categories:, abuse, problems in the home, and neglect (CDC, n.d.-a). Any form of ACEs can be detrimental and cause the child a great deal of physical and emotional pain (Fisher-Owens et al., 2017; Stevens, 2012). ACEs comprise various types of abuse. Children may be abused in ways that alter the innermost parts of who they are and even their minds (Dye, 2019; Spinazzola et al., 2014). A review of the different types of ACEs provides insight into how abuse affects a child victim's brain, mind, and body. Although the physical manifestations of abuse may not be apparent, it should not be assumed that a child is not being abused. Child abuse may come in

different forms, but all of them can have disastrous effects (Anda et al., 2019; CDC, n.d.-d; Children's Bureau, 2023; Felitti et al., 1998). Some types of abuse, like psychological abuse, do not leave visible marks, but physical abuse and neglect are quite visible (Asnes & Leventhal, 2022; Children's Bureau, 2023).

Childhood Physical Abuse. The markings of physical abuse are apparent (Fisher-Owens et al., 2017). Most physical injuries occur to the skull, face, head, and neck (Fisher-Owens et al., 2017). Physical injuries may include bites and broken and fractured bones (Kovler et al., 2021). Bruising is children's most common form of injury and can be the telltale sign of abuse (Johnson et al., 2021). Bruising can also indicate internal damage to the child's body (Johnson et al., 2021). Children who are being abused also present with bruising to their ears, genitals, and mouth lacerations (Fisher-Owens et al., 2017; Johnson et al., 2021).

Physical abuse can result in future schizophrenic disorder, borderline personality disorder, and PTSD (Schomerus et al., 2021). Abused children may also adopt maladaptive coping skills (Anda et al., 1999; Felitti et al., 1998; Schomerus et al., 2021; Stevens, 2012). A child may hide the fact that they are being abused. Physical abuse can be shame-inducing and embarrassing for the child, which may result in a reluctance to seek help (Schomerus et al., 2021). Although physical abuse is devastating, sexual abuse is the most destructive form of abuse (Rape, Abuse, & Incest National Network [RAINN], n.d.).

Childhood Sexual Abuse. Childhood sexual abuse is one of the most traumatic types of ACEs. RAINN (n.d.) indicates that every nine minutes, a child is sexually abused. Sixty-six percent of sexual abuse victims fall between the ages of 12 and 17, while 34% of victims are under the age of 12. Compared to children who have not been victims of sexual abuse, sexually abused children are four or more times more likely to suffer from SUD. These children are also

four times more likely to have a PTSD diagnosis and three times more prone to experiencing major depressive disorder in adulthood. Furthermore, 93% of abusers are known by the child, and girls are more at risk of being sexual abused than boys (RAINN, n.d.).

Childhood sexual abuse can heavily influence a child's self-conception, with the child often taking on the identity of sexual maltreatment (Schomerus et al., 2021). This destructive identity and the trauma of being sexually abused as a child can have a long-lasting impact even into the victim's adult years (Downing et al., 2021). In addition to the physical pain caused by the abuse, there is also psychological and emotional impact (Dye, 2019; Spinazzola et al., 2014). Although the markings of emotional and psychological abuse may not be as visible, the consequences of psychological and emotional abuse may be just as destructive (Dye, 2019; Spinazzola et al., 2014).

Childhood Psychological Abuse. ACEs are not always physical and may present themselves as psychological abuse. Psychological abuse includes intimidation, constant surveillance, and seclusion (Katz, 2016). Some studies indicate psychological abuse may have worse implications than physical abuse (Dye, 2019; Spinazzola et al., 2014). Emotional abuse and childhood emotional neglect also constitute psychological abuse (Anda et al., 1999; Felitti et al., 1998). Emotional abuse and neglect can result in hostility (Xaio et al., 2019), childhood depression (Felitti et al., 1998; Xaio et al., 2019), PTSD (Xaio et al., 2019), and suicidal thoughts (Choi et al., 2019; Felitti et al., 1998; Xaio et al., 2019). Although the terms *emotional abuse* and *emotional neglect* are often used interchangeably, there is a distinct difference.

Childhood emotional abuse occurs when an individual purposefully inflicts fear and shame and ignores the child on an ongoing basis (Gama et al., 2021; Xaio et al., 2019) with the willful intent to harm and hurt the intended victim (Xaio et al., 2019). Due to the severity of the

detrimental effects of emotional abuse, the child may experience the inability to control their emotions in adulthood (Gama et al., 2021). Emotional abuse can also cause serious mental health conditions such as severe PTSD and other psychological maladies (Gama et al., 2021; Sege et al., 2017; Xaio et al., 2019). This type of abuse often involves revictimization, as it more often occurs as a repeated offense, causing severe harm to a child's identity and self-image (Gama et al., 2021).

Childhood emotional neglect is characterized by a child's unmet emotional needs and a lack of care (Choi et al., 2019; Xaio et al., 2019). Unlike emotional abuse, neglect is not done intentionally to harm the child, and there is no malevolence in mind (Xaio et al., 2019). The parent may not have the fortitude to be emotionally available to the child (Xaio et al., 2019). Neglect and exposure to DV occurring when a child is six or younger can severely impact the child mentally (Sege et al., 2017). According to Williams et al. (2016), research indicates that even antidepressants are less effective for abused children in this age range.

The effect of emotional abuse and neglect on a young child's brain can result in many problems that can affect tender areas of a child's life (CDC, n.d.-b). Even though the trauma may not be visible, the emotional abuse and neglect could adversely affect the child emotionally, physically, and mentally and do significant harm (CDC, n.d.-b; Stevens, 2012). Childhood exposure to this type of adversity can cause great harm. A child's welfare is largely contingent upon the environment in which the child is raised. Growing up in a home where there are caregiver mental health issues, family violence, and caregiver SUD puts a child at risk for ACEs (CDC, n.d.-b; Filetti et al., 1998).

Risk Factors of ACEs

A contentious home can be a significant cause of ACEs (Felitti et al., 1998; Stevens, 2012). Certain conditions make children more vulnerable to ACEs than others and contribute to the trauma incurred. The mental and emotional stability of a parent, family security and safety, and caregiver use of substances all play a vital role in the health and stability of a child (Felitti et al., 1998; Stevens, 2012). Risk factors of ACEs include being raised in a home with family violence, childhood neglect, and abuse (Aliev et al., 2020; Anda et al., 1999; Felitti et al., 1998; Lloyd, 2018; Ross et al., 2021). Children may also experience ACEs due to being raised by parents with a mental health condition or SUD (CDC, n.d.-b).

Caregiver Mental Health Issues. The child may not be the only person in the household experiencing emotional and mental pain. There are circumstances in which the caregiver may be experiencing mental health challenges that prohibit them from properly caring for the child (CDC, n.d.-b; Stevens, 2012). Caregiver mental illness can result in a child being mistreated and neglected (Schomerus et al., 2021). Being raised in a home where a caregiver deals with a mental health issue is a form of ACEs that can have damaging consequences (CDC, n.d.-b; Stevens, 2012).

Stambaugh et al. (2017) indicated that 18.2% of parents have a mental illness, and 3.8% have substantial mental health issues. Mental illness and psychological trauma can be a result of DV (Lamotte & Murphy, 2017). DV catalyzes mental illness and primarily affects the female caregiver (Felitti et al., 1998; Rollè et al., 2019). Living in an unpredictable and hazardous environment can exacerbate the child's stress (Felitti et al., 1998). A violent environment can lead to affective disorders in those who live in it, which include depersonalization, depression,

and anxiety (Radell et al., 2021). These are prototypical mental health issues (Felitti et al., 1998; Radell et al., 2021).

It is commonplace for children to be physically and emotionally abused, ignored and neglected in homes where a caregiver has a mental illness (Radell et al., 2021). These children can also experience a higher level of stress than children who are raised by those where mental health challenges are not present. Unfortunately, the lack of attention and the stress of having a parent with mental health challenges can lead to poor health outcomes and may add to future stressors (Stevens, 2012). Although caregiver mental health issues can be a stressor and cause of ACEs, violence in the home can also be a significant stressor (CDC, n.d.-b; Stevens, 2012).

DV and Family Violence. An upbringing characterized by DV and family violence can also cause stress and anxiety in a child (CDC, n.d.-b; Stevens, 2012). DV and family violence disrupt the family and propagate a child's feelings of distress and trepidation (Aliev et al., 2020; Felitti et al., 1998). There is also an increased probability that the parents of these children were raised in violent homes (Lünnemann et al., 2019; Rollè et al., 2019). Susmitha's (2016) study reported that 85% of violent incidences against women are due to DV, and children are often eyewitnesses to this abuse.

It is common for adults who witnessed DV as a child to foster the same abusive environment in which they were raised. This transference of abuse can result in intergenerational violence (Lünnemann et al., 2019; Rollè et al., 2019). Researchers also maintain that if DV occurs in the home, it is likely that children residing there are also experiencing violence (Lloyd, 2018; Lünnemann et al., 2019; Walker & Lacey, 2020). PTSD as well as future social adjustment challenges, and psychosocial issues may be what some children experience as the result of family violence (Lünnemann et al., 2019).

Being raised in violent circumstances can cause children to be beholden to a constant state of fear that activates the fight, flight, or freeze response that occurs when the body is on high alert (Smith & Pollak, 2020). In this mode, the body automatically conforms in the face of a threat, releasing cortisol and adrenaline in the blood. Living on high alert consistently can cause damage to the body and brain (CDC, n.d.-b; Stevens, 2012). DV and family violence cause a child's body to be constantly alert (CDC, n.d.-b; Stevens, 2012). Being in a constant state of threat harms a child's development and can affect every aspect of a child's life, including brain development and cognition (CDC, n.d.-b; Felitti et al., 1998; Stevens, 2012).

Negative Outcomes of ACEs

The negative effects of ACEs are well documented, as are the calamities that follow these incidences (Anda et al., 1999; Butler et al., 2020; CDC, n.d.-b; Felitti et al., 1998; Kavanaugh et al., 2016; Stevens, 2012; Teicher & Samson, 2016). Research has consistently shown that ACEs can affect every aspect of an individual's life and can lead to destructive behavioral and mental patterns (Anda et al., 1999; Butler et al., 2020; Felitti et al., 1998; Kavanaugh et al., 2016; Smith & Pollak, 2020; Stevens, 2012; Teicher & Samson, 2016). Physical and mental illnesses are characteristic of those who are affected by the trauma they have endured (Felitti et al., 1998; Nikulina et al., 2017; Skarupski et al., 2016; Smith & Pollak, 2020; Stevens, 2012). One of the most destructive effects of ACEs is what it does to the brain (Butler et al., 2020; Felitti et al., 1998). ACEs can cause brain damage and affects a child's decisions, actions, and ability to handle emotions (Kavanaugh et al., 2016).

ACES and Cognitive Impairment. The cognitive disruption caused by ACEs can be the root cause of abnormal brain development and can also cause brain damage (Butler et al., 2020; Felitti et al., 1998). ACEs can negatively affect executive functioning, compromise the child's

ability to recall and make rational decisions, and cause emotional dysregulation (Kavanaugh et al., 2016). Hyperactivity and inattentiveness (i.e., attention-deficit/hyperactivity disorder) can be symptoms of distorted cognition (Kavanaugh et al., 2016). These challenges can make learning difficult and cause the child to lag behind their counterparts academically, developmentally, and socially (Teicher & Samson, 2016). Additionally, the child may display disruptive behavior as school presents additional challenges (Lloyd, 2018; Teicher & Samson, 2016). Physical, sexual, or emotional abuse resulting in delayed brain development can hinder the child's ability to process information (Teicher & Samson, 2016). These experiences can make it difficult to succeed in school and develop meaningful relationships (Lloyd, 2018; Teicher & Samson, 2016).

Impaired brain development may affect more than behavior. As Smith and Pollak (2020) indicated, ACEs may even skew a child's perception and recognition of normal emotions. When a child's brain development is compromised, it may hinder their ability to recognize and identify positive facial emotions correctly. Additionally, abused children are more likely to react to and identify negative facial expressions than positive facial expressions (Smith & Pollak, 2020). The child may focus on memories of past negative experiences, which may cause them to respond more quickly to negative facial expressions and emotions. These children may also have difficulty managing their emotions, which may interfere with their ability to establish and maintain peer relationships (Smith & Pollak, 2020). Considering what the child is already contending with, impaired development and difficulty establishing peer relationships may only add to the stress the child is already experiencing. The multiplicity of adversarial circumstances can result in chronic stress, another factor that can significantly impact a child's development (Brogan et al., 2019; SAMHSA, 2022; Vu et al., 2016).

ACEs and Chronic Stress. Chronic and toxic stressors are also forms of ACEs that can have a causal effect, making the child's immune system more susceptible to other illnesses and consequently harming how the child's brain develops (Felitti et al., 1998; Smith & Pollak, 2020). Ongoing stress can be toxic and devastate the body and the brain (Felitti et al., 1998; Smith & Pollak, 2020). Stress is toxic, and when it occurs early in life, it can cause a host of problems for the child, including impairment of brain development and the child's ability to develop healthy relationships (Brogan et al., 2019; Vu et al., 2016). These hindrances take away a child's ability to cope, which can result in antisocial behavior (Vu et al., 2016). Being a victim of or perpetrating of violence is an example of antisocial behavior that can be stress-induced and exhibited by youth (Brogan et al., 2019; SAMHSA, 2022; Vu et al., 2016).

Children experience stressors due to various traumatic events including but not limited to different types of abuse, family and social problems, and natural disasters (SAMHSA, 2022). Different types of stressors also affect children, so much so that two thirds of children experience at least one traumatic event before age 16 (SAMHSA, 2022). According to SAMHSA (2022), schools are another place where children experience a great deal of trauma. Bullying and physical fights have become significant school issues (Brogan et al., 2019; SAMHSA, 2022). Every year in the United Staes, one out of five students in Grades 9–12 has been bullied at school, and one quarter have been involved in at least one physical altercation (SAMHSA, 2022). Along with these issues, school-age children are also being threatened with weapons; approximately 9% have been purposely absent from school due to fear, and each year, 1,000 youths are treated at emergency departments due to being physically attacked (SAMHSA, 2022).

Peers are not the only perpetrators of abuse. Abuse by a child's caretaker is also a formidable stressor (Anda et al., 1999; Asnes & Leventhal, 2022; Children's Bureau, 2023;

SAMHSA, 2022). Children may fall victim to physical, sexual, and emotional abuse and neglect (Anda et al., 1999; CDC, n.d.-d; Felitti et al., 1998; SAMHSA, 2022; Stevens, 2012). SAMHSA (2022) reported that approximately 1,800 children died due to abuse in 2020, while one in seven reports of child abuse were due to neglect. Infants and young children are especially vulnerable.

Whether the victim is a child or an adult, abuse can be destructive both physically and psychologically (CDC, n.d.-d; Felitti et al., 1998; SAMHSA, 2022; Stevens, 2012). Abuse comes in different forms and can even occur between adults, especially when the adults are in a relationship. When abuse occurs between a couple, it is called DV (CDC, n.d.-b; Chiara, 2020; Choi et al., 2019). Women are more susceptible to being abused by men than men by women (CDC, n.d.-b). DV is a concerning and worldwide problem (Sardinha et al., 2022).

ACEs and Violence. ACEs continue to lie beneath unregulated behavior, such as domestic assaults and illegal drug use (Ford et al., 2019; Fridel & Fox, 2019; McHugh et al., 2018; Susmitha, 2016). ACEs may also expedite a man's introduction to the penal system (Ford et al., 2019; Nikulina et al., 2017; Skarupski et al., 2016). Studies consistently agree on ACEs' devastating effects and harmful outcomes (Felitti et al., 1998; Ford et al., 2019; Lee et al., 2021; SAMHSA, 2022; Stevens, 2012; Teicher & Samson, 2016). The effects of childhood trauma may manifest as emotional imbalance, irrational and impulsive decision-making, and self-destructive patterns (Felitti et al., 1998; Ford et al., 2019; Nikulina et al., 2017; Skarupski et al., 2016; Stevens, 2012; Susmitha, 2016).

Studies also show that men are more prone to violence and are more likely to be the aggressor in romantic relationships (Felitti et al., 1998; Ford et al., 2019; Nikulina et al., 2017). Skarupski et al. (2016) studied men in an American prison. The study revealed that half of the men had four or more ACEs. Fifty percent witnessed DV in the home, and 50% experienced

physical abuse. Skarupski et al. (2016) also revealed that 70% of the men experienced cursing and verbal abuse as a child. Seventeen percent had been touched sexually by someone 5 years older; 14% had been forced to have sex with someone or made to touch someone sexually who was at least 5 years older. The study also showed that less than 10% of study participants had zero ACEs, 11% reported one ACE, 14% noted two ACEs, and 16% of the men reported having three ACEs (Skarupski et al., 2016). Additionally, participants who had a history of ACEs were experiencing depression, lower quality of life, and mental health challenges (Kim et al., 2021; Skarupski et al., 2016).

Ford et al.'s (2019) Prisoner ACE Survey was conducted in Wales from February 2018 to June 2018 and comprised 468 study participants aged 18–69. When presented with 11 childhood ACEs questions, the respondents' replies yielded the following results. Half (50%) of the participants experienced verbal abuse, 41% admitted to being physically abused, 18% reported being sexually abused, 19% suffered emotional neglect, and 12% experienced physical neglect (Ford et al., 2019). Regarding their households, 58% were raised in homes where their parents were physically separated, caregivers with a mental illness raised 28% of participants, and 40% were raised in a home with DV (Ford et al., 2019). Moreover, 31% were raised in a home where there was alcohol abuse, 32% were raised by a caregiver who was addicted to drugs, and 33% were raised in a home where a family member was imprisoned. Ford et al.'s (2019) study also revealed that over eight in 10 prisoners had at least one ACE, and almost half of the prisoners had four or more ACEs. Approximately 21% of prisoners had an ACE score of two or three, and 45% had an ACE score of four or more (Ford et al., 2019).

Research reveals there is a likelihood that men who have witnessed domestic abuse in the home (e.g., mother being battered) may be prone to similar acts of violence and become

perpetrators themselves (Skarupski et al., 2016). Nikulina et al.'s (2017) study indicated that DV was the only ACE predictor of future DV perpetration. Research consistently reveals that being raised in a volatile home can lead to boys becoming the aggressor and girls becoming adult victims of DV (Felitti et al., 1998; Ford et al., 2019; Nikulina et al., 2017; Skarupski et al., 2016).

Domestic Violence (DV)

DV occurs when an individual forcefully exercises power over another person physically, emotionally, psychologically, financially, sexually, and through stalking and isolation. through stalking and isolation (CDC, n.d.-c; Choi et al., 2019). According to the CDC (n.d.-c), approximately 41% of women have experienced severe DV. Although both men and women can be the perpetrators of violence, the abuser is more likely a male. The abuser may use threats and coercion to force the victim into submission (Chiara, 2020; Choi et al., 2019). DV comes in different forms and is not limited to one type (Basile et al., 2022; CDC, n.d.-c, Choi et al., 2019). Regardless of the type, DV is destructive and can cause a slew of problems for the victim (CDC, n.d.-c; Choi et al., 2019; Leemis et al., 2022).

Types of DV

DV comes in several forms and does not only describe physical assaults (Basile et al., 2022; CDC, n.d.-c; Choi et al., 2019**;** Leemis et al., 2022). Abuse may not always be physical but may be psychological and sexual as well (Basile et al., 2022; CDC, n.d.-d; Choi et al., 2019; Leemis et al., 2022). Psychological abuse is also used to manipulate, control, and evoke fear (CDC, n.d.-c). Regardless of the type, DV is devastating and causes emotional and physical harm to the victim and can even be the cause of death (CDC, n.d.-c; Choi et al., 2019). Seventy-five

percent of women of women who experienced physical abuse have sustained severe injuries due to physical abuse, accounting for more than half of femicides (CDC, n.d.-c).

Physical Abuse. Physical abuse is harmful physically, mentally, and emotionally (Porter et al., 2019; Sardinha et al., 2022). Physical abuse may include being beaten with a fist, hit, slapped, and kicked (Sardinha et al., 2022). Other types of brutality may include being burned, dragged, or threatened with a weapon. Furthermore, Sardinha et al.'s (2022) global study found that more than one in four (27%) women aged 15–49 who had an intimate relationship had experienced physical or sexual violence at least once. The study also found that one in seven women had experienced DV in the past year. Sardinha et al. (2022) discovered that in 2019, 492 million women between the ages of 15 and 49 years had been victims of DV globally.

Porter et al.'s (2019) 8-year review of women who experienced DV related fractures in the United States asserted that more than half of women presenting to the emergency room with facial and skull fractures were due to DV (Alessandrino et al., 2020). Skull fractures are another type of injury caused by DV and can result in traumatic brain injury (Haag et al., 2019; Tsai et al., 2022). Those sustaining head injuries may experience eye-light changes, headaches, confusion, dizziness, interruptions in healthy sleep patterns, and difficulty concentrating (Permenter et al., 2022). It is not uncommon for the victim to incur learning and memory impairments due to the abuse (Tsai et al., 2022). DV can cause visible and invisible wounds with devastating consequences (Alessandrino et al., 2020; Tsai et al., 2022).

Psychological Violence. DV may not always be physical and may come in the form of mental and psychological abuse. DV causes significant damage to the victim and psychological disturbance (CDC, n.d.-b; Fogarty et al., 2019; Holmes et al., 2017). DV adds to the psychological distress and pressure when a mother raises her children in an abusive environment

(Fogarty et al., 2019; Holmes et al., 2017). Psychological abuse is also used to control an individual and evoke fear (CDC, n.d.-b). Once the perpetrator is confident that he has a measure of psychological control, the abuse will likely escalate to physical abuse. Once physical abuse occurs, the batterer feels more potent, as he has dominated the victim psychologically and physically (Sardinha et al., 2022). This dominance continues a destructive pattern of abuse that can hold the victim captive. Psychological abuse is so powerful that although the victim is being abused, they may still be overly concerned and anxious about the potential of being deserted by the abuser (Costa & Botelberio, 2021). Despite experiencing abuse, the battered woman may remain in an abusive and unstable relationship due to anxiety stemming from the fear of abandonment (Costa & Botelheiro, 2021). Remaining in this predicament puts the victim in grave danger (Alessandrino et al., 2020; Tsai et al., 2022).

The CDC (n.d.-c) reported that 61 million women have been psychologically abused. The perpetrator may also financially abuse a partner even when children are involved (Holmes et al., 2017). The victim may also experience additional abuse when the perpetrator refuses to provide the resources needed to care for their child (Holmes et al., 2017). When the abuser refuses to allow the mother to work, he limits her independence and may force her to care for the children independently without proper support (Holmes et al., 2017). The mother may decide to stay in the relationship due to the threat of homelessness or the risk of further violence toward her and the children (Holmes et al., 2017; Lloyd, 2018). While she remains, the perpetrator may dominate the amount of time she spends with the children (Fogarty et al., 2019). The mother may also silently remain in an abusive relationship out of fear of her children being taken (Domestic Violence Coordinating Council, 2018; Ibrahim, 2020).

Along with being subjected to cruel punishment by the abuser, victims experience a significant psychological impact from the volatile episodes (Dokkedahl et al., 2019; Holmes et al., 2017). Violent interactions can result in depression, anxiety, PTSD, and suicide (Dokkedahl et al., 2019). Women subjected to DV have higher rates of suicide than their contemporaries (WHO, 2019). The length of time a person is subjected to abuse also affects how long the individual will deal with mental health challenges, including the difficulties accompanying the illness (Anda et al., 1999; Felitti et al., 1998). DV affects the victim physically and psychologically (Dokkedahl et al., 2019; Haag et al., 2019; Holmes et al., 2017).

Sexual Violence. Sexual abuse is a form of physical abuse that affects both men and women and can result in not only physical injury but mentally injury as well (Basile et al., 2022). Those subjected to this type of abuse run the risk of developing STIs and mental health issues, such as anxiety and depression (Basile et al., 2022; Leemis et al., 2022). Although traumatic, sexual abuse is commonplace, with 50% of women being forced into unwanted sexual experiences at least once in their lifetime, while approximately one out of three men has experienced sexual violence (CDC, n.d.-d). The numbers continue to underscore the prevalence of sexual abuse, as one out of four women and one out of 26 men have either been raped or been in a situation where they could have been raped. Further reports indicate that approximately 23 million women have been raped (CDC, n.d.-d).

Sexual violence is not isolated to perpetrators unknown to the victim. Oftentimes, sexual violence occurs within marriages and intimate relationships (Leemis et al., 2022). Nine million women in the United States have experienced sexual violence from an intimate partner. Sexually assaulting a partner is a way of dominating the other party (Leemis et al., 2022). The assailant

may use different types of sexual assault tactics to maintain control (Basile et al., 2022; Leemis et al., 2022).

Any type of sexual assault can be traumatic to the victim (Basile et al., 2022; CDC, n.d.-d; Leemis et al., 2022). Some forms of sexual abuse that can happen between current or former partners are rape, undesired sexual contact, and pressured to engage in sexual acts (Basile et al., 2022; Leemis et al., 2022). Rape occurs when a male or female is penetrated by a man's penis, an object, or an individual's finger vaginally, orally, or anally without consent or when the individual is unable to give consent (e.g., is high or inebriated; Basile et al., 2022). Rape can be vicious, as the victim may be physically contained or threatened with harm if they attempt to fight back or do not comply with the assault (CDC, n.d.-d; Leemis et al., 2022).

Undesired sexual contact is another form of sexual abuse. Although oral, vaginal, or anal penetration does not take place, it is nonetheless a form of abuse (Leemis et al., 2022). Undesired sexual contact occurs when there is unwanted caressing, touching, or kissing. There are also times when one party does not want to engage in sex but is coerced or pressured to do so. The assailant may make the partner feel guilty, engage in manipulation or hostile tactics, or pressure the individual to engage in sexual intercourse (Leemis et al., 2022).

Sexual violence can be devastating to the victim and can result in mental health issues such as PTSD and other maladies (Leemis et al., 2022) such as suicidal ideation, depression, and anxiety (CDC, n.d.-d). Physical problems such as reproductive issues may also plague those who have been a victim of sexual abuse. Physical issues are not just limited to certain parts of the body or sexual organs (CDC, n.d.-d). For example, the brain is one of the body parts that sustains multiple types of traumata that can last a lifetime, leading to prolific negative outcomes (Thomas et al., 2021).

Negative Outcomes of DV

There are many negative consequences of DV that leave the survivor vulnerable to physical, emotional, and mental problems (Leemis et al.; 2022; Permenter et al., 2022, Thomas et al., 2021; Tsai et al., 2022). DV is demeaning and can affect the innermost part of a person's being, resulting in emotional upheaval (Haag et al., 2019). All body parts may be subjected to physical injury, which can lead to impairment, especially in the brain (Alessandrino et al., 2020; Haag et al., 2019; Tsai et al., 2022). Injuries that happen to the brain are especially troublesome as they cause permanent brain damage, loss of memory, and ongoing health ailments (Haag et al., 2019; Porter et al., 2019).

Traumatic Brain Injury. The battering that victims undergo can have permanent repercussions (Permenter et al., 2022; Thomas et al., 2021; Tsai et al., 2022). The face and upper extremities are often target areas (Thomas et al., 2021). Head and facial injuries can cause "fatigue, depression and mood changes, memory loss, confusion, aggression, and impaired judgment, and may lead to dementia and other chronic health conditions" (Haag et al., 2019, p. 991). Skull fractures can also lead to brain injuries (Tsai et al., 2022). Traumatic brain injury and PTSD are invisible wounds that carry devastating consequences (Alessandrino et al., 2020; Tsai et al., 2022).

Traumatic brain injury also catalyzes other maladies, including post-concussive syndrome (Walker & Lacey, 2020). Post-concussive syndrome entails a conglomeration of problems that can arise from traumatic brain injury (Walker & Lacey, 2020). Those who have sustained repeated blows to the head and previous concussions are especially vulnerable to post-concussive syndrome. Along with changes in their cognitive, behavioral, and emotional health, individuals may experience changes in their eyesight, headaches, confusion, dizziness,

interruptions in healthy sleep patterns, and difficulty concentrating (Permenter et al., 2022). It is also not uncommon for the victim to have continual learning and memory impairments (Felitti et al., 1998; Permenter et al., 2022).

Mental Illness. PTSD and anxiety are the most common mental health illnesses accompanying DV (Bryant et al., 2020). PTSD is a frequent mental ailment among abuse victims (Babcock et al., 2016; Dokkedahl et al., 2019). Those victimized may also struggle with attachment anxiety and insecure attachment (Velotti et al., 2018). According to Costa and Botelheiro (2021), there are commonalities between insecure attachment anxiety and DV (Velotti et al., 2018). Insecure attachment and PTSD are effects of DV and harm to the victim (Babcock et al., 2016; Costa & Botelheiro, 2021; Velotti et al., 2018). Highly avoidant or anxious behaviors in romantic relationships are characteristic of attachment anxiety (Simpson & Rholes, 2017). Those who are highly avoidant may have learned that they cannot depend on their partners for solace or support and may be less likely to pursue physical and emotional closeness (Simpson & Rholes, 2017). It is probable that individuals exhibiting avoidant behaviors experienced abuse and neglect early in life and could not depend on their caretakers to meet their emotional and physical needs (Bahmani et al., 2022). Being involved in volatile adult relationships may intensify previous traumatic childhood experiences. Additionally, victims prone to anxious behaviors are more likely to fear abandonment from their romantic partner, with or without reason (Costa & Botelheiro, 2021), and have low self-worth (Simpson & Rholes, 2017), fixations, and obsessive-compulsive behaviors (Vilariño et al., 2018).

Parenting Difficulties. There are complexities to parenting while in an abusive relationship. Stress is heightened and may disrupt how parents relate to their children (Gardner et al., 2019). DV seems to affect mothers' parenting more than fathers' (Fogarty et al., 2019;

Holmes et al., 2017). Abuse may cause a mother to be depressed, resulting in unhealthy parenting (Kuckertz et al., 2017). Symptoms can include a lack of interest in the child, aggressive behavior, and the creation of an environment that is not healthy for the child (Gardner et al., 2019; Kuckertz et al., 2017; Silva et al., 2021). Research indicates that DV has a consequential impact on the mother-child relationship and has also found that child abuse is commonplace when the mother is being abused (Gardner et al., 2019; Silva et al., 2021).

A mother experiencing DV is likely to be depressed (Mokwena, 2021). Depression can cause a mother to be unable to emotionally connect with her children, uncompassionate, neglectful, harsh in their discipline, overbearing, and aggressive (Wolford et al., 2019). Mothers dealing with depression are also less responsive and attentive to crying infants and less likely to be motivated by the birth and presence of the child (Wolford et al., 2019). The compromised mental state of an abused mother can also lead to adverse effects on children and increase the likelihood of child abuse, leading to adult depression (Swartz et al., 2018; Wolford et al., 2019).

It is also not uncommon for the perpetrator to verbally insult the mother regarding her lack of parenting skills (Baggett et al., 2021). Demoralizing the mother in an attempt to cause conflict between her and the children is commonplace (Baggett et al., 2021). The abuser also makes it more difficult to properly parent as the mother must deal with psychological, physical, and mental abuse while caring for the children (Baggett et al., 2021; Swartz et al., 2018). The literature also suggests that mothers who have undergone ACEs themselves and already experience depression are further disadvantaged due to past and contemporaneous traumatic experiences (Baggett et al., 2021). Ridicule and badgering by the abuser can cause additional anxiety and depressive symptoms as the mother deals with uncertainties about her ability to parent (Swartz et al., 2018). Experiencing DV while parenting is stressful and can be debilitating

(Baggett et al., 2021; Swartz et al., 2018). However, more violence and aggressive behavior are likely when SUD is also part of the equation (Crane et al., 2014).

Substance Use Disorder (SUD)

SUD is another deleterious consequence of ACEs and can trigger DV (Crane et al., 2014; Felitti et al., 1998). According to the NCDAS (2023), at least 50% of individuals aged 12 and over have used illegal substances at least once. The NCDAS (2023) also reported that over 700,000 deaths since 2020 can be attributed to drug use. SUD has also been an economic burden, as the fight against drugs has led to $35 billion in health care and substance abuse treatment costs (CDC, n.d.-e). Drug use continues to rise, and adults are not the only ones using illegal substances.

Prevalence of Illicit Drug Use

In 2020, the NCDAS (2023) examined illicit drug use in America. The report found that drug use has increased in popularity and that 13.5% of individuals over the age of 12 had used drugs in the last month. This 3.8% increase over the years indicates an upsurge in use. Over a lifetime, approximately 140 million people, or half of individuals over 12, abuse drugs (NCDAS, 2023). The statistics surrounding the use of unlawful and prescription drugs are also staggering. Over 59 million Americans, or 21.4%, used illegal substances or abused prescription drugs in the last year (NCDAS, 2023). Opiates and painkillers are frequently abused drugs, as the NCDAS (2023) reported that 25% of people who abuse drugs are addicted to opiates. Although opiates have been highly troublesome, they are not the only problem. The NCDAS (2023) data indicate that 25.4% of people that used drugs eventually became are addicted to drugs. Approximately 139 million individuals over age 12 consume alcohol, with an estimated 28 million (20.4%) having an alcohol use disorder (AUD).

Types of SUDs

The abuse of any type of drug is dangerous (Crane et al., 2014; Felitti et al., 1998; Grant et al., 2015; NCDAS, 2023). Drugs may be consumed by drinking excessively, popping pills, smoking, or using a needle (DEA, n.d.; Grant et al., 2015; Hasin et al., 2015; NIDA, 2021). The misuse of these substances leads to dependency, which can lead to lifelong addictions, overdose, and even death (DEA, n.d.; NCDAS, 2023). One of the most frequently abused substances is alcohol (Grant et al., 2015). This substance is also well known due to the violence that erupts when drinking has become excessive (Grant et al., 2015).

Alcohol. Though alcohol is a popular substance, it is a hazardous drug if abused (Grant et al., 2015). As previously noted, the regular use of alcohol often begins at a very early age (NCDAS, 2023). Although the use of alcohol may have decreased in older age groups, alcohol consumption has dramatically increased in those between the ages of 12 and 17 NCDAS, 2023). Thirty-seven percent of people between the ages of 18 and 29 are adversely affected by AUD, a rate higher than that of older adults (Grant et al., 2015). The abuse of alcohol at such an early age can result in long-term negative outcomes and AUD (Grant et al., 2015; NCDAS, 2023).

AUD's long-term effects can include relationship discord, absenteeism from work and school, violence, and severe health complications (Grant et al., 2015). There is also a long-established correlation between AUD and homelessness, accidents, acts of violence, and attempted and completed suicide (Lee et al., 2021). While alcohol may not be the reason behind mental health maladies, those plagued with mental illness and depression may temporarily drink to alleviate their psychological distress or remove obstacles from acting impulsively (Lee et al., 2021). Alcohol is associated with comorbidity and a host of mental disorders, including bipolar disorders, several anxiety and depressive disorders, schizophrenia, and antisocial personality

disorders (Grant et al., 2015; Lee et al., 2021). However, alcohol is not the only legal drug that can lead to trouble and addiction.

Cannabis/Marijuana. According to Hansen and Alas (2021) in the U.S. News and World Report, recreational marijuana has been legalized and decriminalized in 21 states, including Washington, DC, and Guam. The change in marijuana's status has caused usage in these states to increase (Hansen & Alas, 2021). Cannabis is one of the world's most used illicit substances. Cannabis use is widespread, and the prevalence of lifetime use of cannabis is 44% of all individuals 12 years of age and older in the United States. Individuals 18 to 25 years old have the highest rate of lifetime use at 51.80% (NIDA, 2018). According to the NCDAS (2023), over 47 million Americans over the age of 18 used marijuana in a 12-month period at least once. Cannabis is also used in vaping devices. The NIDA (2023) reported that 21% of Americans used cannabis in their vaping devices. In 2022, 44% of individuals ages 19 to 30 admitted to using marijuana on a daily basis. According to NIDA (2023), this was the highest level the study ever reported.

Cannabis impairs higher executive functioning and decreases performance, as evidenced by poor school performance and employment problems (Hasin et al., 2015). Cannabis users also experience relationship problems, increased potential for accidents, susceptivity to respiratory illness, and possible increased likelihood of schizophrenia and other psychotic disorders (Hasin et al., 2015, NIDA, 2018. Additionally, chronic users are at risk for numerous dual-diagnosis mental disorders such as anxiety disorder, bipolar I disorder, attention deficit/hyperactivity disorder, and conduct disorder (Hasin et al., 2015, NIDA, 2018). Sixty percent of adolescents who use cannabis are co-diagnosed with externalizing disorders due to marijuana usage (NIDA,

2018). Cannabis is not the only drug whose use is on the rise. The use of opiates has also increased and is taking the lives of many (NCDAS, 2023).

Opiates. Opiates are having a devastating effect on America (NCDAS, 2023). The United States Department of Health and Human Services declared a state of emergency in 2017 due to the opioid crisis. Opioids claim 70,000 lives annually due to unintentional overdose. The NCDAS (2023) also reported that over 103,000 people use opiates daily, with 10.7 million people aged 12 and over abusing opiates. The DEA (n.d.) added that from January 2021 to January 2022, there were over 107,000 deaths due to drugs, with 67% of these deaths attributed to synthetic opiates. From 1999 to 2019, there was an increase of 519.38% in opiate-related deaths (NCDAS, 2023).

Data continue to show disturbing trends. Opiate-related deaths increased from 21,089 in 2010 to almost 47,000 in 2017 to 69,000 in 2020 (NIDA, 2021). Another upsurge occurred in 2021, resulting in over 80,000 people succumbing to opiates that year (NIDA, 2021). Although this substance is destroying many lives, one opiate that has caused the most destruction and is now considered the deadliest: fentanyl (DEA, n.d.; NCDAS, 2023; NIDA, 2021).

Fentanyl. According to DEA Administrator Anne Milgram, “Fentanyl is the single deadliest drug threat our nation has ever encountered” (DEA, n.d., para. 4) This synthetic drug is so potent that only two milligrams are considered lethal (DEA, n.d.). Fentanyl is also 50 to 100 times more potent than morphine. It is one of the major contributors to drug overdoses (NIDA, 2021), as it caused a 7.5-fold increase in deaths from 2015 to 2021 (NIDA, 2023a). The NCDAS (2023) further reported that 19.8% of all opioid-related deaths can be attributed to fentanyl. Most fentanyl distributed has been illegally manufactured (NIDA, 2021).

An alarming amount of fentanyl is being illegally distributed. From 2018 to 2021, the production of illegal fentanyl pills increased exponentially. Law enforcement bears primary responsibility for stopping the mass distribution of this fatal drug and getting it off the streets (NIDA, 2022). From 2018 to 2021, the number of pills containing fentanyl seized by law enforcement rose from 42,202 to 2,089,186 (NIDA, 2022). The National Center for Health Statistics (2022) reported that in 2022, there were 107,000 deaths due to fentanyl overdose. Of those deaths, 71,450 (66.5%) were due to synthetic or fentanyl-related substances. Overall, the presence of opiates has been a disaster, but other drugs pose risks.

Cocaine. Cocaine is another popular and highly addictive drug. As with previously mentioned substances, cocaine use is on the rise, and cocaine is commonly mixed with fentanyl (Mustaquim, 2021). NIDA (2023) indicated 4.8 million people have actively used cocaine in the past month. The data also reveal that 1.1 million people admitted to cocaine addiction in the past year (NIDA, 2023).

Cocaine use can cause irreparable damage to the body. Due to impaired judgment that comes with cocaine use, individuals are more prone to indulge in risky behaviors. These behaviors may include unprotected sexual intercourse and sharing needles (NIDA, 2023). Unrestrained activities put one more at risk of sexually transmitted diseases and HIV. Cocaine also causes HIV advance more rapidly. In addition to these outcomes, cocaine use has been a factor in the rise in hospitalizations (NIDA, 2023). Cocaine also claims its share of life, especially when it is combined with other substances. NIDA (2023) reported that there were over 24,000 cocaine overdoses in 2021. Cano et al. (2020) ascribed 74.2% of drug-related emergency room visits and loss of life to the mixture of cocaine and synthetic fentanyl.

Drugs are ravaging lives and affecting many households. Studies also confirm the connection between ACEs, DV, and SUD (Bryant et al., 2020; Choi et al., 2019; Felitti et al., 1998; Rollè et al., 2019; Stevens, 2012). The long-term effects of childhood trauma are glaringly evident in the instability of intimate relationships and the use of illegal substances (Choi et al., 2019; Felitti et al., 1998; Ross et al., 2021; Stevens, 2012). ACEs, DV, and SUD are interwoven and have adverse effects (Choi et al., 2019; Felitti et al., 1998; Ross et al., 2021; Stevens, 2012).

The Intersection of ACEs, DV, and SUD

Explosive and uncontrollable anger, volatile relationships, and drug use are just some of the negative effects of ACEs (Shields et al., 2020). A background of ACEs coupled with illicit drug use can make an already unstable situation implode (Cafferky et al., 2018; Choi et al., 2019; He et al., 2022; Leza et al., 2021). The presence of drugs such as alcohol can exacerbate instances of DV (Caetano et al., 2019; Wilson et al., 2021). Alcohol causes those who already have aggressive and uncontrollable anger to become even more volatile and aggravated (Wilson et al., 2021). When alcohol is a factor, executive functioning is diminished, and more acts of violence are committed (Crane et al., 2014; Gilchrist et al., 2019). Binge drinking and intoxication also worsen matters and can lead to verbal and physical outbursts of anger (Caetano et al., 2019; Lee et al., 2021). Women can sustain serious injuries during these violent occurrences (Crane et al., 2014).

Alcohol is not the only substance that increases violence, and in turn, increases the possibility of ACEs among children in the home. Substances such as marijuana, methamphetamines, and cocaine can also make incidences of DV worse (Cafferky et al., 2018; Eriksson et al., 2018). Not only do these mood-altering substances cause a high, but they also increase irritability and cause the individual to experience withdrawal symptoms, which

increases moodiness (Choi et al., 2019; Gilchrist et al., 2019). Although alcohol and drugs alter one's behavior and impair judgment, men and women do not always respond to them similarly (Arteaga et al., 2015; McHugh et al., 2018). The differences between men and women are evident not only in their behaviors but also in their outcomes.

In some respects, ACEs affect men differently than women (Arteaga et al., 2015; McHugh et al., 2018). According to McHugh et al. (2018), men with abusive childhoods are more inclined toward violence and drug use (Arteaga et al., 2015; McHugh et al., 2018). Studies also indicate that men are more likely to battle SUD than women and more likely than females to be the perpetrator of domestic assaults (Fridel & Fox, 2019; McHugh et al., 2018; Susmitha, 2016). These behaviors are why men have more encounters with the law than their female counterparts (Fridel & Fox, 2019; Leemis et al., 2022).

This qualitative phenomenological study focuses on men's experience in a DV perpetration intervention program. This program is unique in that the men are also participating in a drug recovery program that provides residential housing. The men are also receiving individualized programming as well as trauma-based counseling. This study attends to the gap in literature relating to the needs of DV perpetrators and the lack of effectiveness of BIPs noted in the literature (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021). Perpetrators enrolled in BIPs rarely receive services for SUD simultaneously. Additionally, perpetrators in BIPs are likely to have unaddressed childhood trauma (Gilchrist et al., 2019; Timko et al., 2012; WHO, 2019). As

Importance of SUD and DV Services

Researchers lack critical data regarding to what extent BIPs assist clients with their SUD (Gilchrist et al., 2019; Timko et al., 2012; WHO, 2019). For participants in BIPs, issues arise

because SUD and DV remain prevalent and problematic (Gilchrist et al., 2019; Timko et al., 2012; WHO, 2019). One of the reasons DV continues to persist the presence of service gaps between SUD programs and BIP agencies.

Although research shows a significant correlation between SUD and DV, DV services are generally not provided for perpetrators via the SUD programs (Leza et al., 2021; McHugh et al., 2018; Stevens, 2012; Timko et al., 2012). While directors of SUD programs indicate these services are needed, they are rarely available (Timko et al., 2012). The lack of client referrals as well as client follow-up are other reasons clients do not receive DV services (Expósito-Álvarez et al., 2021; Timko et al., 2012). When SUD program personnel refer clients, less than half follow up on their referrals to other agencies (Expósito-Álvarez et al., 2021; Timko et al., 2012).

As DV and SUD are interrelated, Timko et al. (2012) proposed that BIPs and SUD agencies set up referral systems in cooperation with each other. Research indicates decreased DV occurrences when both DV and SUD are addressed (Crane et al., 2014). It would be beneficial if BIPs conducted assessments to ascertain clients' involvement in substance use. Missing key elements that could provide further insight in clients' DV involvement is a barrier to assessing clients properly for the depth of DV (Babcock et al., 2016; Timko et al., 2012).

To help fill these gaps, this study focused on a demographic of men who were receiving both SUD and DV services simultaneously. The lack of referral sourcing was not a challenge for participants, as the DV component is built into the men's programming. As studies indicate, if one or both parties in a relationship are using substances, there is a great likelihood that violence will ensue (Cafferky et al., 2018; Eriksson et al., 2018; Timko et al., 2012). The DV component of the program is mandatory for men who have a history of DV. Additionally, to ascertain men's involvement in DV, each participant was administered the Hurt, Insult, Threaten, Scream (HITS)

assessment (Chan et al., 2010), which assesses the risk of DV. Those who showed a history of DV were automatically placed in the DV cohort.

Unaddressed Trauma

Many perpetrators have a history of unaddressed childhood trauma, abuse, and physical and mental health maladies contributing to DV (Felitti et al., 1998; Stevens, 2012; Timko et al., 2012). Until these underlying factors are addressed, they will likely continue to commit acts of violence (Babcock et al., 2016; Crane et al., 2014; Timko et al., 2012). According to Timko et al. (2012), attending to matters such as past childhood trauma could further decrease incidences of DV (Timko et al., 2012), which is the goal of BIPs. It could also provide the perpetrator with additional insight into their trauma as they go through the DV intervention (Babcock et al., 2016).

Many participants need grief counseling, identification of mutual abuse cycles, and skills to help them deal with past trauma (Babcock et al., 2016). Risk factors such as stress, aggressive personalities, and high-conflict relationships are also critical components that, if not dealt with, can hinder effective treatment (Babcock et al., 2016; Cantos & O'Leary, 2014; Crane et al., 2014; Gilchrist et al., 2019). These are additional techniques that, if employed, could prove to be effective interventions (Babcock et al., 2016). Unresolved grief continues the cycle of trauma, which can further add to the perpetrator's negative thoughts and destructive behavior (Babcock et al., 2016; Cantos & O'Leary, 2014; Crane et al., 2014; Gilchrist et al., 2019).

One of the arms of the recovery program is counseling and trauma therapy for clients. Dealing with trauma is necessary for rehabilitation. ACEs and unresolved trauma are catalysts for DV and SUD (Anda et al., 1999; Felitti et al., 1998; He et al., 2022; Stevens, 2012). All

clients were provided with the opportunity to be connected to individualized and professional counseling, psychiatric services, and trauma therapy to decrease the number of DV incidences.

Summary

DV continues to be a public health issue and has severe consequences for those subjected to it (CDC, n.d.-c). DV is destructive and is a cause of physical maladies and mental illness (Eriksson et al., 2018). Studies indicate that adults with an ACEs history may be more prone to future behavioral problems and mental health challenges (CDC, n.d.-b; Felitti et al., 1998; Stevens, 2012). Not only are ACEs cataclysmic, but it is also not uncommon for those who have experienced ACEs to engage in unhealthy coping mechanisms such as drug use to deal with trauma (Felitti et al., 1998; Stevens, 2012). When SUD is a part of the equation, DV can worsen and result in severe injury and loss of life (Wilson et al., 2021).

Although courts have mandated abusive men to BIPs for over three decades, these programs have not been shown to be effective (Leza et al., 2021; Shields et al., 2020; Timko et al., 2012). One reason cited for this ineffectiveness is that BIP participants have unaddressed SUD and ACEs (Expósito-Álvarez et al., 2021; Gilchrist et al., 2019; Timko et al., 2012). Rudolf Moos's (1984) modification to the SEM was employed as the theoretical framework for this study as it explores the advantage of cross-program linkages and describes how supportive services can foster positive outcomes. This research helps to fill a current gap in the literature surrounding the lack of support services for men in BIPs, which left them with unaddressed ACEs and SUD.

The review of the literature has shown the destructiveness of ACEs and the calamitous effects they can have on a person's life. As the men in the program that was the focus of this study are receiving services that address ACEs, SUD, and DV, their narratives were instrumental

in the exploration of these phenomena. Through interviewing, answering research questions, and voicing their lived experiences, the men helped provide a broader context and understanding of how ACEs have affected their lives. Chapter Three will provide insight into the Methodology and how the data was retrieved.

Chapter Three: Methods

Overview

This qualitative transcendental phenomenological study described the lived experiences of men residing in an SUD residential program located in central Virginia. The men in the program also received DV perpetration intervention and services that address ACEs. This chapter presents the design for this qualitative transcendental phenomenology research study, the research questions, and the setting in which the study took place. Also included in this chapter are the research procedures and a description of the researcher's role. This chapter concludes by providing information on the data analysis procedures, trustworthiness of the study, and ethical considerations.

Design

A qualitative transcendental phenomenological design was used for this study. The study was developed in such a manner as to ensure it met qualitative standards as described by Denzin and Lincoln (2011). In qualitative studies, subjects are studied in their natural settings while the researcher seeks to describe and bring meaning to the experiences of those who experienced the phenomena. Thus, a general transcendental phenomenological design is appropriate because the lived experiences of the participants were the focal points of the study (Denzin & Lincoln, 2011). As Moustakas (1994) implied, the transcendental design is focused on describing the experiences of the participants. Because the goal of this study was to examine the lived experiences of men in a SUD residential program who were also involved in a DV perpetration intervention program and receiving services for ACEs, the transcendental phenomenological design was appropriate for this research study.

As van Manen (1990) described the researcher's choice of focusing on a phenomenon

that intrigues them, the researcher focused on the phenomena of ACEs and its effect on SUD and future DV perpetration. As the lived experiences of participants were consistently emphasized throughout the texts (Denzin & Lincoln, 2011; Moustakas, 1994; van Manen, 1990), the researcher did not insert personal biases into the study. The study group of interest was men in an SUD residential program and DV perpetration intervention cohort who had an ACE score of three or more. All participants were at least 18 years old, had battled SUD, and had a history of DV perpetration. It was their lived experiences of ACEs, SUD, and DV that were of interest to the researcher. Although substance use is prevalent, the stigma surrounding drugs is still pervasive. This population is still met with bias and prejudice despite the (NCDAS (2023) citing that over 59 million Americans used illegal substances or abused prescription drugs in the last year. It was the hope that learning about the background of these individuals would help dispel these biases that are so prevalent.

Research Questions

Research questions provided the context of what the researcher studied. These questions were posed in such a way that the rationale and intent of the study were made clear (Dodgson, 2020). The central research questions for this study were in alignment with the intent of the study. According to Creswell and Poth (2018), the researcher should "reduce her or his entire study to a single overarching question and several sub-questions" (p. 137). The researcher explored the lived experiences of men residing in a community-based, residential SUD program located in central Virginia. The central research question was formulated around childhood trauma, which was the life-altering issue that led to illicit substance use and DV. The following research questions helped the researcher capture the essence of the phenomenon and study participants' lived experiences regarding the negative implications of ACEs on their lives.

Central Research Question

What are the lived experiences of men in a SUD residential program receiving DV perpetration intervention services who have an ACE score of three or higher?

Sub-question 1

What impact have ACEs had on the lives of men in the SUD program?

Sub-question 2

How has the use of drugs affected the men's personal lives and decision-making?

Sub-question 3

How has DV been exacerbated by ACEs and SUD?

Setting

This transcendental phenomenological qualitative study was executed via Zoom. Those qualifying and agreeing to participate in the study received a call or text to schedule an interview. All interviews were recorded with the men's permission as outlined in the informed consent. Study participants provided context to their lived experiences and perceptions as clients living in a residential drug treatment program while simultaneously engaged in DV perpetration intervention services (Creswell & Poth, 2018). These virtual Zoom interviews were conducted in a private setting, at a time that was convenient for the study participants.

Participants

The participants in this research study were men residing in a 6-month residential SUD program and taking part in the DV perpetration intervention cohort. As this is a program for adults, all the men were at least 18 years old. Study participants have a history of ACEs (with an ACE score of at least three), and substance use and have been a perpetrator of DV. Male participants were simultaneously involved in a DV perpetration intervention program while

receiving SUD services. Initially, 20 to 25 men were permitted to join the study, which met the sample size criteria and also allowed for attrition rates (Creswell & Poth, 2018). However, only 12 men were interviewed before data saturation was reached, which meets the sample size criteria of a phenomenological study.

Purposeful sampling was used for the study. Creswell and Poth (2018) posited that participants in a study should be the individuals who are best suited to assist the researcher with the topic of study. Purposeful sampling is a relatively narrow form of sampling, as participants are selected purposefully for their ability to provide rich content for the study (Patton, 1990). As all participants had lived experiences of ACEs, SUD, and DV, purposeful sampling was utilized.

After receiving permission from the director to conduct the study, the researcher began recruiting participants. To recruit potential participants, the researcher visited the men's classes and introduced herself. After the introduction, the researcher informed the men about the study and the purpose of the study. The men were also informed that their involvement in the study had no bearing on their status or participation in the SUD program, that their identity would remain confidential through the use of pseudonyms, and they would be able to be excused from the study without repercussions if they decided they no longer wanted to participate. They were also informed that they would receive a $10 McDonald's gift card upon completion of the interview.

Once possible study participants were identified they completed a screening questionnaire. Those who met the criteria and elected to participate provided informed consent, and then interviews commenced. Participants were individually interviewed until data saturation was reached and no new themes emerged. The respondents were of all races. Participants also assigned pseudonyms. The pseudonyms are as follows: Johnny, Jermiel, Ty, Trey, Ezekiel, Lonnie, Kenneth, Brian, Anthony, Kwasi, Bill, and Joshua.

The researcher started collecting data using the initial screening questionnaire which consisted of demographic questions (see Appendix D). This questionnaire determined whether the client met the conditions for eligibility in the study. The first part of the questionnaire comprised of questions relating to DV perpetration and substance use. As the study was based on the knowledge that ACEs are a predictor of SUD and DV, if a respondent answered "no" to any of the initial screening questions, they were not a viable candidate for the study. The second part of the screening questionnaire was the ACE Questionnaire (Felitti et al., 1998), which consists of 10 questions. The ACE Questionnaire investigates the long-term effects of child abuse and asks about traumatic events that occurred before the age of 18 (CDC, n.d.-a; Stevens, 2012). Each question that a respondent answers "yes" to receives a score of one. For example, if the individual answers "yes" to three questions, then the ACE score will be three. Individuals who have an ACE score of three or more were eligible for the study.

Procedures

After a thorough review of the literature, the researcher applied for approval from Liberty University's Institutional Review Board (IRB) to conduct the study. After permission from the IRB was granted, the researcher sought the approval of the SUD program's director to conduct the study with the men in the specified organization. Once permission from the director was obtained, the researcher scheduled a time to introduce herself to the men in the DV perpetration intervention cohort. Additionally, the researcher reached out to the case managers and inquired as to which clients would be viable candidates for the study. During these touchpoints, the researcher introduced herself and provided the rationale for the study. After the introduction of the study, the researcher attended to any questions and distributed recruitment letters (see Appendix C). The recruitment letters allowed participants to indicate whether they had an

interest in being a part of the study.

Those expressing interest were given a paper screener to complete which included the ACE Questionnaire and a form inquiring about SUD and DV perpetration history. The results of the screener informed the researcher who met the eligibility requirements of the study. Those meeting eligibility requirements were contacted by phone or text and were informed of their eligibility, and a time to distribute consent forms and obtain participant signatures was scheduled. Afterward, one-on-one interviews were scheduled via phone or text. Once the consent form was signed, the researcher and participant proceeded with the scheduled interview.

One-on-one interviews took place via Zoom. The researcher provided a Zoom link for each session and asked the interviewees to make sure they were in a quiet location to minimize distractions. Participants were informed that interviews would last between 30 and 60 minutes and would be recorded. The researcher began each interview by thanking the interviewee for their time and participation in the study. The rationale behind the study was reviewed, and participants were informed of how the information shared in the interview would be used. The researcher also reminded participants that their identities would be concealed, as their pseudonyms would be used for the study. Interviewees were also reminded that interview sessions would be recorded and saved on a password-protected device. Participants were informed that they were welcome to ask questions anytime during the interview process. After each interview took place, the researcher transcribed the interviews using NVivo, and manually corrected transcriptions for any errors. Then, NVivo was also utilized for coding the themes. After participants completed their interviews, they were presented with a $10 McDonald's gift card.

The researcher continued conducting interviews, transcribing, and coding until data

saturation was reached. Through member checks, participants were given the option to review their transcripts before coding to ensure the information was accurate (Creswell & Poth, 2018; Lincoln & Guba, 1985). The researcher then constructed a narrative of themes that emerged. To control research bias, the researcher kept a reflective journal (Creswell & Poth, 2018). This allowed the researcher to note their thoughts and feelings as they gathered information and listened to the interviews. As thoughts and feelings often arise in such research, the use of a reflective journal allowed the researcher to record their feelings and thoughts and take note of any biases that arose (Denzin & Lincoln, 2011). The journal also helped the researcher to remain focused on the lived experience of the participants and not insert their own thoughts.

The Researcher's Role

As the human instrument in this study, I am a case manager for the female population of this agency, which is located in Virginia. I had very little prior interaction with the men, especially since the males and females are not allowed to intermingle except when there are program gatherings. My bias centered around my thoughts surrounding abuse, irrespective of the type of abuse. I believe that regardless of anyone's background, DV is unacceptable. It is also my belief that if the victim had the same physical and mental strength as the batterer, then DV would not be as pervasive. I must also admit that through researching and seeing the effects of ACEs firsthand, I have found that ACEs are destructive and that in many cases, DV is the only way that some batterers know how to handle conflict. Violence is the only way they have learned to manage conflict and stress and to release their emotions when they feel as if they are not in control. Most in the research study have never been presented with "options," and though many have been battered themselves, now they have become the batterers.

As a witness to the aftermath of ACEs, I desired to give voice to those who have undergone and experienced abuse. A considerable number of female clients have expressed that no one ever listened to them, and they have suffered in silence. I supposed that this has also been the experience for the men. I wanted to provide the opportunity for the men, who have suffered in silence, to provide their narrative and describe their experiences. My desire to give the participants a "voice" is the reason I chose the qualitative method, as I was interested in individuals' life experiences as well as their experiences in the residential substance abuse program and DV perpetration intervention.

Although I am interested in the clients' experiences, I had to also be aware of my own biases that could interfere with the study. To prevent bias, I employed epoché, which in transcendental phenomenology means to abstain from thought patterns that would result in prejudgment, allowing me to "see with new eyes in a naïve and completely open manner" (Moustakas, 1994, p. 86) by remaining cognizant of my preconceived notions of the population that is being studied and suspending "everything that interferes with fresh vision" (Moustakas, 1994, p. 86). Allowing participants' experiences to be the driving force of the study helped ensure the client's lived experience was recorded accurately. I maintained the practice of reflective journaling so as not to be skewed by my personal views. As preventing DV is something that I am passionate about, reflective journaling was an integral part of the research process (Creswell & Poth, 2018). Having an outlet and a place where I could honestly record my thoughts was paramount. Reflective journaling also helped me keep an open mind (Gattone, 2021) as I sought to understand the men's lived experiences, especially the ACEs they have endured. Additionally, member checks were employed as study participants were provided with the opportunity to review their information for accuracy.

Data Collection

For this transcendental phenomenological study, data were collected after the researcher received permission from the IRB to conduct the study. Once permission was granted, the researcher contacted the SUD program director and gained approval to conduct the study within the organization. According to Creswell and Poth (2018), researchers conducting phenomenological studies may conduct the study at a single site. Once allowed to interact with clients, the researcher introduced herself and began building a rapport with program participants. During the introduction, the researcher advised clients of the purpose of the study and how the information gathered through the interview would be used. After the researcher provided information on the study, clients were encouraged to ask questions regarding the study. Those who had their questions adequately answered and agreed to participate were contacted by the researcher via phone call or text to arrange the signing of the consent form. Once the consent form was signed, the researcher contacted research candidates to schedule a time for the interview.

Data were collected through the process of the researcher gathered data from questionnaires, interviews, and the reflective journal (Creswell & Poth, 2018). Questionnaires were utilized to identify potential participants who met the requirements of the study. All interviews were scheduled in advance and took place via Zoom. Interviewees were informed in advance that interviews would be recorded. Each interview was transcribed and stored securely on a password-protected device. As questionnaires were collected and as interviews took place, the researcher began recording the research process by keeping a reflective journal. After the interviews were transcribed, all data collected were coded and analyzed using NVivo.

Data were collected from individuals who experienced the phenomena of ACEs and destructive behaviors resulting from ACEs. Patton (1990) asserted that purposeful sampling finds its meaning in that it allows the researcher to identify "information-rich cases for study in depth" (p. 169). Studying a specially selected group allowed the researcher to gather information that answered the central question of the study. Lincoln and Guba (1985) stated that researchers conducting phenomenological studies should collect data from individuals who have experienced the same phenomena. Through the process of triangulation, information was collected through multiple means. Obtaining different forms of data helps establish the study's credibility (Lincoln & Guba, 1985). Data were collected through questionnaires and in-depth interviews (Creswell & Miller, 2000; Creswell & Poth, 2018). The researcher informed participants that interviews would be recorded, and the recordings would be password-protected (Creswell & Poth, 2018). Additionally, they were informed that pseudonyms would be used in place of their real names for confidentiality purposes. The researcher also advised participants that all notes taken during the interview would be stored in locked filing cabinets (Creswell & Poth, 2018).

Reflective journaling and memoing were also integral components of the research process. These written manuscripts were used for coding and constructing themes (Creswell & Poth, 2018). These two data collection methods were essential not only for technical purposes but also for self-reflection, the expression of thought, and self-awareness (Moustakas, 1994). These methods were utilized throughout the study and were built upon as the research progressed.

Interviews

Although the researcher had previously introduced herself while giving an overview of the study, she reintroduced herself, reviewed the rationale for the study, and continued building a

positive rapport with participants during the screening and one-on-one interviews. Individuals whose screening showed that they met the eligibility criteria for the study were contacted by the researcher to schedule a time for them to sign the consent form. Once the consent form was signed, the researcher scheduled the interview via text or phone call. Candidates were informed that interviews would take place via Zoom. Interviews lasted between 30 to 60 minutes and were scheduled at different times of the day based on the study participants and the researcher's schedules. Study participants were also informed that the researcher would be touching base with them again based on the responses provided during the initial interview. Participants were told they would be invited to review research notes and the results of the study to ensure accuracy (Creswell & Poth, 2018; Lincoln & Guba, 1985). Having multiple touchpoints and several interviews allowed the researcher to continue building a rapport with study participants. Erlandson et al. (1993) stated that "prolonged engagement helps the researcher build trust and develop a rapport with the respondents" (p. 133).

Respondents were asked semi structured questions by the researcher which are located in Appendix F. Questions 1 through 4 inquired about the participants' involvement in the SUD program and criminal history. These questions were vital as they helped the researcher understand the circumstances surrounding their involvement in the SUD program, interactions with the law, and criminal history. These questions were vital in understanding what made them eligible to participate in the SUD program. The first three questions are knowledge questions, as suggested by Patton (2015) for qualitative interview questions. The next group of questions, 5 through 9, are experience and behavior questions. Questions 5 through 9 are also modified versions of the research questions. According to Creswell and Poth (2018, p. 164), "interview questions are often the sub-questions in the research study." Questions were modified to be

presented in a way that would make them easy to comprehend. Questions 5 through 17 asked about the effects childhood trauma has had on violence in intimate relationships and drug use. These questions represented the crux of the research study and addressed the research questions regarding the life experiences of those contending with DV and SUD. Questions 18 through 21 help to answer the research questions that applied to the long-term effects of trauma. Questions 22 through 23 address the research question about what the participants hoped to gain from their life experience in the SUD program. These questions are essential in understanding the phenomenon of trauma and the lived experiences of those affected by it.

The researcher posited that ACEs were an aggravating factor for SUD and DV (Felitti et al., 1998; Stevens, 2012). This background information allowed the researcher to ascertain the possible adverse effects of ACEs on the respondents' lives. Interview questions were also open-ended to allow respondents to expound upon their answers, allowing for richer content. This gave the researcher more insight into the phenomena being studied.

Data Analysis

This qualitative phenomenological study explored the lived experiences of men in an SUD residential program who were simultaneously receiving DV perpetration intervention and services that address ACEs. Data for this transcendental phenomenological study are stored in locked file cabinets and password-protected devices. Through data collection collected through interviews, notes, and memoing, the researcher sought to capture the essence of respondents' experiences (Creswell & Poth, 2018). Although interviews were the primary source of data and notes are essential to this study, Creswell and Poth (2018) also strongly emphasized memoing. The practice of memoing is encouraged throughout the research process as it is paramount in coding and theme development (Creswell & Poth, 2018; Moustakas, 1994).

Bracketing was a part of the data analysis. Bracketing assists the researcher in avoiding inserting their own biases and opinions in the research and only utilizing the participants' experiences and ideals in the study (Moustakas, 1994). One of the challenges that researchers face is refraining from bringing their personal experiences and assumptions into the research. To this, LeVasseur (2003) suggests that the researcher turns these assumptions into a milieu that evokes inquisitiveness. One way this can be accomplished is through reflective journaling (Denzin & Lincoln, 2011). The researcher kept a reflective journal and recorded any judgments and feelings that would interfere with the research and results of the study.

The data collected were coded using descriptive labels that further allowed the researcher to group and describe data. Coding allowed the researcher to group the commonalities that participants expressed which eventually resulted in the emergence of themes. The result of memoing, coding, and creating themes is a narrative that helps to explain the results of the study (Creswell & Poth, 2018).

Inductive coding was utilized for this study. As the researcher sought to explore lived experiences (Moustakas, 1994), inductive coding allowed for the use of direct quotes from respondents, which was integral to the study. This method of coding also allowed for open-ended questions which are a hallmark of qualitative studies and further allows the opportunity for respondents to expound upon their perceptions and experiences. As the experiences of research participants were central to the study, the researcher practiced bracketing and refrained from inserting personal thoughts and opinions (Moustakas, 1994).

As coding ensued and the researcher was able to categorize and group data, themes began to emerge. The researcher synthesized the data and developed themes that brought meaning to the data and helped the researcher develop a narrative (Moustakas, 1994). NVivo was the

qualitative coding software used to analyze data. This program also assisted the researcher with coding, categorizing, and managing data.

Trustworthiness

Credibility, dependability, transferability, and confirmability are the four foundational components of trustworthiness (Creswell & Miller, 2000). A study's trustworthiness the accuracy of the results (Creswell & Miller, 2000). It is important to know whether or not the findings of a study can be trusted (Korstjens & Moser, 2017).

Researchers may be prone to bias, which could pose a threat to the trustworthiness of the data. There are several ways a researcher can prevent bias in a study. First, bias can be counteracted by reflecting journaling (Creswell & Poth, 2018). Consistently being aware of and notating personal judgments can help the researcher maintain the integrity of the study. Another way the researcher can prevent potential threats to a study is by bracketing. Through bracketing, the researcher is deterred from inserting their personal thoughts and feelings into the research rather than only using the experiences of study participants (Moustakas, 1994). The foundational elements of trustworthiness must be guiding factors for a research study.

Credibility

According to Lincoln and Guba (1985), credibility describes how close the study's results are to reality. Creswell and Poth (2018) added that credibility is derived from prolonged engagement in the field and amongst study participants and the triangulation of data sources. Prolonged engagement was accomplished as the researcher spent time in the field interviewing and engaging study participants. For an authentic approach and to observe participants in an environment that is comfortable to them, the researcher gathered data in settings that respondents were familiar with (Creswell & Poth, 2018).

Member checking is another method utilized to enhance credibility. Allowing research participants to review their transcripts for accuracy strengthens the data (Creswell & Poth, 2018). This can be valuable as participants may see their experiences through a different lens than the researcher (Lincoln & Guba, 1985). As triangulation adds credibility to the study (Lincoln & Guba, 1985), data were collected through in-depth interviews, participant screenings, and questionnaires.

One threat to a study's credibility is the researcher's preconceived notions and the impact they could have on the data. Researchers must remain aware of their own biases, assumptions, and personal values. By remaining aware and keeping a reflective journal (Creswell & Poth, 2018), the researcher examined her thoughts for any personal biases that would skew the data.

Transferability

Korstjens and Moser (2017) informed the researcher that a "thick description" (p. 122) should be provided about the participants and the research process. The researcher's records and results should be written in a way that the reader will be able to transfer the information to their settings. By providing descriptive data, the researcher provided thick descriptions of the research, settings, and participants' lived experiences in a way that the data are transferable and applicable in other contexts (Lincoln & Guba, 1985).

Thick descriptions are an integral component of transferability. Not providing adequate descriptions, or writing a thin description, can make it difficult for readers to apply the data in their context. Holloway (1997) described thin data as a "superficial accounts" and does not explore the underlying meanings of cultural members" (p. 154). Thin data consists only of reported facts and does not provide in-depth context nor does it capture the breadth of the experiences of study participants (Ponterotto, 2015). To make this body of research transferable,

the researcher provided rich descriptions of participant questionnaires, one-on-one interviews, and lived experiences. Creswell and Poth (2018) also asserted that qualitative research requires the collection of "extensive detail about each site or individual studies" (p. 158) and does not simplify the details about the subjects. This study intended to add to the body of research and provide data that can be used in a multiplicity of contexts. It is through the means of thick descriptions of the data and extensive details about study participants' lived experiences that the data were made transferable.

Dependability and Confirmability

Dependability and confirmability demonstrate consistency, allowing the study to be replicated (Lincoln & Guba, 1985). Participants' lived experiences were the crux of the study. The researcher provided textural and structural descriptions to accurately capture the lived experiences of study participants, which reinforces the study's dependability and confirmability (Creswell & Poth, 2018). Accurately, describing and authentically conveying these experiences provide further credence to the study. If a researcher adds their personal thoughts and experiences to the data, trustworthiness can be compromised. Research is to be void of the researcher's personal values and opinions (Lincoln & Guba, 1985). To ensure credibility, the researcher utilized member checks (Creswell & Poth, 2018; Lincoln & Guba, 1985). Through this method, study participants were able to review their transcripts to confirm accuracy (Creswell & Poth, 2018; Korstjens & Moser, 2017).

Confirmability was accomplished through memoing, as the researcher maintained copious notes throughout the research process (Lincoln & Guba, 1985). Along with memoing, the researcher maintained a reflective journal to record and remain abreast of any personal thoughts and feelings to curtail researcher bias. The researcher kept the data organized and

continuously reviewed the data to ensure accuracy (Creswell & Poth, 2018). Data were collected through one-on-one interviews, screenings, and questionnaires (Creswell & Poth, 2018). NVivo was used to code, categorize, and manage data.

Ethical Considerations

The researcher sought the IRB's permission to begin the research study. After permission from the IRB was granted, the researcher sought permission from the director of the SUD residential program to conduct the research with a select group of men in the organization. Once the director granted permission, the researcher drafted a consent form and distributed it to those who wished to participate in the study. Participants were advised that participation in the study was voluntary and would have no bearing on their status in the SUD residential program. They were informed of the rationale and basis for the study. For those wishing to participate, consent forms were distributed and signed. With permission, participants' responses were recorded.

To keep the identity of the participants confidential, pseudonyms were used (Creswell & Poth, 2018). For the continued protection of participant confidentiality, all participant information, screeners, and questionnaires were stored in a locked file cabinet and password-protected files, which were instrumental in protecting data and recordings (Creswell & Poth, 2018). After 3 years, all electronic and paper data will be destroyed. It is also important to note that although the researcher is employed at this facility, the study will not influence the organization's relationship with participants. The male population of the organization were not the researcher's direct clients, nor did the researcher work directly with the males in the program. The researcher rarely comes into contact with male participants in the organization.

Ethical considerations, especially when they relate to trauma, are of utmost importance. The potential risk for harm in the study lies in the possibility of participants reliving traumatic

events (Engelhard et al., 2019). The researcher adhered to the ethical guidelines of the Belmont Report (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) and Liberty University guidelines. The basic principles of these guidelines are respect for persons, beneficence, and justice. To ensure respect for persons, the researcher introduced the study to potential participants. At this time, they were informed as to why the study was being conducted as well as the rationale for the study. Additionally, they were informed that they would be asked questions about their ACEs, SUD, and DV and that for some, rehashing this information may be upsetting. Participants were told that participation in the study was voluntary and at no time would they be coerced to participate or remain in the study. They were also advised that participating or choosing not to participate in the study had no bearing on their residency in the SUD program or involvement in the DV perpetration intervention cohort. To mitigate risks, all participants were instructed that they also had the option of discontinuing the study without any repercussions. Subjects were notified that their participation in the research would help provide additional knowledge about the experiences of those who have gone through ACEs, SUD, and DV. They were also told that those who completed the study would be given a $10 McDonald's gift card for their time.

Additionally, all subjects were assured that their information would remain confidential, as they would be assigned a pseudonym, indicating that their real names would not be used. Participants were notified that electronic information would be stored on a password-protected device and all paper documents would be stored in a locked file cabinet (Creswell & Poth, 2018). Additionally, all information related to the study will be destroyed after 3 years. If a participant decided to withdraw from the study, their information would be destroyed immediately.

To ensure beneficence, the researcher remained cognizant of participants' verbal and nonverbal indications of discomfort, such as becoming emotionally upset or experiencing angst (Barrow et al., 2022), during the research process. If distress became apparent, the researcher would terminate the interview. Additionally, professional counseling would be made available for all participants who deemed it necessary. As a component of beneficence is fairness, regardless of age, race, or any other factor, all subjects were asked the same questions during individual interviews and would have the option of discontinuing the study at any time without penalty.

The principle of justice ensures that respondents have the right to privacy (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) and to be assured that their information will not be discussed with anyone. Study participants were told that their information would not be shared with anyone, including the program director, case manager, or other program participants. Furthermore, the researcher let participants know that electronic information would be secured on a password-protected device and paperwork would be kept in a locked file cabinet (Creswell & Poth, 2018).

Summary

The study's focus was to explore the experiences of men in an SUD program located in central Virginia who are also involved in a DV perpetration intervention cohort while receiving services for ACEs. This transcendental qualitative phenomenological study focused on the lived experiences of these individuals. The men involved in the study have experienced the phenomena of ACEs, SUD, and DV perpetration. Data were collected through interviewing respondents, note-taking, and memoing. The process of analyzing data, which included coding and the development of themes, resulted in a narrative that adequately described the lived

experiences of men in an SUD program who have a history of ACEs and SUD. The results from this study will be presented in the following chapter.

Chapter Four: Findings

The purpose of this qualitative transcendental phenomenological study was to explore the experiences of men residing in a SUD recovery program with a DV perpetration intervention cohort located in central Virginia. ACEs are a root cause and a predictor for future SUD and DV perpetration (Anda et al., 1999; Felitti et al., 1998; Stevens, 2012). ACEs can also cause adversity later in life (Felitti, 2002; He et al., 2022).

Chapter Four provides historical and current information on study participants as well as the themes that developed through the responses of the screening questionnaires, ACE tests, and video recordings of participant interviews. The interviews provided rich insight into the men's lived experiences. Lastly, the central research question and subquestions will be discussed, as will participants' experiences as they relate to these questions. This study's focus was reflected in the central research question, "What are the lived experiences of men in a SUD residential program receiving DV perpetration intervention services who have an ACE score of three or higher?" Sub-question 1 asked, "What impact have ACEs had on the lives of men in the SUD program?" Sub-question 2 asked, "How has the use of drugs affected the men's personal lives and decision-making?" Finally, Subquestion 3 inquired, "How has DV been exacerbated by ACEs and SUD?

The goal of this research was to examine the lived experiences of men who had a history of ACEs and SUD. Through recorded Zoom interviews the researcher conducted with the men, themes and subthemes arose, providing the data which will be presented in this chapter. Additionally, the researcher will use the rich and thick descriptions developed from the interview themes and subthemes to analyze the men's lived experiences.

Participants

Study participants were recruited from an SUD residential program located in central Virginia. The screening questionnaire was approved by the IRB and was used to ensure that participants met the requirements of the study. Responses from the ACEs questionnaire along were used to verify the potential participants met the requirements to participate in the study. The screening questionnaire can be found in Appendix D. Table 1 provides a brief overview of the men as well as their ACE scores. Table 2 illustrates the men's specific types of ACEs. Data saturation was reached with the 12 men that agreed to be interviewed. Therefore, seeking additional participants was not necessary. Participants' ages ranged from 29 to 68. Taking into consideration the wide range of ages, the researcher noted the longevity of the negative impact of ACEs.

Along with rich and thick descriptions, the researcher also utilized participant quotes to provide further context to the men's lived experiences. To protect the identity of the male subjects, each man was assigned a pseudonym. Each participant was reminded that participation in the study was voluntary and their status in the SUD program was not contingent upon their participation. They were also reminded that they could withdraw from the study at any time without repercussion from the researcher or the SUD program.

Table 1

Participant Overview

Name	Age	ACE score
Anthony	68	6
Johnny	68	4
Trey	34	6
Ty	31	9
Ezekiel	29	9
Joshua	53	4
Jermiel	43	5
Lonnie	57	4
Kenneth	52	8
Kwasi	49	6
Brian	36	5
Bill	42	8
Average	46.8	6

Table 2

Categories of ACEs Experienced

ACEs category	Participants who experienced ACE (*n*)
Physical abuse	8
Sexual abuse	5
Emotional abuse	8
Emotional neglect	9
Physical neglect	6
Mentally ill, depressed, or suicidal person in the home	6
Drug-addicted or alcoholic family member	8
Witnessing domestic violence against the mother	8
Loss of parent to death or abandonment by parental divorce	10
Incarceration of any family member for a crime	6

Participants' Descriptions

The following section provides a narrative of the lived experiences of the study participants. In this section, the reader can look into their lives through the information they provide on their backgrounds, ACEs, and intimate relationships. What is also captured, is the

pain they have gone through, as well as the effect that ACEs have had on their personal lives. The disastrous effects of ACEs evident in the lives of these men are consistent with the literature.

Anthony

Anthony is a 68-year-old male who was raised as a Jehovah's Witness. He stated that he rebelled the entire time due to his father's treatment toward him. Although his father was a minister, he stated that his father had a "trigger-quick temper" and would "smack him down" to the floor when he became angry. Due to his father's treatment, he left home at the age of 13 and never went back. He would visit his mother from time to time when his father was not home but refused to return home to live. When asked about the most traumatic experience, he recounted the occurrence that happened when he was 6 or 7 years old. Due to Anthony's refusal to eat a dish that his mother fixed, he said, "My father smacked me clean from the kitchen to the dining room table," and when he began to pout, his father became angrier. His father hated whining and would become angrier when he whined or cried. Anthony also recalled recent volatile interactions.

> Just being out in the street, I had a couple of guns in my face. I got to fighting with two store clerks last summer. Got to fighting with the dope boy last summer. Then I had a neighbor where I was previously living, he fired a shot into my house. That was about 2 and a half months ago.

Although Anthony stated that he does not attribute his drug addiction to the abuse suffered at the hands of his father, it was apparent that this affected him. He talked about being smacked across the room by his father throughout the entire interview even when the question did not warrant a response relating to his father. He expressed being close to his mother and that he loved his mother very much, but the majority of his conversations centered around his father.

The researcher could hear anger, regret, and sorrow stemming from Anthony's lack of a close relationship with his father, which he verbalized that he wished he had. Anthony stated that he talked to his father more in the 2 years preceding his father's death than he had in his entire life. He wished he could ask his father why he would become "so violent so quickly." Anthony stated that the abuse he received from his father was the reason he decided that he would never spank his children.

Johnny

Johnny is a 68-year-old male who proudly stated that he has been a barber for about 52 years and that he is also a master barber. Johnny noted that he grew up in a "pretty good home" but that when his parents fought it was "pretty intense." He went on to give an account of one fight, after which his mother had to go to the hospital to get stitches over her eye. He stated that this type of violence only occurred on about three occasions and concluded that his mother was tough and never gave up. Although he noted that his mother was tough, witnessing his mother being beaten made him never want to hit a woman. Johnny went on to say that his parents were not alcoholics but drank occasionally.

He described himself as a mischievous child who started drinking and smoking marijuana at an early age. Regarding the discipline he received for his mischief, he stated that it would probably be considered abuse today, as he was beaten with water hoses, extension cords, and sticks. Although Johnny admitted he was "pretty abused," he said that he respected both of his parents, especially his mother because she was the one that was always there.

Although Johnny denied the abuse affecting his decision to use drugs, he talked about the abuse throughout the entire interview and vividly described a beating he received when he lied to his mother. The beating was so brutal that it tore the skin off his back. He said that his

mother went "crazy." He added that his mother loved him and that he brought the beating on himself. Johnny noted that this was the most traumatic occurrence because the beating was from his mother. When asked to elaborate, he replied:

> I was definitely hurt. You know what I mean, my emotions and everything were definitely hurt. My psyche and everything because I could still revisit that place. And I just feel, you know, it is hard to go back to that experience. I don't know. Pain is something that you suffer at a period of time. You know, and once it precipitates, you know, you kind of put it on the shelf, and just carry on with the rest of your life. I mean, I had to revisit all the time. You know, I kind of put it on the shelf. And just life just went on, you know, I mean, I still love my mom. I didn't love my mother or my family any less because of it. My mom did not agree with what I was doing, and now I can see that with my own children. And because of what I experienced,; I didn't whip my kids. My mom was raising nine kids, and I was the oldest. My mom was only 17 when she had me. She was still a child.

Johnny found himself in the program after his parole officer referred him to the program after he submitted a series of "dirty urines." Although Johnny stated that he did not use violence in his relationships, there was drug use within these relationships, which caused chaos. In one relationship, his girlfriend was using crack, and things became volatile. She tried to stab him. He defended himself by picking up a vacuum cleaner and hitting her with it. He said there would have been more violence if she had actually stabbed him.

Trey

Trey is a 34-year-old male raised in what he described as a loving home by his mother and father, the latter of whom was an alcoholic. Although he felt loved by both parents, he stated

that there were times when he caught his father not being "lovingly" to his mother. He went on to say that his father was abusive to his mother but that *his* abuse did not happen at his home. Trey indicated that he did not understand why his father treated his mother this way and that it made him question a lot about his father. Additionally, because he used drugs, Trey stated that he was the black sheep in the family. Although alcoholism was rampant within his own home and extended family, it is not thought of as a drug.

Trey's journey with drugs began in eighth grade due to his desire to be accepted by his peers and to deal with the pain of sexual abuse. After high school, he hurt his back and was prescribed pills by his doctor. When the doctor found out that he was abusing the pills, the doctor recused himself from treating Trey. This led to Trey buying opiates off the streets, developing a heroin addiction, and eventually being charged with grand larceny, driving under the influence (DUI), and drug possession. All of his charges are drug related. As the conversation continued, Trey began to explain that the drugs rewired his brain and that he used drugs to numb his feelings related to the verbal and sexual abuse by his brother-in-law. Drug use had begun as a social activity but eventually resulted in him "just sitting on the bed just trying not to remember, trying to just kill another day where I didn't even have to bother with those emotions," making him feel numb and "non-emotional." Trey went on to explain that the sexual abuse was the worst of his traumas, which was further compounded by his brother, whom he was extremely close to, committing suicide.

Trey expressed that wished he had someone to talk to when he was going through the hard times in his life. He forgives those who hurt him and stated that he wished they could have reached out to someone because it could have stopped his family's whole cycle of abuse. He would also like those who read this study to know that there are a lot of factors that contribute to

SUD and overcoming an "SUD is not as simple as having the willpower to stop." He declared that if problems could be fixed where they began (e.g., abuse, trauma, neglect), "maybe we could change a lot more of the world than we think we can."

Ty

Ty is a 31-year-old male who is a local musical artist and is proud of his 8-year-old son, who is also artistic. The only time he smiled during the interview was when he spoke about his son and the quality time that they spent together. The mood of the conversation changed when he and the researcher began to talk about his most recent incarceration due to his overdosing on pills that were laced with fentanyl. His past charges include drug distribution, firearm possession, and reckless driving, all of which were drug related.

When describing his childhood as well as his life, Ty never mentioned his father and only referred to his mother. He stated that there was "definitely" violence in his childhood. Due to the environment he was raised in, Ty stated that he grew up way too fast and that he experienced things even some adults have never seen. When asked what it was like growing up with a parent who used drugs, he said that he was depressed all the time. Ty stated that he hated drugs and never wanted to be like those around him who used, but because he grew up in poverty, he began to sell drugs and eventually began to use them to deal with the pain he was going through. He also reminisced about losing an opportunity that could have changed his life. Music and football were outlets for him, and Ty received a full-ride scholarship to a major college. However, he was charged with a drug-related offense, he lost the scholarship, which led to further depression. When asked what someone could have done to help him, Ty said that he wished that someone, especially his mother, would have recognized his pain and defended him.

Ty stated that he first realized how much the trauma affected him at the age of 15. He was constantly defending his mother who was on drugs and being abused by her boyfriends. His intervention caused him to be abused as well even at a young age. Ty stated that he started smoking marijuana at a young time and felt depressed all the time. He said, “I felt trapped and that I didn’t really value his life.” The pain stemmed from childhood, and the abuse and neglect “weighed” on him. The same feelings were transferred to his relationships with women who were also addicted to drugs. They would use drugs together to mask the pain they were both going through.

When asked what he would like to say to those who hurt him, Ty stated that he does not have anything to say to them. This statement was made specifically toward one of his mother’s boyfriends who tried to kill him when Ty was 15 years old. He seemed to feel vindicated when he informed the researcher that the boyfriend got “theirs” because he got a “football number” [double digits] of years as a prison sentence. He ended the interview by advising young males who are experiencing the things he experienced to hang in there and that they have a voice. He also requested that the readers of the study support his music.

Ezekiel

Ezekiel started his interview by expressing his gratitude for where he is today and that he was happy to be living in the recovery house. He is 29 years old and stated that he suffers from depression and anxiety. His father was a violent alcoholic, and his mother ended up drinking years later due to stress but eventually stopped. His parents divorced when he was about 6 years old. His older brothers went to live with his father, but as Ezekiel was the youngest, he went to live with his mother. Ezekiel went on to say that his mother would work two to three jobs to care for them and that his brothers raised themselves while their father spent most of his time with

another woman helping to raise her child. Ezekiel stated that his family situation took a toll on him because he wanted to spend time with his father, and he needed him in his life. He explained that his father was never really there for him and never came to any of his concerts or extracurricular activities. Due to his mother's work schedule, she was away from home most of the time, and he spent a lot of time alone.

Due to the lack of oversight, Ezekiel began to spend more time in the street doing things that he should not have been doing. He began hanging out with people older than him, supposing that they had more wisdom, but this was not the case. He explained that he had started getting into more trouble and had been incarcerated over the last 5 to 7 years due to his drug use, which he described as "overboard." He was using heavily and dealing drugs to support his habit, and he said that "it got to the point that I just did not care anymore." His was charged multiple times with possession of a controlled substance, as well as with driving while intoxicated, traffic violations, firearm possession, and distribution of narcotics. Although he knew he would end up in jail, he said that he was so ashamed and had a miserable life and it just did not matter. The researcher could hear his regret as he began to explain that although he had obtained his degree, he lost everything that he had "worked hard for." He lost the good job he had, his car, his home, and the "little family" he had. During this time, he and his live-in girlfriend had a home and were raising her young child together. Even though Ezekiel and the young lady are still on good terms, he misses what he had with her.

When asked about trauma, Ezekiel immediately began to describe the interactions he and his twin brothers had with his father. Though he did not spend a lot of time with his father growing up, the interactions that he did have with him were negative. He said that his father would "whip their ass." He witnessed his father pinning his brothers against the wall by their

throats, he would beat them with his hands, a belt, or whatever he could get his hands on. His father never wanted to hear an explanation; he would just beat them. When he got older, his interactions with his father were still volatile. He said that his father would fight him like he was someone on the street.

As the interview continued, Ezekiel described further trauma. He recalled his brother sexually abusing him while he was around 10–12 years old. He said that this really affected him, especially since his father was not there. He also said that all of this trauma played a major role in his drug use. Ezekiel described a very emotional scene in which he, his brother, and his brother's girlfriend were together, and they were all high. His brother was roughing up his girlfriend, and Ezekiel spoke up and told his brother to stop hitting her. His brother then said, "I screwed you in your ass and I'll do it again." Ezekiel said that at that moment, he realized that his brother "actually knew" what he was doing when he was sexually abusing him. He also said that what made matters worse was that this statement was made in front of other family members. When his mother found out, it "tore her apart." This information made her carry a lot of guilt because she felt as if she did not protect him, and Ezekiel believes she still carries guilt to this day. He said the sexual abuse affected him so much and caused him to have low self-esteem. He felt as if he was not good enough and asked, "Why would anyone want to have anything to do with me?" He expressed that he felt like the sexual abuse by his brother coupled with the physical and emotional abuse from his dad were all his fault. He stated that he did a lot of things to a lot of people, but that those things were the result of trauma and abuse. Ezekiel also said that around the age of 13 or 14, he felt that he was not good enough for anybody because of the abuse; "he felt empty and dirtier than the dirt on the ground."

Regarding relationships, Ezekiel stated that he was angry all the time, and that if someone put their hands on him, then he put his hands on them. He said that he was not justifying his behavior, but he was angry and depressed, and he wanted other people to feel the pain that he felt. His trauma also caused him to do things in the drug game that he was ashamed of. Ezekiel stated that he was involved in breaking into houses, sex trafficking, and prostitution. He said that the only thing that he was worried about was getting high. Ezekiel also said,

> It was scary because there were children involved in that stuff, and it's crazy. It goes deep and deep into that. You know that realm, and I never want to go back into it again. I'm coming to graces with everything within the past year.

He went on to say that he forgives those who abused him, even his brother, who has never apologized to him. He advises children who may be in the situation he was in not to give up. He would like the readers of the study to know that addiction does not come with a "warning label or box" and that addiction affects everyone from all walks of life. Despite everything he went through, Ezekiel was able to graduate from high school and obtain a degree. He wants to move forward in his recovery, and he wishes to eventually establish a nonprofit for individuals battling addiction.

Joshua

Joshua introduced himself by stating that he is 53 years old and does not have any children. He is the youngest of four children and proudly stated with a smile that he was a "mama's boy." He talked about the love he had for his mother during his introduction. He also said with much joy that his mother was 85 years old. Joshua described himself as an outgoing person.

Joshua stated that his father beat his mother when Joshua was young, but he was not a victim of abuse. However, he did say he was a victim of his father's "absence." At one point, his mother had had enough. She took one of the old hard phones and hit his father with it. After that, his father left and never came back. Joshua stated that he played sports from the age of 6 to 19, and his father never attended any of his football games and was absent in all other aspects of his life. Joshua stated that this absence really hurt him. Joshua went on to say this about his father:

> He didn't teach me nothing. He taught me one thing, and that was that my mom would always be the one that loved me no matter what. He showed me what I didn't wanna do and what I didn't wanna be, but I ended up worse than him, you know?

Joshua described his father was an alcoholic and explained that the first time he used marijuana, he got it from his father's house during a visit he and his mother made. He said that he thinks the reason his father was "never around" was his father's drug use.

Joshua attributes all of his arrests to drugs. He began using at the age of 12 and said drugs helped him deal with the pain that stemmed from his father's absence and the sexual abuse he experienced at the hands of his uncle. He said that his uncle "violated" him and his brother when he was 11 years old during the time they spent a summer in North Carolina with their grandmother. When he came back home, he started smoking and drinking to cover up the pain. He said that his sisters told his mother that he was drinking, but she ignored it. Joshua wished his mother would have paid attention to what was going on with him. He also explained that he did not know how to tell his mother or father what happened to him and his brother. He said that he was so angry that he wanted to kill his uncle. His uncle, who was in North Carolina, died sometime after the event.

Joshua said that even more traumatic than the sexual abuse was the absence of his father. Joshua expressed that he would have made better decisions in life if his father had been there. His father's absence affected him emotionally, and his mother frequently asked him why he was angry all the time. When asked when he realized how much the trauma affected him, he stated that it was in the 2000s when he was in prison and started penning a letter to his father to letting him know how much his absence hurt and affected him. He also told his father how much he needed him. He ended by saying that his father died before he received the letter. It was when his father died that he realized that he had been holding in all of those feelings.

Joshua said that in the past, he would either drink or do drugs because he did not want to feel anything, and he would start "tripping." He explained that he would also do this in his marriage and other relationships. He and his girlfriends, including his wife, would use drugs together, and when they would argue, he would do drugs just to shut out their voices as well as the other voices. He also wanted to push away the memories of not just childhood trauma but other traumas that included seeing people killed, beaten up, and a friend shot standing right beside him. Joshua added that he was arrested and went to jail for grabbing his wife and kicking the hinges off a door. He further stated that throughout his marriage, he was unable to control his anger, which stemmed from him harboring feelings of rejection and trauma. He went on to say that drugs and women went "hand in hand," and he damaged a lot of relationships due to his drug use.

Joshua noted that he now writes down his feelings and that talking about what he went through was therapeutic. He is hoping that living in the residential SUD program will help him get to the "root" of his issues, and he wants to learn how to be independent because he has

always depended on women, including his mother. He also wants to be productive. Joshua ended the interview by saying,

> Man, open your mouth and ask somebody for help. Using drugs can ruin your life and could take you on a ride that you would never imagine going on. It'll keep you longer than you want to stay and take you further than you wanna go. It may feel like you feel like you all alone in this world. Just know that you're not alone. Somebody cares about you; some people out here still care about other people.

Jermiel

Jermiel introduced himself by stating that he was 43 years old and that he was from the Southwest Virginia area. He explained that he came into the SUD program because he was on drugs "really bad" and had gotten into some trouble. Jermiel has felony charges, but most of the charges are felony larceny charges. He would steal to support his drug habit. These felony offenses caused him to be court-ordered to the program. He noted that drugs were the major reason for his criminal history.

Jermiel described his home life as violent. He stated that his parents split up, and he was raised by his dad. He recalled a particular instance when he was 13 years old and wanted to go to a football game. His father did not want him to go, but since his father had to work late, he went anyway. His father found out that he was not on the school bus, and when he got home, Jermiel stated that he got beaten "pretty bad" on his back and other parts of his body. He also described a scene in which he stole quarters from one of his stepbrother's and bought ice cream. When his father found out, he received a brutal beating. He went on to say that although his father did not use other drugs, he was an alcoholic.

Although Jermiel explained that his drug use became serious when he was 20 years old after being prescribed Oxycontin after he had his spleen removed, he was already using drugs and drinking due to the abuse he received from his dad when he was very young. He did not realize how much the trauma affected him until he was in his 30s when his drug use got worse. The drugs made him feel numb and allowed him to escape from his real feelings. He attributed his drug use to his father "being so violent" and not having his mother in his life.

Jermiel described his relationships by stating that he and his partners often both used drugs and there was a "whole lot of fighting." He described himself as being a "very bad" person in those days due to the way he had been treated. In one particular instance, Jermiel, his girlfriend, and his girlfriend's mother were all doing drugs together. The mother overdosed and died. Afterward, Jermiel tried to kill himself.

When asked what he would say to those who hurt him, he replied that he forgives them. He wished his father would have understood the effects that he had on his children. He and his father had a good relationship before he died, and when Jermiel reflected on his childhood, he stated that it must have been hard on his father to have to raise him and his siblings by himself. He advised young males who may be going through what he went through to "tell someone, a teacher or somebody. There is a lot of help out here. There is more help now than it was when I was growing up." He also admonished them to think about the major decisions they make in their lives and that if they are angry, they should "get some help with [their] anger."

Lonnie

Before the interview officially started, Lonnie informed the researcher that he suffered badly from anxiety. He then proudly described himself as a "hard worker" and open-minded at the start of the interview. He said that he once owned his own roofing company and did well. He

eventually lost everything due to alcoholism. He hoped to start roofing again in the future but only do it part-time. Lonnie has been in jails and prisons, all due to alcohol, and after his last incarceration, he was rearrested only 48 hours after being released and landed back in jail due to alcohol. He met a friend in jail who knew of the SUD program. Lonnie informed his lawyer, who was able to get him into the program.

All of Lonnie's arrests have been due to alcohol, and he received his first driving under the influence (DUI) charge when he was 17. His license was taken for 6 months, but he received three other DUI charges back-to-back during the time his license was suspended. He went on to explain that he had a friendship with a judge with whom he did house remodeling work, and he gave the judge $1,000 and treated him to an expensive lunch, and he was able to get away with a lot. Because he continued to drive while drunk, he was finally charged as a habitual offender. Due to his driving record and charges for fighting, he went to prison for the first time when he was 30 years old.

Lonnie used the word "violent" to describe his childhood and explained he was "always on pins and needles." His father was an alcoholic, and his mother was often battered. He described his father as a "mean alcoholic" who would hit his mother. Lonnie also said that he was the baby of the family and that his older brother and sister "got it worse" than he did. Lonnie said that he was also the recipient of "a lot, a lot of verbal abuse," which he described as "pretty bad." With heartfelt pain, he described how he felt about watching his father degrade his mother as well as commit violence. Lonnie stated that the mental part is "sometimes worse than the physical part" and "just stays with you for the rest of your life."

Not knowing what to expect day to day caused a lot of angst in Lonnie's life. He told a story of riding bikes on a flat roof with his friend when he was around 12 or 13. His father heard

about it and beat him. He said he was beaten every day for anything, and that every day it was something different; he just never knew what to expect when his dad would drink. This caused Lonnie to have a lot of anxiety. It was common for his father to drive him into the woods and leave him alone forcing him to find his way back home, which only compounded the anxiety. The anxiety and abuse caused Lonnie to start drinking himself. He said, "Drinking allowed me to stand up to my father, and my anxiety wasn't as bad when I was drinking." He went on to say drinking was the only way to cope with his father's abuse and to get away from the pain.

Lonnie said that he went to a lot of mental institutions and that he was becoming his father "up and down." His siblings hate their father and cannot understand why Lonnie has chosen to forgive him. He wants the readers to read this study with an open mind and asserted, "Unless you have been through this, you just don't know." Regarding his life now, Lonnie stated, "I am sober, and it is like a dream."

Kenneth

Kenneth began the interview by focusing on the present. He started by saying that he tries to stay positive today, setting goals to achieve them, and was proud to note that he is in recovery. He went on to say that at the age of 52, he was "learning how to love me all over again after growing up watching his father beat his mother. He stated that his father was on different types of medication, and at a young age, his father saw his mother hit by a car, which caused her death. He further noted that on the day that his mother was born, her father was robbed and killed in the store that he owned. Kenneth summarized his background by stating that there was a lot of trauma in his family.

Kenneth has been in multiple drug rehab programs. He also had charges in several jurisdictions, which landed him in jail. A fellow inmate told him about the SUD program, and his

lawyer was able to get him placed in the program. His charges include breaking and entering, fighting, grand larceny, drug possession, and multiple trespassing charges. All his charges involve drugs in some way. He stated that he used drugs due to the violence he was raised in. Kenneth stated several times that his father was very aggressive and that he received more beatings than his siblings.

Along with this, Kenneth said that he had difficulty learning in school. He had trouble understanding and needed 1-1 attention to understand, but if someone explained things to him then he could understand it. Although he was in special education, his mother was never there to help him in his work. This caused him to get into a lot of fights in school because he was picked on a lot. To add to the pain, Kenneth was sexually abused, but it was a "hush-hush" situation that no one talked about. He stated that he felt "abused" and did not like people looking at him. At one point in his life, he was in jail with his father, and he asked himself, "Why am I in here with my dad?" He described the experience as being in "complete darkness." Kenneth expressed that he wanted to ask his father a lot of questions about why he was so violent and why life was so hard while they were incarcerated together. He also explained that that his father had seizures and was on three or four different medications, but when he mixed these medicines with alcohol, his father did "crazy" things, possibly because of the interaction between the medications and alcohol.

Kenneth described growing up in his home as "very difficult." Drugs played a major role in his life due to his trauma and his desire to be accepted, which made him want to be a "bad boy," but he had no idea what he was getting himself into. He admitted that this life caused a lot of "pain and misery." He said that the greatest traumas in his life were watching his dad beat his mother and being sexually abused. Kenneth went on to reveal that not only was he molested, but

both of his sisters were molested as well. Kenneth said that he grew up angry and upset; he had a lot of emotions that he did not how to talk about or deal with. He and his sisters lived in "survival mode." He went on to say that the molestation affected him so much because he isolated himself and did not talk about it when it happened, causing him to end up in a "real bad place." He never really talked about the trauma until he shared a little of it with to his case manager when he came into the program.

Kenneth said that he is now being positive and is working on himself and his sobriety. He continues to remind himself that he is "powerless over his addiction." He also stated that he is in no rush to be in a relationship. He was asked what could have been done during the hard times in his past to help him. Kenneth responded that all he wanted was his dad, and "that's all I want today." Despite all that happened, he said that his dad was a good man. He forgives those who hurt him but would want to ask them, "Why did you think what you did was okay?" and let them know that what they did caused a lot of trauma. Kenneth ended the interview by saying, "God is able to do anything in all things whenever you allow Him to become who He is in your life. I didn't even have to think about that."

Kwasi

Kwasi described himself as a 49-year-old man who has been to prison numerous times. He has several certifications, including as a fork operator, electrician, heavy equipment operator, and masonry. Kwasi explained that he started getting charges around the age of 17 or 18 for selling drugs. Then, he began to use the same drugs he was selling, which were powder and crack cocaine. Soon afterward, he started burning bridges and losing relationships with those who could have helped him. In the 2000s, he became homeless and was charged with grand theft larceny because he was stealing cars to live in. He went on to disclose that his most recent charge

was for a violent offense. He communicated that he felt that this charge was the reason he was having difficulty finding employment in the fields in which he was certified.

Before the interview continued, Kwasi requested that the researcher "highlight and put in the note" that he "does not at all condone violence." He went on to explain that he grew up in a violent environment. He was the youngest child and was raised around his mother, five sisters, and several aunts. All of these women were being abused by the men in their lives, which caused him to be "skeptical with his interaction" with male figures. He added that although he frequently witnessed violence, it was not anything that he condoned. Kwasi acknowledged that he grew up with drugs in his house.

When asked to describe what it was like growing up in that kind of environment, Kwasi said that it "inspired" his experimental drug use and that he started selling drugs for money to buy clothes. He then said that he began to indulge because he wanted to know what those around him were "feeling" when they used drugs. He went on to say that if the drugs had not been in his home and had only been in his neighborhood, he would not have started using drugs. The presence of drugs in his house piqued his curiosity. Kwasi revealed that all of his criminal history has to do with drugs, but that trauma did not have anything to do with his drug use. He explained that he used drugs because he "wanted" to. He said that he was conscious of what he was doing every time he used. When he was asked which trauma affected him the most, he responded that it was being physically smothered by his mother. He said that "it was a lot of abuse and a lot of drug use." He said that being smothered to the point of feeling as if he would die was so traumatic because it was his mother who had done this to him. This incident broke his heart, and the emotional and psychological damage was long-lasting. He went on to describe it this way:

> It's just that was some deep-into-the-soul thing to know that somebody that brought you into this world or supposed to be nursing, you know. She could've, you know, went too far and took me out, you know a couple of the times, you know, and you know it damn shole felt like it.

Kwasi said that he had begun to realize how much his trauma affected him over the last 10 years as he has considered his children and spent time around his girlfriends' children. He emphasized that he never wants to abuse his children or anyone else's children. When asked about his relationships, drugs, and trauma, he responded that alcohol and drugs clouded his judgment in one relationship during which he received a charge of violence and was subsequently sent to prison. Although he did not go into any details regarding the charge, he did state that the relationship was toxic and that his accuser tried to backtrack her story and get back together with him.

As the interview ended, Kwasi proudly stated that while in the program, that it was the most he has ever dealt with his addiction, which has allowed him to start a new chapter in his life. Kwasi happily gloated that he has four beautiful children and a little granddaughter that he loves so much. He added that he always wants her to have good and fond memories of him. He has also recently reunited with the gentleman that he considers his stepfather. His father died when he was 6 months old, and his mother dated this man when Kwasi was about 6 years old. He said that this man was good to him and loved him. Unfortunately, the relationship between the man and his mother did not last, and the gentleman had not been in his life for about 40 years. He said the gentleman was ex-military and set in his ways but still loving. One of the last comments Kwasi made about the gentleman centered on the impact the man could have had if he had been in his life in an earlier season:

> He is what I needed. I wished I would have had someone to say something to me when I was standing on the street corner smoking cigarettes with the boys drinking beer when I should have been in school. I wonder what my life would have been like if this man had been in my life.

Brian

Brian described himself as being in his late 30s, a hard worker, and loyal to his family. He was self-referred to the program because when he got out of prison, he did not want to go back to his hometown. Of his criminal history, Brian said, "I probably have a thousand assaults and batteries," including assault on law enforcement and obstruction of justice. Brian stated that one of his charges was due to him being under the influence of drugs. The other charges were mainly due to fighting. When asked why he was fighting so much, he stated that the fights were over girls. To the question about his experience with trauma, abuse, or violence, he replied, "Just a lot of fights."

When asked about violence in the home and if he was abused as a child, Brian initially replied, "Not as a child, no." He also said that things that happened in his home have not affected him. When asked if his parents used drugs in the home, Brian responded, "They were good at covering it up." But as the interview continued, he described the environment that he grew up in as a "disaster." When asked why it was a disaster, he sighed and said, "It's hard to explain." The researcher asked again about his parents' drug use, and he said, "Not too crazy, but when I was younger, it was really bad." Brian described himself as such: "I think I am a victim for real. A victim of life, I mean."

When discussing his drug history, Brian stated that he does not think that drugs played a part in his criminal history. The researcher then asked what kind of crime he committed when he

was high. Brian replied that he went to prison for 4 years for "snapping on" a police officer. In response to this statement, the researcher asked Brian if he thought he would have used drugs had his home had not been a "disaster" as he described. Brian answered, "In my opinion, no matter where you come up, it doesn't dictate drug use and it doesn't dictate where you're going," adding that he is a "believer that everyone has their own choice" and that "you don't have to be a victim of your circumstances."

As the interview went on, Brian was asked which trauma affected him the most. He said that he tries not to think about it and that it's "too much." He then added that the trauma made him a "stronger person." To the question of when he realized how much trauma affected him, he replied, "I don't think that I fully realized that it did." Regarding how he dealt with the pain of his trauma, he chuckled a little and said, "With time," and, "That's the only thing that took care of it." He also went on to say that drugs were the only thing that took care of and eased the pain until "you didn't have no more."

Regarding trauma, drugs, and relationships, Brian said, "I'm not a very violent person until you back me up in a corner, and I will shoot you to get out of it." He said that his ex-wife was like the "devil" and that he "tries not to look back at the marriage at all." The interviewer asked, "Was the marriage that bad and traumatic?" and he replied, "Yeah, lookin' back at it."

When asked how he expected his life to change as a result of being in the program and DV class, he said, "If you back anyone into a corner, they'll do anything to get out of it." To the question of what someone could have done or said when he was going through the roughest part of his life, Brian replied that he did not know and that "you have to see it, learn from it, and walk yourself out of it." He added that he did not think anyone could have helped and that "if you don't heal yourself, nobody else can do it." He went on to state that he had nothing to say to

those who hurt him as a child. He also admitted that he does not trust many people and that "those you are closer around are those who will get you the most." He further noted that he has learned "you've got to find your way on your own."

Brian's advice to a young male child that has gone through the same things he went through, would be for them to follow their gut and stick to themselves. He added, "If something feels wrong, then nine times out of 10, it is wrong." He would also advise that they "keep their eyes forward at all times" and remember that "you can't get better if you keep looking backwards."

Bill

Bill started the interview by stating that he has four children and four "baby mamas." He smiled and said that he loved working and that he had been incarcerated in detention centers, jails, and boot camps for most of his life. Bill also happily stated that he is in the SUD program, going through a great change, making some positive "moves," and detailing cars. He came into the program because he kept giving "dirty urines" to his probation officer. He had a choice of going into the program or serving 10 years in prison. Bill was arrested for assault on a family member, stealing, selling tobacco products to minors, and other "stupid stuff." He said he did all of these things when he was drunk or high, which led him to make bad choices.

When describing his childhood, Bill stated that it was his mother who inflicted punishment on him because his dad made her do it. He stated that his dad was a "control freak." He said that it was "absolutely" violent in the home and that his dad beat his mom. He also said that he was raised with six sisters who "beat his ass." Bill added that he always felt like he had to defend himself. While he never saw his father doing drugs, Bill described his father as a "serious" alcoholic.

When describing the home he grew up in, Bill said that his mother "was there 24/7" and that his dad was never there. Due to the absence of his dad, he felt as if he had to play the dad role and took "a lot of ass whoopins" trying to be the father and protector. He attributes his drug use to trying to fit in and ease his pain and trauma. He explained that drugs had everything to do with his criminal background and would not have made half of the choices he made if he had been himself and not doing drugs.

Out of all the traumas Bill had experienced, the one that had the greatest effect on him was getting a needle "poked in my ass because the belt didn't work anymore." When his father saw that the beatings no longer inflicted the same amount of pain, he would make Bill's mother perform the needle poking. Bill then repeated, "I would take beating after beating after beating growing up as a kid." He noted that women are also abusive in relationships. Although Bill suffered significant abuse at the hands of his father, he said that he forgave his father and that he would be a "bigger and better person than he ever was."

When asked to advise young males who may be experiencing the same thing he went through, Bill responded that they should take everything as a learning experience and not let anyone "defer the type of person you are in the future." He went on to say that his grandfather was a positive person in his life, but he died when Bill was young; after that, he did not have a positive father figure in his life. He also encouraged young males to make their own choices in their lives and to be a better person. When asked about his current relationship with his father, he said that they still "bump heads" and that he felt as if he was a better man than his father.

Results

The purpose of this study was to examine the experiences of men residing in an SUD program while involved in a DV perpetration intervention cohort. This section of the study

discusses the themes that arose from the participants' responses to the interview questions. Data were obtained through semi-structured interviews. Each interview was transcribed and re-read several times by the researcher. The researcher also employed bracketing and memoing to guard against bias and to make sure personal opinions did not lead her to misconstrue the data.

Participants took part in semi-structured interviews, which provided the data for this study. Each participant had previously agreed to be interviewed and video recorded on Zoom, which also provided a written transcript for each interview. The interviews lasted between 30 and 60 minutes, and the researcher read and analyzed the transcripts to encapsulate the study's data. The researcher consistently searched for experiences that were common among the study participants. Although the same words may not have been utilized by each participant, it was the "essence" and consistent description of the experience that was of utmost importance. These commonalities allowed the researcher to develop themes and subthemes to explain the phenomena. It was through interviewing that data on the men's real-life experiences were obtained. One of the themes that appeared consistently was the impact that ACEs had on the men's drug use and future relationships. The themes and subthemes that were derived from these interviews provided a greater context for understanding the men's lived experiences with drugs and DV while residing in an SUD residential program while in a DV cohort. As the interviews progressed, the researcher was able to code the data. As coding commenced, themes began to develop as participants continued to describe their experiences. These interviews provided the data needed to document men's lived experiences regarding the negative implications of ACEs, which included SUD and DV. The researcher continued interviewing until data saturation was reached.

Member Checking

When the researcher initially spoke to program participants, the researcher informed research participants they would be provided a copy of their transcripts to check for accuracy and to ensure that they were comfortable with others reading about their experiences. After the interviews were completed and transcribed, the researcher reached out to the participants to arrange a time to meet each participant to provide them a copy of the transcript. Of the 12 participants, 10 of them requested and were given a copy of their transcripts. One participant, when presented with his transcript, quickly scanned it and said that he did not want a copy and that he trusted that the researcher would "do right." He stated that he meant everything he said and that he just wanted to help another man. The researcher advised that if changed his mind, the transcript would be available to him. The remaining two participants were removed from the program due to noncompliance. Although the researcher attempted to contact them, they were unresponsive. None of the men who received their transcripts requested a change or a redaction.

The interviews provided valuable data on the effects of ACEs. The interviews were video recorded and transcribed using the Zoom platform to ensure the men's sentiments were accurately documented. The researcher read through each manuscript line by line several times and used Microsoft Word and Excel to identify commonalities, themes, and subthemes. Reading and re-reading the transcripts along with coding took a significant amount of time but was essential to accurately capture the data.

While documenting the interviews, it was important for the researcher to ensure the accuracy of participants' descriptions to provide context for the study. Descriptive coding was completed, as certain words were consistently used throughout the interviews. Words such as "numb" and "violence" were used commonly during the study. In-vivo coding was utilized;

participants' own words were used to create themes that helped the researcher analyze the data. One such theme that arose was that drugs were used to "ease the pain" or "help me cope with the pain" that stemmed from abuse. These consistent descriptions provide documented accounts of the men's lived experiences that the researcher could code, and through these codes, themes began to develop. Through data analysis, eight themes emerged from the interviews. The themes and subthemes that were developed after the researcher coded and re-read participants' interviews are noted in Table 3.

Table 3

Themes Resulting from Participant Interviews

Themes	Sub-themes
Effects of physical and sexual abuse and neglect	Participant low self-esteem due to abuse Depression, anxiety, and anguish resulting from abuse Use of drugs as an easer of emotional pain
Impact of witnessing DV	Witnessing DV Divisive relationship between father and son Later in life reconciliation with father
Parental substance use and effects on parental behavior	Childhood neglect/abuse Created a climate of fear and anxiety in mother and child(ren)
Drug use and criminal history	Criminal history as a direct result of drug involvement SUD and destructive behavioral patterns of participants
Effects of trauma and drug use on future relationships	Adverse effects on future relationships Difficulty functioning in intimate relationships
Aftermath of drug use	Personal cost of drug use Loss of jobs, homes, and relationships
Celebrating recovery	It's more than the drug Rebuilding life Personal accountability

Theme Development

Theme 1: Effects of Physical and Sexual Abuse and Neglect

Theme 1 focused on the effect physical and sexual abuse and neglect had on the lives of the participants. The men described how these forms of abuse affected them mentally, emotionally, and physically. All participants described some type of abuse in their lives resulting in an average of an ACE score of 6 when all forms of abuse are included. The subthemes that arose from this theme are low self-esteem, low self-perception, depression, anxiety, anguish, and the use of drugs to ease the pain.

Subtheme 1a: Low Self-Esteem

The participants described that their abuse made them feel lowly about themselves. During his interview, Kenneth expressed that he felt so ashamed about his sexual abuse: "I didn't like when people looked at me and it was like I always had my guard up. I grew up being mad, angry, and upset. I always thought I had to fight." Kenneth further explained that the molestation made him feel a "certain" way and affected him in "a lot of different" ways. Along with sexual abuse, physical abuse affected him also. He described his home as "very violent." It was not only the abuse that he suffered at home that affected him, but also the abuse at school. Kenneth stated that due to his learning difficulty and being in special education classes, he was picked on a lot by his peers. This fueled his anger, which caused more difficulty in school. This anger and feeling as if he had to defend himself led to Kenneth obtaining charges for fighting in his adulthood.

Joshua, who was sexually abused, stated that his "personal experiences" caused him to deal with low self-esteem. His father's absence and his mother's tendency to ignore his destructive behavior only fueled the negative way he was feeling about himself. Lack of self-esteem was coupled with feelings of rejection and anger. Joshua explained this lack of self-esteem and feelings of rejection led him to believe he had to "make" a woman be with him. These feelings also severely impacted his marriage. Due to Joshua's anger, he was arrested and sentenced to jail time. This, along with other incidences, resulted in his marriage ending in divorce. Joshua described one particular incident with his wife:

> I grabbed my wife one time and ended up going to jail. I kicked the door off the hinges back then. That scared her. I wanted to make somebody be with me. I had an anger problem. I had to grow up. I damaged a lot of relationships like that.

Similarly, the way Kenneth felt himself was exhibited through the number of women he was involved with. He described how the combination of physical and sexual abuse, his learning difficulties, and being picked on affected the way he thought about himself, which still makes it difficult for him to communicate and express his thoughts with confidence.

Subtheme 1b: Depression, Anxiety, and Anguish Resulting from Abuse

Experiencing unease as a child was a theme that was consistently expressed throughout each of the 12 interviews. The men's experiences were consistent with research that indicates that ACEs can cause mood disorders in abuse victims (Sadeghi et al., 2022). The participants spoke of the things they experienced as if they had just happened. Their narratives were graphic and intense. The descriptions were so detailed that the researcher was able to visualize the scenes as the men explained their lived experiences. The narratives were coherent, concise, and graphic.

For example, during his initial interaction with the researcher, Lonnie informed the researcher that he suffered from anxiety "real bad" because of everything he had gone through. He stated that his father was very abusive and when he would drink, he would leave Lonnie alone, "way out there" in the woods to find his way home. He said that being left in the woods scared him, and it caused him to be anxious all the time. Lonnie also described his father's hands as being "real big" and "humongous" because he worked on a farm. The beatings he, his mother, and his siblings received from his father's hands were very painful.

Lonnie went on to say that everything he ever did that caused him to be locked up was alcohol related. He said that he drank to "cope" with his father. Alcohol was such a part of Lonnie's life that he would tell people that he was "born an alcoholic." Lonnie described feeling like he did not know whether or not he had a "choice" to drink.

Ty also provided a vivid account of his youth. He described himself as being depressed "all the time" and stated that no one recognized his pain. He explained,

> I started smoking weed at 15. I was always depressed. I just felt like I was trapped. I didn't really value my life because I went through so much when I was young. The pain was still there. I was just numbing myself and that was my escape; that's familiar to me.

All participants reported being severely impacted by abuse, regardless of the type of abuse they were subject to. Nine of the 12 participants were abused by their fathers. Of those who were not abused by their fathers, one never mentioned his father, one had a father who abused the participant's mother but left before the participant was abused, and the third was abused by his brother-in-law, although his father was abusive to his mother. Being abused by their fathers played a significant role in the participants' pain and adversely impacted their relationships with their fathers.

Subtheme 1c: Use of Drugs as an Easer of Emotional Pain

All 12 participants mentioned using drugs to ease or cope with their pain. All of the participants also began to use drugs at an early age. Drug use was connected to either neglect or not being under the watchful eye of a parent. On the ACE questionnaire, six of the 12 participants noted they had been neglected. For example, due to his father's alcoholism and abuse of Ezekiel, his mother, and his brothers, Ezekiel's parents eventually divorced. After the divorce, Ezekiel's mother was forced to take care of him on her own and would work two or three jobs at a time to provide for herself and her son. Ezekiel's father willfully neglected him and his brothers. Although Ezekiel's older brothers chose to live with their father, their father was rarely there, which left his mother to provide for them as well. Ezekiel stated that he began using drugs and hanging out in the street due to the abuse of his father. Although this was not

"willful" neglect or abuse on his mother's part, her absence as she worked hard to provide for herself and her sons left Ezekiel vulnerable to outside influences. Ezekiel stated:

> I just had my mom pretty much, and, well, during that time my mother was working all the time. She did the best she could do, but she worked constantly, so it was hard for her to be there for me and spend time with me as well. I turned to the streets to grow up, and I have been through all walks of life. I hung around older people. I was honestly gettin' into stuff I shouldn't have been getting into at a young age, about within the past 5 to 7 years or so is when I started getting incarcerated. My drug use had gone way overboard.

Bill also provided a personal narrative regarding why he began using drugs.

> I took beating after beating after beating as a kid, and that was traumatic. Drugs eased my mind, eased the pain, and took the trauma away from me. I would not have had the chaos in my life if I had not been on drugs.

Drugs as an easer of pain quickly emerged as a theme throughout participant interviews. Although these men are no longer children, the pain of abuse was apparent throughout the interviews; the men consistently vocalized how drugs made it easier to cope with abuse. Although drugs may have eased the pain momentarily, the aftermath caused severe and long-term ramifications.

Theme 2: Impact of DV

All participants described being raised in fragmented and troubled families. Out of all of the men who lived with their fathers, all but one were abused by their father. Additionally, none of the participants had a trusting relationship with their father, and some sort of violence was perpetrated in each of their households.

Subtheme 2a: Witnessing DV

The interviews revealed that DV was prevalent in the homes these men grew up in. Eight of the 12 men witnessed their mothers being abused. Participants expressed grief at seeing their mothers beaten by either their husbands or boyfriends. These men were young witnesses of abuse and were unable to protect their mothers. During the interviews, the men expressed their pain as they talked about the abuse. Kenneth described the abuse his mother received at the hands of his father as "violent." Trey said that his mother was abused behind closed doors explaining, "My dad was abusive with my mom. All of his anger was directed towards my mother." Ezekial watched helplessly from a window as his mother was double teamed and brutalized by his father and his father's girlfriends time and time again. Lonnie also shared his sentiments about watching his father abuse his mother. During the interview, Lonnie constantly spoke of his mother as he described the pain of watching her being beaten while knowing that she would never leave his father. Out of everything he experienced, his father's brutality toward his mother affected him the most. He elaborated,

> I was just watching him degrade my mom so much. I think because, you know, my mom, was a churchgoing person. She never drank, never smoked, anything like that. It hurt. Just a simple thing about her going to church on Sunday, that was just a fight and effort to do so through him.

Johnny noted that he grew up in a "pretty good" home but that when his parents fought, it was "pretty intense." He gave an account of one of the fights, after which his mother had to go to the hospital to get stitches over her eye. He reported that this type of violence only occurred on about three occasions and ended up stating that his mother was tough and that she never gave up. Although he noted that his mother was tough, witnessing his mother being beaten made him

never want to hit a woman. Finally, although Bill stated that he hated seeing his mother being beaten by his father, he noted the adverse effect that witnessing the abuse had on him:

> I grew up thinking it was okay to be abusive. And did as I saw, not as I was taught, so it played a big role in my growing up. It ruined a lot of relationships, maybe with me and girls, 'cause I seen certain things that my mom went through, and I felt like it ruined a lot of relationships with me and girls. I saw everything that my mom went through.

Sub-theme 2b: Divisive Relationship Between Father and Son

All 12 of the men expressed the anger they felt at watching their mothers being abused by the men in their lives. Although it was not their desire and they hated what abuse did to their mother, the men were also involved in volatile relationships themselves. Not only were they angry at the treatment of their mother, but those also who were abused by their fathers expressed added anger and frustration about how they were raised. Though all but one of the men voiced their forgiveness of their fathers, forgiveness did not diminish their feelings around the experiences.

Subtheme 2c: Forgiving the Abuser

Out of the 12 men who participated in this study, 9 of them stated they had forgiven their fathers. Two did not mention their fathers and Brian briefly mentioned his father during the interview. He stated that his parents were doing things they should not have been doing, especially around their kids. Brian also revealed that he was severely neglected as a child by both parents, and the situation was not a good one. Ty, on the other hand, did not mention his father at all. The only men he mentioned were his mother's various boyfriends who abused her and him. Ty emphatically stated about his mother's boyfriend who almost pistol whipped him to death,

> I don't really got much to say to you. It's like my actions because you put a gun on me when I was 15. You tried to kill me in front of my family—you almost killed me. Nothing can be said. The root reason of everything is that messed my life up. Your teenage years are the most vital part of your life. I don't have nothing to say.

The narratives of those who had emotionally reached the place where they could forgive their fathers were heartfelt and authentic. Because the interviews were conducted using video, the researcher was able to see how the men's facial expressions changed when they spoke about their fathers. Their faces and voices had a different feel. The researcher was in awe at how the men expressed themselves as they spoke about their fathers. Although these fathers were the catalyst for the participants' volatile childhoods, they were forgiven by the sons they abused. Another striking characteristic of this portion of the interviews was the way the participants still honored their fathers. The abuse did not cancel out the love they had for their fathers. For example, Kenneth, who is 52 years old, said,

> All I wanted was my dad to hang out with me; that's all I wanted. You know what I mean? And you know, I still feel that way today. You know me, at 52 years old, you know. My dad was, like, he was always gone. He was never around. And you know, my mom, your momma can't raise a son just like a daddy can't raise a daughter. You know, you know what I'm trying to say? Yeah, and you know, my dad was a good man. Whether he did wrong, right, or indifferent, you know. I mean, you know he was my superman. You know, I think a son always wants the love from his dad.

Kwasi stated that he had forgiven his father and "moved on." Although still hurt and angry, Bill said that he forgave his father and that he would be a "better person than he ever was," while Anthony declared that he "loved and forgave" his father. Anthony went on to say that he had

never hated his father and that he had always loved and respected him, but he left because he was not going to continue to allow his father to beat him. Even though he never had a chance to have the father-and-son talk he always wanted, he and his father did have meaningful conversations and he learned some things about his father before his father died. Anthony proudly stated that his father was in the Navy.

Trey said that he forgave his father and his brother-in-law for everything they had done. Lonnie also forgave. He stated that he wished the abuse never happened and that he found out his father treated his dad the same way. Lonnie said, "I forgave him, and I love him with all of my heart." Although Lonnie had terrible experiences with his father, he has forgiven and reconciled with his father. This reunification has come with a cost, however. Lonnie shared that this reconcilement has caused discontent amongst his siblings. He stated that his brother and sister "hate him" and they cannot understand why Lonnie has forgiven him or communicates with him.

Ezekiel also expressed his sentiments on forgiveness. He began by talking about doing drugs with his father when he got older. Ezekiel figured that this was his father's way of bonding with him but admitted that his father helped feed his addiction. He explained,

> I still always had this resentment towards him for the longest time. Now I kind of, you know, I forgive him for that, and, you know, I try to let that go. I forgive him. I said I still love him with all my heart, and I would still do anything you know for him. If I can do it, you know I will still always be there. I've always been big on loyalty, and, you know, love, loyalty, and I still love my family with all my heart.

Jermiel verbalized a deep love for his father and reconciled within himself why his father displayed abusive behavior:

> I mean, at this part of my life, I mean, I forgive him. You know, my dad, he's dead now and stuff, but later on in life, we had a good relationship. Things happen. I can look back on it and see, you know, him trying to be a single parent trying to raise us by himself. I mean, my dad was mostly by himself raising us as we were growing up and stuff. So, you know, I look back on it, and I see how hard it was on him and some of the stuff that we had done as kids. I guess he just didn't know how to deal with things. He told me later on in life, you know, how he was treated as a kid, too. The whole saying goes, you know, if somebody don't learn from it. I think it was part of it, too, and I think, you know, he grew up rough. He had a rough childhood, too. So, I think that played a big part of it. I love my dad to death, man.

Joshua was working his way toward forgiveness and had attempted to start communicating with his father. He stated that while he was incarcerated, he began writing a letter to his father. He said that it was not until he started writing the letter that he realized he had been keeping everything bottled up. This letter also included a lot of questions that he had wanted to ask. Unfortunately, his father passed away before he was able to mail the letter. The pain was still deep and presently felt.

Theme 3: Effects of Parental SUD on Parental Behavior

Parental substance use had a significant impact on the participants. The men reported that their parents' abuse of drugs often led to neglect and abuse. The effects of this treatment followed the men into adulthood and influenced how they interacted with others. These narratives are documented within the following subthemes.

Subtheme 3a: Childhood Neglect and Abuse

Brian was asked what it was like growing up in a home with parents who used drugs he replied, “A disaster. It’s hard to explain. I think I am a victim of life. I don’t look back on the past.” Although Brian denied abuse in the home, he did state that there was extreme neglect and that his parents were not doing a lot of things they should have been doing. His parents’ drug use and neglect have affected Brian, as he expressed that he has a significant number of charges for fighting. He also stated that if backed into a corner, he would “shoot you” to get out of it.

Child abuse also comes in the form of psychological abuse (APA, 2022; SAMHSA, 2014b; Stevens, 2012). This form of abuse can cause a child to live in fear. Bill emotionally described one of the tactics his father used to evoke fear in him: “As a kid, I was put outside in the dark, knowing I’m scared in the dark, and my dad and other people would dress in sheets and all types of shit to scare the hell out me.” Fear and anger were expressed during the interview as he recalled these acts. Bill emotionally and loudly spoke about how scared he was and how these acts used to torment him. He remembered them like they were yesterday.

The same was true for Lonnie as he recalled the terror of his father leaving him in the woods as a young boy and making him find his way back home. Not only was Lonnie contending with the brutal physical and verbal abuse from his father, but he also had to endure the fear of being left in the woods. It was evident that Lonnie was still traumatized by this because as soon as the researcher introduced herself, Lonnie immediately said, “I deal with a lot of anxiety.” He went on to explain that his father used to leave him in the woods, and it made him “anxious all the time.” Lonnie stated that he has gone through a lot of mental institutions throughout his life.

Joshua labeled the absence of his father as abuse. When asked if there was violence in his home, he said that his father beat his mother. Concerning his personal experience, though, he said poignantly, "Well, no, he never put his hands on me, you know, but I think I became a victim because of his absence." His father's abandonment especially affected him after he was sexually abused. Joshua felt vulnerable because his father was not present to protect him, and he did not have a close enough relationship with his father to tell him what happened. His father's presence could have prevented the negative outcome of drug use that came from the abuse. Joshua also stated that his mother constantly asked him why he was "angry all the time." He told the researcher that he was angry because his father was absent. Although these abusive incidents occurred decades ago, there was an array of emotions as the men vividly recalled the pain of their abuse.

Sub-theme 3b: Created a Climate of Fear and Anxiety in Mother and Child(ren)

Alcohol was a prominent drug abused by the men's fathers or the men in their mothers' lives. Although alcohol was not the only drug mentioned, it was frequently discussed and was described as the root of increased violence in the home. Bill stated that his father was a "serious alcoholic" and that he and his mother lived in fear of his father. His father used to abuse him physically and emotionally. Along with constantly beating Bill and giving him "ass whoopings," he would also dress in sheets in the dark and scare Bill. Bill further stated that his father beat his mother "real bad." Bill's father forced his mother to be the executioner of his punishment. She was so riddled with fear that she abused Bill at his father's bidding. One of the ways his father would make his mother inflict punishment was by making her poke needles in Bill's behind to discipline him and cause pain.

Trey stated that although he was not abused by his father, his mother was. Although some of the maltreatment occurred behind closed doors, he was well aware that his mother was being mistreated. Trey admitted that the abuse caused him to see his father differently and that he did not understand why his father treated his mother that way. Trey also said that his father's treatment of his mother made him "timid and afraid" and caused him to be unable to communicate with his father. If he were having trouble with anything or needed advice, Trey would talk to his mother or his older brother, who later died unexpectedly.

None of the12 men they had anyone they could talk to. The participants either had experienced the loss of someone who was a confidant or had never had anyone present that they felt safe enough to talk to. When the researcher asked what someone could have done to help them, eleven of the men stated they wished they had someone to talk to or listen to them. Not having a trusted companion to express their feelings to intensified the pain they were experiencing.

Theme 4: Drug Use and Criminal History

The correlation between drug use and criminal history was a consistent theme. All 12 of the men had charges directly related to their drug use, and they blamed drug use for their criminal history. Although all of the men had a criminal history and an array of charges, several types of offenses stood out as most common. All 12 of the men have possession and distribution charges or were under the influence when they were arrested. Seven of the men reported having grand larceny charges, and Anthony stated that he had a total of 61 felony charges. Lastly, six participants reported having been charged with violent offenses. The men conveyed that if they had not been on drugs, then they would not have committed some of the crimes they were involved in.

Subtheme 4a: Criminal History a Direct Result of Drug Involvement

Study participants unanimously correlated their criminal history with their drug addiction. They consistently stated that had they not been using drugs or participating in unlawful activities to purchase drugs, they would not have committed crimes or had a criminal record. Grand larceny and drug possession were two of the crimes the participants were most frequently charged with. All participants began criminal activity at an early age. For example, Kwasi said,

> It started off with charges as a youth, 18, 17 [years old]. It was distribution and because of course, as a young man, I was selling drugs. Then I got into doing the same drugs that I was selling which was powder, cocaine, and crack cocaine, and for a while preferably powder cocaine.

Along with grand larceny and drug possession, probation violation was another crime named among the men. Other charges incurred by the participants include driving infractions and firearm possession. These crimes happened because either the men were under the influence of drugs or they were attempting to purchase drugs. Joshua spoke of how drugs impacted his criminal history:

> Ninety-nine percent of my arrests have been for drugs. And I've been arrested on domestic violence one time in Hampton, Newport News. Let's see. Giving false information to a police officer and here lately, for the last, maybe 5 years has been probation violations.

Subtheme 4b: SUD and Destructive Behavioral Patterns of Participants

The crimes committed while the men were in their addiction also involved DV. Most of these incidents occurred when the men were in relationships where their partners were also in

addiction. Drug use and DV common among the men as they described their intimate relationships. Kwasi provided insight into one of his relationships.

> I got a violent offense, which I think is the reason why I'm finding a lot of these bumps in the road now with these jobs, and that was a domestic dispute with my, I guess they call it a domestic partner-girlfriend. It was a toxic relationship that led to me, getting us a felony assault on her. Drugs and alcohol clouded my judgment.

Ezekiel also explored his drug and criminal history, by saying,

> The majority of my arrest record is, of course, stems from drugs. Got multiple possessions of controlled substances and paraphernalia at first it started, like traffic tickets, you know. And then those weren't too bad. But then I got a DWI [driving while intoxicated] on my record.

Drug use negatively impacted the men and was the catalyst behind the men's criminal histories.

Theme 5: Effects of Trauma and Drug Use on Future Relationships

All of the men expressed having trouble functioning in their relationships. They spoke of how witnessing their parents' chaotic and unhealthy relationships affected how they viewed relationships. The interviews revealed that none of the men had ever seen a healthy relationship. Therefore, they found it difficult to establish and maintain long-lasting and fruitful relationships.

Sub-theme 5a: Adverse Effects on Future Relationships

Using drugs and witnessing past abuse can hurt one's ability to have a healthy and stable relationship. All of the men had relational problems due to using drug and witnessing their mothers suffer abuse. Their abuse and pain further added to their relationships' instability. The men deeply desired intimate relationships, but drugs and personal histories negatively impacted these goals. Ezekiel expressed regret over the ending of a relationship that he once had with his

fiancée and her children as well as his relationship with his biological children. He referred to this women and her children as his "little family." Ezekiel stated that he loved his fiancée and her children and spoke fondly of them. He worked hard to complete a degree and obtain a good job so that he could take care of his family financially. Unfortunately, he persuaded his fiancée to begin using drugs, and they became problematic for her. One day when he came home, she stated that she couldn't do it anymore:

> She kicked me out a couple of years ago, 'cause she was like, "I can't do this anymore." I ended up getting her doing opiates. It's like pain pills. So, for the longest time, me and my ex-fiancée were doing pain pills for many years. And then one day, she's like, "I can't do this anymore, like I've got to stop. I've got to get clean like for the kids, and from you." So, I woke up to her packing my stuff up; that broke my heart. But the worst part about that was I was going through withdrawals. And so, all I really wanted more than that was to go get high again instead of stop.

Although Ezekiel stated that he and his ex-fiancée are friends and still talk to this day, they are no longer a couple. He expressed great regret over the ending of this relationship.

Drug and violence in relationships was another common theme that arose during the conversations about the men's relationships. Lonnie was almost killed by one of his girlfriends and was in danger of losing an internal organ after his girlfriend brutally stabbed him. He lifted his shirt and showed the researcher his scar. Bill expressed feeling as if it was suitable to beat his girlfriends, as he had frequently watched his father beat his mother. Ty expressed that he did not care how his girlfriends felt, nor did he care how he treated them. Kenneth stated that he and his cousins "ran" through women like a "recreation."

Subtheme 5b: Difficulty Functioning in Intimate Relationships

During the interviews, all 12 of the men discussed difficulties they had functioning in relationships, which stemmed from not having role models that exhibited positive intimacy. For instance, Joshua said he felt as if he had to "force" women to be with him. Brian stated that most of the fights he was involved in were over girls. His relationships were unstable, which led him to describe one of his girlfriends as the "lying devil." Bill admitted to being violent toward his girlfriends because that is what he saw and felt he was supposed to do. Kenneth stated that he "ran through" women and had over 100 girlfriends, none of whom he was faithful to. Although he was married at one point, he was not faithful to his wife either. Lonnie's alcohol addiction caused him to make the impulsive decision to marry his 17-year-old girlfriend when he was 18 years old. Although this marriage was short-lived, alcohol abuse also ravaged his later relationships.

Additionally, the 12 men also admitted to never having seen men and women get along with each other and treat each other with mutual respect and kindness. Ty stated that throughout his life, he saw his mother abused. He had never seen a woman and man get engaged or married. He has witnessed this on social media but not in real life. There was a longing in Ty's voice as he described his desire to see and experience a healthy relationship. He wanted to experience love, kindness, and mutual respect with a woman, but not having an example of how to do this was cause of frustration. Ty expressed this with much regret, saying, "So, what am I supposed to do?" Joshua also described how his past traumas and insecurities affected him:

> Seeing dudes get beat up, get killed! You know what I'm saying? And then, like growing up, like I seen my partner get shot right beside me, you know? And with my relationships, right? I would use drugs just so I could shut the voices out. I didn't want to

> hear what she would talk about, so I would use drugs and be numb to what was going on. But I was so insecure in my relationship because I was doing things that I shouldn't have been doing.

Several men interviewed spoke of how long their mothers stayed in destructive relationships and how these choices affected them. Trey spoke of how his mother remaining in the abusive marriage with his father impacted him. He noted that he tended to remain in relationships for far too long as well. He admitted that his relationships have always been with other addicts. He commented,

> I guess, with my mom sticking around so much that a lot of times, whether it's a relationship or a friendship, I stick around a little too long for people, and, you know, whether it's they get used or just keeping them around because I don't want to hurt their feelings. Not seeing a healthy relationship has allowed me to accept that unhealthy relationships were okay.

Theme 6: Aftermath of Drug Use in Participants' Adulthood

Drug use has come at great cost to the participants. The years of drug use have interfered with relationships, personal goals, and careers. Drug involvement was a factor in all of the participants' criminal charges. The years spent incarcerated kept them away from their families and society for long periods. Not only have drugs cost them years of freedom, but they also cost the men personally.

Subtheme 6a: Personal Cost of Drug Use

Anthony and Johnny are both 68 years old and are still experiencing the aftereffects of addiction and are still involved in some aspects of the criminal justice system. For example, Anthony began participating in criminal activity at the age of 13 after leaving home due to abuse

by his father. Although Anthony stated that his trauma did not influence his drug use, he spoke about being constantly "smacked" and abused by his father throughout the entire interview. The effects of the abuse caused him to leave home at 13, and as he put it, "I never went back." Being young and living on the streets led to acts of criminal activity and eventually drug use, a vice that he has battled since his youth.

Anthony's addiction, anger at his father, and incarceration cost him the opportunity to say to his father the things he wanted to say. Anthony said that he spoke to his father more in the last 2 years of his father's life than he had in his whole life. He commented that he learned a lot about his father during these last years of his father's life. Anthony said there were so many other things he could have talked to his father about but did not get a chance to. He ended the conversation about his father by saying, "I love him, and I forgive him. But I still don't understand why you were so violent."

Addiction to drugs is not the only negative effect of drug use. There are also mentalities and behaviors common to those who use drugs that need to be changed. Johnny provided insight into this concept. Johnny spent a considerable amount of time incarcerated after an initial bank robbery charge and later a drug conspiracy charge. He stated that the heroin, barbiturates, cocaine, and pills caused his criminal activity to "intensify." He went on to say that his life was "clouded" with a lot of drug abuse. Johnny talked about the time he spent in the streets and the difficulty of getting the street mentality out of him. Johnny explained,

> I mean, because I was the type of person that loved the lifestyle, I loved the streets. That's what I've been raised in, the street. So, I'm always gonna go back to that. I know the streets more. I got my own job and was working as a barber, and I've been working as a barber for 50-some years, but I still know the streets a whole lot better.

He explained that currently, drugs are not his problem. It is staying "out" of the streets that is his greatest challenge. Although Johnny has been a barber for over 50 years and can make a living for himself, it is the pull that the street life has on him that keeps him in trouble. Johnny reported that he is currently working hard to stay away from "those people and places" and that he works all the time.

Ty's drug use came at great personal cost, as his use of drugs dashed his lifelong dream to play football. Despite his family life, he was able to excel in high school football. Due to his hard work and diligence, Ty received a full scholarship to play football at a prestigious college. Playing college football would have not only fulfilled a desire of Ty's heart but would have also taken him out of his drug-infested and volatile environment and exposed him to a better way of life. Unfortunately, a drug charge snatched away this once-in-a-lifetime opportunity. The pain of losing this opportunity still reverberated in Johnny's heart as he discussed this loss.

Despite emotional and physical abuse, Lonnie was able to become a well–sought out roofer who had a prestigious clientele. He was an entrepreneur who owned his own roofing company and remodeled homes. As his alcoholism increased, so did his traffic infractions, and he became a habitual offender. His addiction progressed to the point that he lost his business and began spending more time incarcerated. Lonnie is older now and bemoans the loss of the business he built when he was younger. At 57 years old, he longingly expressed his hope to one day begin roofing again part time.

Subtheme 6b: Loss of Jobs, Homes, and Relationships

Losing assets, possessions, and relationships is commonplace for those who battle addiction. The desire to use overpowers the desire to work and maintain familial and other meaningful relationships. Some of the men were skilled in different trades and were making

money from their skills. Some of them had been in relationships but lost these relationships due to drug use.

Lonnie had built his roofing business himself and enjoyed this line of work. It was evident through Lonnie's words that he was extremely proud of the work he did. His clientele included a judge in his town who allowed Lonnie to do a lot of work on his house. Lonnie stated, "I did well in that and lost everything I had because of alcohol." He stated that he started getting a lot of traffic violations due to driving while drunk and eventually started going to jail and was labeled a habitual offender. Lonnie also lost his roofing business due to his alcohol use.

Ezekiel spoke about the loss of his relationship with his ex-fiancée as well as the life they built together. He verbally expressed the pain of having lost this family. Ezekiel also admitted to his actions that added to his pain. He gave his description of what happened when his girlfriend packed his belongings and told him he had to leave:

> But the worst part about that was I was going through withdrawals. And so, all I really wanted more than that was to go get high again instead of "I'll stop." It was insanity. I ended up losing that life. We were buying a house together. I had, you know, decent jobs that I was working. I lost all that. I lost the car I just had just got like, a brand new 2019 off-the-lot on my own. For the first time, I lost that car that got repossessed. Then I lost my license, got a DWI [driving while intoxicated], and then after that I was still driving intoxicated.

Theme 7: Celebrating Recovery

The path of recovering from an SUD is monumental. The men expressed their recovery journey with enthusiasm. They were proud to discuss how they had been free of drugs and what they were accomplishing now that they were no longer living their lives in addiction. Participants

talked about the disease of addiction and how the SUD program has helped them rebuild their lives.

Subtheme 7a: It's More Than the Drug

Participants stated that battling addiction is more than stopping drug use. Past experiences with trauma and addiction can hinder one's progress. Brian advised, "Just keep your eyes forward at all times. But you can't look back. You can't get better if you keep looking back." Other men also shared their sentiments regarding what is needed to help individuals who are battling. As indicated before, SUD is a disease, and recovering is not as easy as "just" quitting. Trey shared his thoughts on this matter:

> There's a lot of things that contribute to substance use disorder. But is not that somebody just can have the willpower to say no; it's a disease. And there's a lot of people out there that need help and they need more help than just not using. And if they can take the time and resources to try to fix the problem to where it starts, and maybe we could change a lot more of the world than we think we can.

When Ezekiel was asked what he wanted those reading this study to know, he said,

> Addiction doesn't come on a warning label or box. It doesn't come in a textbook. There's no painted picture, or TV show out there. There's nothing that really defines to a "T" exactly what, it's not just the drug that needs to be dealt with, it is what's behind the drug that makes it so hard to stop using.

Subtheme 7b: Rebuilding Life

Part of the mission of the program is for participants to live a life free of drugs, be restored with their families, and live a life of productivity. This does not only mean being free from addiction but using the tools they have been given to sustain their sobriety, gaining

employment that allows them to live independently, being able to advocate for themselves and navigate life without the use of drugs, and reunifying with family members when appropriate, to name a few. An essential component of rebuilding one's life is having a support system of people who believe in them. As Kwasi stated,

> This has helped cure a certain part of my life and not no small part. And you know, I'm going to continue to change. We need chances and opportunities and people to really that it's possible for us. It's a very small few that do [want to change], and those are the ones that need~~,~~ that investment, that real, emotional, financial, and resourceful support.

As previously indicated, the agency provides a behavioral modification program that offers tools and resources to assist participants in changing destructive behavioral patterns. The participants' behaviors have had negative impacts on their lives. It is the goal of the program for participants to realize their patterns, the results of these patterns, and how to change these patterns. Trey described his expectations of change this way:

> I expect maybe more awareness of my character defects like behaviors. A lot of times, I can see those behaviors, but there's a lot of times where I can't. And I think through this program, it'll help me recognize some more of those behaviors.

Subtheme 7c: Personal Accountability

An important aspect of the men rebuilding their lives is taking personal accountability for their recovery. When one is addicted, accountability is an aspect of life that is commonly missing. As the men are working on their behavior and changing their lives, the awareness that their recovery is their own and they have to be responsible for their progression is growing. When asked what he wanted to get out of the program, Jermiel said, "I haven't been here a real

long time, but I am learning to be productive. It's all what you want to get out of this program. I mean the more you participate, the more it helps."

Ezekiel also spoke about accountability, focusing on what he needed to do to be successful in his recovery journey:

> But how I expect my life to change, it starts with me. I gotta have this willpower for it. I just thought, I'm never gonna get anywhere in life, and I'm tired of living on the streets. I definitely want to graduate this program. I definitely want to be clean and sober the rest of my life. Because I feel like I deserve it, and my family deserves it, and the people that are involved in my life deserve it. And I definitely want this for myself. I can't be good for my family or be good for anyone else until I'm good for myself.

Research Question Responses

This section provides information on the research questions for this study. The research questions consisted of the central question and three sub-questions. The responses to the research questions were based on study participants' lived experiences around ACEs, drug use, and violence in intimate relationships.

Central Research Question: What are the lived experiences of men in a SUD residential program receiving DV perpetration intervention services who have an ACE score of three or higher?

Theme Seven, celebrating recovery illustrates the hopes the men had while they were in recovery. Twelve men participated in the research study. They were all residing in a 6-month residential SUD program, had an ACE score of three or higher, and participated in a DV perpetration intervention cohort. The men's lived experiences were commensurate to the ACEs health and behavioral predictors. The lowest ACE score among the men was five. Research

indicates that individuals with a score of four or higher have been impacted the most severely by childhood trauma and are the most vulnerable to abusing substances and experiencing DV in future relationships (Felitti, 2002; Stevens, 2012). These findings are reflective of the participants' lived experiences, as all of them have battled SUD, which has affected their decision-making, witnessed DV in their childhood, and had volatile relationships exacerbated by SUD (Felitti, 2002; Stevens, 2012).

The health and behavioral predictors are one of the reasons the program does more than treat a person's addiction. The program focuses on behavior modification to get to the core of addiction and help those struggling with addiction change their behavior. As the men were currently working on their sobriety, they were also receiving services for DV and rebuilding their lives. One of the hallmarks of the program is that it is not just about participants stopping drug use. The agency seeks to deal with the factors that aggravate addiction. Additionally, the agency philosophy provides participants with the tools to sustain their sobriety, opportunities to gain employment so they can be financially independent so they can be positive contributors to society and their communities, and family reunification. The program also has a faith component for participants.

The researcher's rationale for providing insight into the agency's philosophy is so the reader can gain an understanding that it takes more than just "quitting" drug use to be in recovery. The disease of addiction encompasses more than drug use, necessitating a holistic approach. Recovery is about more than the cessation of drug use; it is about living and thriving. In order to help participants reach this goal, the SUD program made additional services available to the men.

Each participant was connected to a case manager who designed an individual plan for recovery in cooperation with the participant. In addition to receiving SUD services, the men were connected with additional services and resources such as counseling, a primary care physician, Narcotics Anonymous, and employment assistance, to name a few. The men were also involved in 25–30 mandatory classes a week, one of which was the DV perpetration intervention cohort. Voluntary Bible classes were made available virtually and were also held at each residence. These classes were facilitated by church community partners. The program not only attended to addiction, but also to other unresolved challenges participants may have had. For example, when asked how he expected his life to change due to being in the SUD program, Anthony said,

> I used to walk the streets and be in deep thought, and I always said that I need me a counselor. This program gives me exactly what I need. Substance abuse help, alcoholic help, and people that help you obtain what it is you're trying to do.

Ezekiel stated the program had a "totally different atmosphere" and that he had already begun to change. He spoke with amazement of having a bed to lie in and being able to go to the refrigerator to eat. Ezekiel went on to say that he wanted to "give back to help others that need the same help that I need." Jermiel proudly stated that he was learning to be productive. He is learning to take personal responsibility and attributes his success to the program. He declared, "The more you participate, the more you will get out of it." Johnny said,

> Now, it's not the use of drugs, that it's the lifestyle of the drugs. I accept and expect them to help me change my lifestyle in the drug world. I know how much triggers can talk to people. I want to know how to handle my triggers. I never had a sponsor before [participating in the program].

When the researcher asked Joshua to tell a little about himself, he started off the conversation by stating that he had spent a lot of time in prison. His prison time has had an impact on his behavior. When describing the program, Joshua replied,

> I'm institutionalized. You know what I'm saying, and because I'm institutionalized, it's been hard for me to survive out on the street without, you know, going back to jail for violation, or, you know, doing something stupid and catching another case. What I expect is just help with learning how to deal with life on life's terms and how to be responsible, and how to take care of myself. So, one of the things, like, I really want to know get to the root of my issues. That's what I really want to do so that I can change and be the man that God created me to be. I expect when I leave, I want to be a responsible, productive member of society.

Kenneth commented on how the program has helped his mindset. He described his experience by stating that since being in the program, his life has changed completely. He went on to say, "You know, all the choices I made versus from my past are not how it is today." In concert with the other men, Kwasi spoke of how being in the SUD program and receiving services has impacted his life:

> You know, when you talking about significant change, I mean, it takes years. I'm being realistic. Maybe this is what has been missing. This is the most I've ever had to deal with my addiction, on a one-on-one personal level, and I actually, you know, I like dealing with it. I'm not running from it, and I need it. Yeah, it has been a personally flourishing experience. It has been a ride all in itself. It has allowed me to start a new chapter in my life that I needed open. The sobriety and getting out on your own. It has pointed me in the right direction. I could have died. It is keeping me focused. I will be able to do this one.

> I'm doing the right thing and being productive. It is keeping me grounded. I'm adopting this step. This is not things that I'm just doing because I'm in a program. These are things that I will be able to take with me, you know.

Sub-question 1: What impact have ACEs had on the lives of men in the SUD program?

Theme 1, the effects of physical and, sexual abuse, and neglect, helped to answer this sub-question. During the interviews, the participants' descriptions of their ACEs were candid and vivid. For example, Ty admitted, "I was depressed all the time." Lonnie likened living with his alcoholic father who abused everyone in the home to being on pins and needles all the time because you never knew what to expect." Brian summed up his experience with severe neglect and confusion in two words: "a disaster." Trey also used few words to describe the sexual abuse that he endured, as he labeled it "violent." Joshua expressed regret over how his mother managed his sexual abuse. Although she was not aware of the sexual abuse perpetuated by his uncle, there were signs that Joshua was exhibiting that indicated that something was amiss. Despite Joshua's sisters telling his mother that Joshua had started drinking and smoking marijuana, his mother refused to inquire about his changes in behavior and denied his usage. He stated regretfully during the interview, "I wished my mother would have asked me what was going on and got me some help." He went on to say that he did not know how to tell his mother and father that his uncle had sexually abused him and his brother during a summer visit with their grandmother. For all of the men, drugs were a way to escape the pain, guilt, and anguish resulting from being abused.

The participants' ACEs came not only from their personal experiences with abuse but from watching their mothers being abused. Theme 2, the impact of witnessing DV, reflects the great effect watching their mothers be abused had on the men. Lonnie painfully recalled how

watching his mother be beaten by his alcoholic father impacted him. He described his mother as a church-going woman who would never leave his father. Lonnie said that his father would pick fights with his mother when she wanted to go to church and would accuse her of sleeping with the preacher. He said that it "hurt" to watch and listen to how his father treated his mother. Lonnie added, "Watching my mother suffer hurt more than anything."

Ezekiel also provided his narrative of how helpless he was as he witnessed assaults on his mother. There was feuding between his parents after they were divorced. Ezekiel explained that his mother would be attacked when she picked him up from his father's house. His father would hold her down in the car while one of his women would beat "the crap" out of his mother. He would be locked in the house unable to help her and would watch his mother be beaten from the window. Afterward, the harassment would continue as his father would frequently have his girlfriends go to his mother's jobs and cause a lot of trouble. Ezekiel said not being able to rescue his mother made him feel powerless because there was nothing he could do to protect her.

Ty also found that protecting his mother was a difficult task. His mother was often beaten by her boyfriends, and he was constantly defending her even at a young age. The main reason his mother found herself in these predicaments was that she was in severe addiction and also a "queenpin" (a female drug dealer with great influence). Most of the violence Ty incurred was due to him defending his mother when she was being beaten by her boyfriends. He described his mother as "the first person I ever fell in love with." And it was because of this love that he would take brutal beatings for defending her. He referred to his mother as the "child" that he instinctively tried to protect. One occurrence he vividly remembered was when he was nine years old and one of his mother's boyfriends beat the "crap" out of him and pistol-whipped him. This was done in front of his mother, brothers, and other family members. Even though he was the

youngest male child, he was the only one who ran to his mother's defense because his brothers were too emotionally abused to offer any help. Ty stated that one of the things that hurt most about this brutal attack was that everyone in the family just watched and did not do anything to help him. Compounding the pain, his mother reconciled with the boyfriend the very next day. It was as if nothing had ever happened. Throughout the interview, Ty continually brought up how much it hurt that his pain was not recognized, especially by his mother. She never defended him or came to his aid. He said that is what hurt him the most.

Kenneth expressed feelings similar to those evident in Ty's narrative about his mother. He described his childhood as "violent" and recalled that his mother was brutally beaten by his father. His father was involved in criminal activity and found himself in and out of prison. During those times, his mother would be involved with multiple men. He said that this hurt him because she would spend more time with her boyfriends than she would with him. Kenneth also felt abandoned by his mother, which led to a lot of loneliness and anger. Similar to the other men, Trey said that father's treatment of his mother made him feel like he could not come to his father about certain things and that he grew up timid and afraid.

Theme 3, parental SUD and effects on parental behavior, reflects how the men were raised by parents who were in addiction. Brian summed up the chaos in the home as "a disaster." Jermiel was raised by his father, who was an alcoholic. He said that there was no mother figure in the home and that his father worked a lot. He described his home life as "violent." Jermiel went on to say that his father would deal with him and his siblings with extreme discipline measures instead of talking, sharing that, "he dealt with us real bad." This was especially true when his father was drunk. When he was disciplined, Jermiel was subjected to severe beatings. He said that his father's alcoholism and the beatings took a toll on him mentally and he got into

many fights in school. He went on to explain that when his father was drinking, the alcohol "escalated" everything. Along these same lines, when Kwasi was asked about how he was parented with drug usage in the house, he replied,

> My mother was real abusive. My mother would smother us with pillows to keep us from crying. It was scary because a couple of times, I thought I was going to die, and she could have gone too far. Do you know what that feels like as a child? Scary.

Kwasi said that he really has to think about how being smothered affected him. He did note that it impacted the way he disciplined his children because he had vowed he would never go to "such extremes" as his mother did when he disciplined his own children. Regarding what he described as his mother's "erratic" behavior, he said that he never saw his mother do drugs but due to her behavior, he would not doubt it. He further stated that his mother had a "fascination with alcoholics and drug users."

Bill, who was still angry and hurt, had a father who abused drugs and alcohol. Bill went into detail about being psychologically tormented when he was forced to go outside in the dark while his father and others would dress up as ghosts to scare him. His father's desire to physically hurt him was brought to fruition when his father would force his mother, whom he was also abusing, to poke needles in his behind to inflict discipline and pain. Bill's heightened voice, aggressive tone, facial expressions, and clear recollection made it clear that these wounds were still present and affecting him.

Sub-question 2: How has the use of drugs affected the men's personal lives and decision-making?

Theme 4, drug use and criminal history, and Theme 5, the aftermath of drug use, arose from the men's reflections on past and present circumstances. The participants recalled how they

expressed their pain through destructive behavioral patterns, which affected their personal lives and decision-making. These behavioral maladies included the men's use of drugs at early ages, which eventually led them to develop SUD, which led to severe consequences. Consequently, drugs began to consume their lives, which eventually led them to begin to commit crimes and to be eventually incarcerated.

Out of the 12 men involved in the study, 10 were directly referred to the SUD program through the criminal justice system, whether through court mandate, attorney referral as an alternative to going back to jail, or an order by their probation, parole, or pretrial officer. The only participants not referred by the judicial system were Anthony and Brian, who were self-referrals and had both just been released from incarceration. Anthony was made aware of the agency by an individual he met at the Employment Commission while looking for employment, and Brian found out about the program and decided to enroll because he did not want to return to his hometown after being released from prison.

Trey stated that his lawyer referred him to the program after he had relapsed and gone back to jail after 2 years of being clean. Jermiel was referred after being on drugs "real bad" and accumulating several federal offenses. After spending a significant amount of time in prison after a bank robbery followed by drug conspiracy charges, Johnny was referred by his parole officer. Kenneth was referred by his lawyer after receiving charges in Virginia and North Carolina that included absconding and having charges that were "brought back."

The men unanimously stated that drugs were the catalyst of their incarceration. When asked about his criminal history, Anthony replied that he had a record "longer" than one of the major roads in the area (that is approximately 15 miles long). Anthony recounted that he had 61 felonies, all of which were due to his addiction. He went on to say that while he was selling

drugs, he became his "own best customer." Anthony attributed his use of drugs to hanging out amongst his peers, being wild, and ultimately becoming a criminal to support his drug habit. When asked about his criminal record, Joshua stated that the majority of his arrests were drug related. He added that the number one factor in his arrests was drugs. Joshua explained that he used drugs to cover up the pain, low self-esteem, and insecurity he experienced due to trauma in his childhood.

Trey's drug use became uncontrollable, which is what led to his criminal activity. He was incarcerated for about 18 months. After incarceration, he relapsed several times, which added to his jail sentence. He started using drugs again, causing him to go back to jail for a little over 2 years.

Johnny did not attribute his drug use to the abuse at home but to the influence of his peers. Johnny stated that drugs intensified his criminal activity and that he got hooked on cocaine, heroin, pills, and barbiturates. He has charges ranging from drug conspiracy to bank robbery. These crimes cost Johnny 38 years of his life, the time he spent behind bars. Brian spent 4 years in prison for "snapping on" a police officer while he was high.

Along with the drug crimes that Ezekiel committed, driving infractions were part of Ezekiel's criminal history. He frequently drove while intoxicated and "didn't have no care in the world." He admitted that he did not consider the lives of others or that he could have killed someone. The only thing he cared about was how he was going to "score" that day. Ezekiel went on to say that he did not care about the consequences of his actions and that it was all about "me, me, me" and that "I just wanted my pain to be eased."

Ty disclosed that his charges included drug distribution, firearm possession, and reckless driving, all of which were drug related. As the conversation continued, the mood changed as Ty

spoke about his most recent arrest. Ty's latest reincarceration was due to him overdosing on drugs that had been laced with fentanyl. The recollection of this near-death experience and the possibility of leaving his son behind caused him to take on a somber mood.

Sub-question 3: How has DV been exacerbated by ACEs and SUD?

Theme 5, the effects of trauma and drug use in future relationships, represents how drugs have not only affected the men's criminal history, but their intimate relationships as well. Witnessing violence as a child along with using drugs use can further complicate an already fragile relationship. The use of drugs influenced the men's decisions to be in relationships with women who were also using drugs. With one or both partners using drugs, the relationships were volatile and destructive to both. The men spoke openly about how ACEs and drug use negatively affected their relationships. Multiple participants discussed their drug use and the kind of behavior they exhibited while under the influence. They also provided insight into how their partners behaved in the relationship.

All of the study participants directly attributed their criminal history to their drug use. Additionally, their intimate relationships were plagued with drug use and violence. Lonnie was vocal when declaring that his criminal charges were "100%" due to his use of alcohol. Lonnie gave an example of how he and his girlfriend made a rash decision to get married while he had been drinking. He and his girlfriend were the ages of 18 and 17, respectively. He stated that they were both "messing around" and that he was always drunk. This marriage was short-lived. Lonnie found himself in relationships in which both he and his girlfriends would be either drunk or high. One such relationship almost cost him his life: Lonnie was almost killed when one of his girlfriends stabbed him in one of his internal organs. Due to the injury, he had to spend a significant amount of time in the hospital, and he was not expected to live. After providing a

narrative of the stabbing, he lifted his shirt and showed the interviewer his scar. He ended the relationship question by stating that he was afraid of "emotional scars." Due to his tumultuous upbringing, he has learned to guard his heart.

When describing his intimate relationships, Trey stated that his relationships were always with another person who was also in addiction. He stated that he stayed in these relationships too long because "not seeing a healthy relationship has allowed me to accept that unhealthy relationships were okay." Trey went on to say that these relationships were bad and that he should not have been together with any of these women.

Bill expressed his feelings about how he conducted himself in his relationships. He stated that the abuse he endured as a child caused him to also abuse those he had been in relationships with. He stated that his past experiences caused him to be "violent" and "abusive" in his relationships. Bill also explained that he grew up thinking it was okay to be abusive, and this mindset ruined a lot of his relationships with girls. His own actions reminded him of everything his mother went through. Bill said that he was abusive in his relationships because he "didn't give a shit about anything." Drugs were also a major component in these relationships. He further explained that one of his girlfriends would control him with drugs. The girlfriend would supply him with drugs so that he would not leave.

Kwasi provided a similar account. His most recently arrested was for a violent offense. He was in a toxic relationship and received a felony assault charge for domestic abuse. Kwasi added that the situations he found himself in led to violence. Regarding his ACEs, drugs, and relationships, Kenneth said that his violent childhood affected everything. He stated that he had become a womanizer and was disrespectful to women and angry. His relationships were like "recreation" and "unhealthy." Johnny stated that he was attacked with a knife by his girlfriend,

and he hit her with a vacuum cleaner. Johnny also described himself as being a "very bad person" when he was younger.

Kenneth said that he adopted the mindset of the hustlers in how they treated women. In addition, Kenneth stated that listening to certain types of music also instigated and heightened his abuse toward his wife. When asked about trauma, drugs, and violent relationships, Anthony stated that being out on the streets and having to live in public housing was traumatic. He never wanted to hit a woman, but being out on the streets, drinking, and drugs changed him. He also stated that he had to be tough while living in the projects because he could not allow anyone to get "over on" him. Anthony said, "I was with a girl who was on crack, she tried to tell me when to come home and when to leave. We had one or two physical confrontations, I finally just had to leave."

Summary

Chapter Four provided the data gathered from men's responses as they related to their lived experiences with ACEs, SUD, and intimate relationships for this qualitative phenomenological study. The researcher coded participant data gathered through semi structured interviews, and themes and subthemes emerged. The analysis of the data resulted into seven themes and 16 subthemes. The researcher provided thick and rich descriptions of participants' lived experiences, which provided context for the study. Chapter Five provides the interpretation of the research findings on the men's ACEs, substance use, and their involvement in DV perpetration.

Chapter Five: Conclusion

Overview

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of men in a SUD residential program receiving DV perpetration intervention services. The phenomenological approach was chosen for this study, as the lived experiences of study participants were explored. Data were collected from semi structured interviews, screening tools, and the ACE questionnaire. The study focused on 12 men residing in a 6-month SUD residential program while involved in a DV perpetration intervention cohort. The results of the study indicated that ACEs profoundly impacted the lives of these men. Chapter Five presents the interpretations of the researcher's findings, implications for further research, delimitations and limitations of the study, and recommendations for further research.

Summary of Thematic Findings

The researcher chose the qualitative transcendental phenomenological approach to conduct this study to explore the lived experiences of men in an SUD residential program who were also enrolled in a DV perpetration intervention cohort. The data for the research were derived from 12 semi structured interviews with male participants in the SUD program. During interviews, participants shared intimate details of their childhood. The results obtained through multiple interviews indicate that ACEs profoundly impacted the men's lives.

There were commonalities that arose from the men's experiences from which themes were developed. From the interviews, seven themes and 16 subthemes emerged. Some of the themes that arose were participant low self-esteem due to abuse; effects of physical and sexual abuse, and neglect; the impact of witnessing DV; and parental substance use and effects on

parental behavior. From these themes, some of the subthemes that were derived were witnessing DV and child neglect and abuse.

Theme 1: Effects of Physical and Sexual Abuse and Neglect

Theme 1 aligned with the central research question, "What are the lived experiences of men in a SUD residential program receiving DV perpetration intervention services who have an ACE score of three or higher?" The results obtained through multiple interviews indicated that ACEs profoundly impacted the men's lives. Participant interviews revealed that ACEs such as emotional, physical, and sexual abuse~~,~~ and neglect were the catalysts of the men's decision to use substances. All 12 of the men connected their destructive behavioral patterns to these forms of abuse. They also revealed that they expressed their pain through destructive behavioral such as drug use and violence, often leading to incarceration.

The subthemes of participants' low self-esteem due to abuse; depression, anxiety, and anguish resulting from abuse; and use of drugs as an easer of emotional pain reflected the repercussions of the abuse they experienced. Participants indicated that they experienced challenges with their self-esteem and how they viewed themselves. These challenges affected how they treated themselves as well as others. Mental and emotional challenges such as depression, anxiety, and anguish affected the men. These feelings caused the men to act impulsively and without regard for the negative consequences. The adverse effects of abuse also caused participants to use drugs to numb and ease the pain of abuse.

Theme 2: Impact of Witnessing DV on a Child

This theme revealed the men's recollections of how abuse affected their mothers. The men whose mothers were abused recalled their mothers being afraid of their abusers. They also recounted their mothers experiencing undue stress and paralyzing fear from the abuse.

Those who had mothers who were abused described how their mothers were demoralized as they relayed disturbing accounts of the abuse their mothers suffered. Due to their mothers' fear, they were unable to protect the men from abuse when they were children.

The three subthemes within Theme 2 were witnessing DV, the divisive relationship between father and son, and later in life reconciliation with father. As the men vocalized what it was like to witness the abuse, they said their mothers remained in abusive relationships because they were too afraid to leave, had religious reasons, or had their own personal addictions. According to the men's accounts, witnessing their mothers' abuse caused them to have unhealthy relationships themselves. All of the men admitted to being in relationships with women who were also in drug addiction.

Witnessing their fathers or their mother's boyfriends perpetrate abuse caused the men to have divisive relationships with their fathers or the men in their mothers' lives. The men expressed anger at their fathers or male figures for the abuse and violence they inflicted. Despite the harshness and abuse, there was resounding resilience and the desire to forgive and reconcile with their fathers if they were able.

Theme 3: Parental Substance Use and Effects on Parental Behavior

The narratives related to Theme 3 seemed to bring out the most emotion in the men as they relived the abuse. Parental substance use left the men vulnerable when they were children and was the cause of the majority of the men's childhood abuse. For study participants who were abused by men, although other drugs may have been used, alcohol was the predominant drug used by their abusers. Although none of the men attested to their fathers or men in their lives having a mental health disorder, they did speak of their father's emotional and mental instabilities, anger, and proclivity toward violence while they were under the influence of

alcohol. The subthemes that arose from Theme 3 were childhood neglect and abuse and created a climate of fear and anxiety in mothers and children.

Childhood neglect and abuse created a climate of fear and anxiety in the men's mothers and their children. The terms "violent" or being on "pins and needles" continually resounded throughout the interviews as the participants described their home life. They noted that alcohol and drugs affected their parents' ability to properly raise and care for them. Study participants also spoke of the emotional and physical injuries that occurred in their homes.

Theme 4: Drug Use and Criminal History

All of the men blamed drug use for their criminal backgrounds. The crimes led to the men serving jail or prison time. Due to their drug use, all of the men have spent a significant amount of time behind bars or have been involved in the criminal justice system. Theme 4 encompasses two subthemes, criminal history as a direct result of drug involvement and SUD and destructive behavioral patterns of participants. Some of the men experienced imprisonment on and off over a period of time, while others spent extended amounts of time, even decades, incarcerated.

The men also described the destruction that ACEs and drugs wreaked on their lives. Study participants noted that drugs were used as a coping mechanism, but their drug use became unmanageable. This led to a pathway of destruction that negatively impacted their personal lives, decisions, and choices.

Theme 5: Effects of Trauma and Drug Use on Future Relationships

All of the men described their involvement in unhealthy relationship patterns. They had no sense of what a healthy relationship looked like. It is difficult for a relationship to function in a healthy way when both partners are in addiction.

As the subtheme of adverse effects on future relationships denotes, the men's ACEs along with their drug use made it extremely difficult for them to have a successful relationship. Drugs interfered with their ability to feel, empathize, and work through the challenges that come with intimate relationships. They also verbalized that they were only concerned with their feelings and were consumed with their drug use. They were not able to give the emotional or mental attention needed to make these relationships work. In conversations related to the last subtheme, functioning in intimate relationships, the men spoke of desiring to have relationships that were mutually caring and free of drugs but did not know how this level of intimacy could be achieved. The only examples they had were of abuse and drug use. They expressed that they did not know how to conduct themselves in a way that benefited both parties or how to function without drugs. Also, in their drug-induced state, making rational decisions and navigating the different aspects of intimate relationships were difficult to achieve.

Theme 6: The Aftermath of Drug Use

Theme 6 encompassed the issues that seemed to garner the most regret. Study participants spoke about the tremendous loss they experienced due to their drug use. The men spoke in earnest about the time spent in addiction, incarceration, and relationships that were affected due to drugs. The men's sobriety has allowed them to see the destructive behavioral patterns that had developed due to their SUD.

The first subtheme under Theme 6, the personal cost of drug use, arose as the result of a lot of reflection. The men reflected on the effect drug use had on their children and their immediate family. Some of them had been disconnected for years while they were in addiction. They spoke about how addiction and incarceration prevented them from being in their children's everyday lives and watching them grow. The second subtheme under Theme 6, loss of jobs,

homes, and relationships, reflected specific losses the men incurred. As they described the time they spent incarcerated or on drugs, they began to speak of the tangible things they had lost. The loss of employment, homes, and vehicles was discussed. But as they talked about the things they lost, they also talked about rebuilding their lives now that they were in recovery.

Theme 7: Celebrating Recovery

Discussing recovery was the highlight for the men, as it provided them the opportunity to discuss their new way of life. While in recovery, the men had begun to reconnect with family members and loved ones. They had also been involved in classes and services that allowed them to deal with ACEs, SUD, and DV in a healthy manner. The men were excited and positive when they spoke about recovery. Some of them had secured employment, while others were seeking it. With a sober mind, they had a new lease on life.

While discussing the first subtheme, it's more than the drug, study participants indicated that their issues were more than just their addiction. The men vocalized that their primary issue was ACEs and that drugs were just a by-product of the things that happened to them. Although drugs were the pathway to deal with the pain, they only complicated matters. The men spoke more about their physical, sexual, and mental abuse than they did about drug use. One of the memories they spoke about most was living in a constant state of pain. The pain of abuse was greater than the pain of SUD.

Rebuilding life was the second subtheme and encompassed the topics that participants were excited to discuss. These conversations were the highlight of the discussions, as the men were able to boast about being sober and discuss the different things they were involved in as they were rebuilding their lives. They were elated to take advantage of the holistic services that were made available to them through the SUD program. With the additional services, the men

were receiving the support they needed to address their trauma, addiction, and maladaptive behavior.

The final subtheme under Theme 7 was personal accountability. Even though the men were provided supportive services, they were also responsible for making sure they abided by the rules of the SUD program, which included refraining from drug use. The men stated that abiding by rules and being free of drugs were challenging aspects of the program, as they had been exhibiting destructive behaviors for a significant amount of time. As one participant stated, "It's not the drug;, it's the mindset." He stated that he had been in the streets so long that he had a "street mentality" and that mentality was harder to break than the drugs.

Discussion

Research has shown that ACEs are a predictor of future drug use and DV (Felitti et al., 1998; Stevens, 2012). According to Nikulina et al. (2017), witnessing DV was the only antecedent that predicted future DV perpetration. The literature also indicates the differences between boys and girls. Studies continue to show that boys are more prone to become the perpetrators of DV while girls become the victims (Felitti et al., 1998; Ford et al., 2019; Nikulina et al., 2017; Skarupski et al., 2016). Stevens (2012) and the CDC (2021b) also posited that drug dependency along with physical and maladaptive behaviors are strongly evident in individuals having an ACE score of four or more.

The literature also indicates that individuals with an ACE score of four or more are at an increased level of susceptibility to physical and mental illnesses (Felitti, 2002; Kim et al., 2021; Skarupski et al., 2016; Stevens, 2012). The lowest participant ACE score in this study was four, and the highest was nine. The average ACE score for the men was six. In accordance with the literature, the 12 men in the study attributed their drug use and DV perpetration to ACEs (Felitti

et al., 1998, SAMHSA, 2014b; Stevens, 2012). They also stated that they expressed their pain through destructive behavioral patterns that included drug use and violence, which led to incarceration (Felitti et al., 1998; Skarupski et al., 2016; Stevens, 2012). The results of this study aligned with those of previous studies that discuss the aftermath and destructiveness of ACEs.

Chapter Two presented the theoretical framework of Bronfenbrenner's (1976) SEM, which undergirded and laid the foundation for this study. Additionally, Moos's SEM (1984) modification was integrated into the study as it focalized the significance of cross-program linkages and how these resources can contribute to individuals' positive outcomes. The development of the themes and subthemes was guided by Bronfenbrenner's (1976) and Moos's (1984) frameworks. Although Bronfenbrenner (1976) provided the groundwork, Moos's (1984) modification added additional context that highlighted the reasons BIPs have not been successful in curbing DV incidences. The men's ACEs, SUD, and DV were the focal points of this study; the participants were able to vocalize how ACEs negatively impacted their lives.

The theme of effects of physical and sexual abuse and neglect revealed the implications of these forms of abuse. Abuse can have devastating effects on a child's well-being. As studies indicate, physical abuse can leave marks and bruises, making the abuse noticeable to others (Fisher-Owens et al., 2017; Johnson et al., 2021; Kovler et al., 2021). Lingering bite marks, broken bones, and fractures may also be visible to others (Kovler et al., 2021). Physical abuse can also result in future mental health conditions such as schizophrenic disorder, borderline personality disorder, and PTSD (Schomerus et al., 2021), to name a few. In concert with existing studies, the men expressed the fear and trepidation they felt being a victim. They loathed going home because they knew what awaited them. They described brutal beatings that left them with external wounds. Participants provided descriptive narratives of being beaten with bare fists,

belts, and any object the abuser could get their hands on. “Violent” was the word consistently used. They noted being embarrassed, not doing well in school, and being angry all of the time. As the men continued to paint a picture of their childhoods, it became painfully clear they experienced mental and emotional anguish. As they described their trauma, the men’s facial expressions communicated anger, frustration, and pain. Some of the men also wiped their eyes with their shirt or their hands when they recounted these volatile interactions. The interview portion on abuse evoked a lot of emotion, and the men cursed more during this portion of the interview than any other.

Another form of abuse, sexual abuse, is considered the most shame-inducing (RAINN, n.d.). As Sawyerr & Adam-Bagley (2023) indicated, sexual abuse can damage a child’s self-perception and the way they view themselves. The men who experienced sexual abuse reported how ashamed they felt and how difficult it was for them to come to terms with how they were violated. They felt something was wrong with them and that the abuse was somehow their fault. One participant was so full of shame due to the sexual abuse he experienced that, as he put it, “I couldn’t stand for anyone to look at me.” He felt that if someone looked at him, they would be able to see what happened to him.

A third form of abuse, emotional abuse, can cause catastrophic emotional and psychological damage (Downing et al., 2021; Dye, 2019; Spinazzola et al., 2014). Being cursed at, yelled at, and verbally castigated made the men feel worthless. The men spoke of being hurt when they were young, so much so that one man stated, “I was hurt little boy.” Being in or having “a lot of pain” was continually articulated throughout the interviews, and using drugs was the only way they knew how to deal with the pain. Even as young children, the men were depressed. They either stated that they were made to feel like “shit” or they ended up “not giving

a shit" about anything or anybody. Some expressed that they have to work through the feelings of unworthiness still today, which is one reason recovery can be so difficult. The men expressed that when they were clean, they were forced to feel, and they had used drugs for so long to keep from feeling. Although the abuse occurred during the men's childhood, they expressed the emotional pain they still felt even in adulthood.

Childhood neglect is another form of harm that causes thousands of deaths and visits to the emergency room yearly (SAMHSA, 2022). Childhood neglect can also lead to different forms of mental illness (Schomerus et al., 2021). A child experiencing high levels of stress due to neglect can have difficulty staying focused, sometimes resulting in chronic inattentiveness (Radell et al., 2021; Stevens, 2012). In accordance with the research, study participants spoke of trouble in school, as it was difficult for them to focus due to their home life, where their basic emotional and physical needs were not met. Because some of the men's everyday needs were not met due to a parent's drug use, poverty, or inattentiveness, they began selling drugs for food, clothing, and other material wants and necessities. Selling drugs with other dealers gave them a sense of belonging that they did not have within their families.

It was apparent that study participants had experienced both emotional abuse and emotional neglect. As Choi et al. (2019) and Xaio et al. (2019) explained, emotional neglect is when a child's emotional needs are unmet and the child is not being properly taken care of. On the other hand, emotional abuse is done with the intention of causing harm (Gama et al., 2021; Xaio et al., 2019). Emotional neglect is not considered abuse because it is not done to purposely hurt the child, which can be the case when a mother is being abused. An abused woman's emotional and psychological state may render her unable to properly care for her children (Baggett et al., 2021; Swartz et al., 2018) which was the situation that the majority of the men's

mothers found themselves in. Nine of the men stated that although their mothers could not protect them, they knew their mothers loved them. The other three men never mentioned or alluded to their mothers loving them, indicating they were emotionally neglected (Anda et al., 1999; Choi et al., 2019; Felitti et al., 1998; Xaio et al., 2019). What those three men did state, however, was that their mothers had other situations going on that took precedence over them caring for their sons. Two of the men's narratives indicated that their fathers or male figures emotionally neglected them. One of these two gentlemen stated that all of his father's anger was directed toward his mother, while the other expressed that his father was tied up in too many other things. This participant stated that his father and mother were "extremely" neglectful and were unable to care for him (Choi et al., 2019; Xaio et al., 2019).

A child experiencing neglect or abuse may exert their pain through hostility (Xaio et al., 2019), and experience childhood depression (Felitti et al., 1998; Xaio et al., 2019) along with PTSD (Xaio et al., 2019). In addition, they may also entertain suicidal thoughts (Choi et al., 2019; Felitti et al., 1998; Xaio et al., 2019). Ten of the men disclosed that they were emotionally abused as children by their fathers or the men in their mother's lives. One man stated he was physically and psychologically abused by his mother. The abuse study participants lasted years and caused a great deal of harm. Drugs were a way of escape and eventually became unmanageable. The literature is clear that drugs are used as a coping mechanism and that drug use is prevalent among individuals who have experienced abuse (Anda et al., 1999; Felitti et al., 1998; Grant et al., 2015; He et al., 2022; SAMHSA, 2014a; Stevens; 2012).

The second theme was the impact of witnessing DV. Research indicates that witnessing DV as a child is a predictor of violence in future relationships (Nikulina et al., 2017, Skarupski et al., 2016). One commonality among the 12 men was that they all connected their destructive

behavioral patterns to ACEs. Study participants also vocalized that witnessing their mothers being abused and/or experiencing abuse themselves had a direct impact on the presence of violence in their intimate relationships.

According to Baggett et al. (2021) and Swartz et al. (2018), when a mother is being abused, her mental state can compromise her parenting, including how she cares for her children, and lessens her ability to protect her children. The impact of witnessing DV on a child cannot be understated. Study participants who watched their mother's abuse recalled their mothers being afraid of their abusers, experiencing undue stress, and being emotionally unhinged, preventing their mother from properly caring for them. According to the literature, a mother's fragile mental state also increases the likelihood that the child will be abused (Swartz et al., 2018; Wolford et al., 2019).

Although it may devastate a male to see his mother abused, several studies show that men who witness DV as a child may end up becoming perpetrators of DV themselves (Skarupski et al., 2016). According to the study conducted by Nikulina et al. (2017), witnessing DV is the only ACE that predicts the propensity for violence in future relationships. Further, men are more likely to be the aggressor of abuse (Felitti et al., 1998; Ford et al., 2019; Nikulina et al., 2017; Skarupski et al., 2016). The 12 men in this study were involved in abusive and unhealthy relationships. Although 10 study participants witnessed the abuse of their mother, being raised in an abusive and neglectful environment had adverse effects on all of the men's intimate relationships, which aligns with the results of previous studies (Felitti et al., 1998; Ford et al., 2019; Nikulina et al., 2017; Skarupski et al., 2016).

Parental substance use and its effects on parental behavior was the third theme. SU greatly impairs one's ability to parent (Choi et al., 2019; Ross et al., 2021; Stevens, 2012). The

usage of drugs also leads to instability in relationships, family issues, and other lifelong implications for children (Choi et al., 2019; Felitti et al., 1998; Ross et al., 2021; Stevens, 2012). Study participants noted that although alcohol was not the only drug used in their homes, it was a predominant drug abused in the home and was a trigger of increased violence in the home (Caetano et al., 2019; et al., 2014; Gilchrist et al., 2019; Lee et al., 2021).

Nine of the study participants were raised in homes with alcoholic fathers, and all nine men described their homes as "violent." As research indicates, violence often erupts when alcohol is present (Grant et al., 2015; Wilson et al., 2021). According to Grant et al. (2015), AUD causes severe relational abuse and volatile outbursts, a finding upheld by the men's accounts of the frequency of volatile episodes and the propensity for violence in their homes. Studies also indicate that AUD is related to mental health disorders, antisocial personality disorders, and acts of violence (Grant et al., 2015; Lee et al., 2021). Although the men did not know if their fathers or mothers' boyfriends had mental health disorders, some did state some of the men would drink alcohol while using other illicit drugs or while taking medication. One participant stated that his father would drink alcohol while taking his seizure medication. Although the men indicated other drugs were used in the home, the only drug other than alcohol, that was mentioned was opiates. Even though opiates were named, the men were clear, that alcohol was the primary drug used, and it was destructive and caused immense violence in the home (Caetano et al., 2019; Crane et al., 2014; Gilchrist et al., 2019; Lee et al., 2021).

Theme 4 was drug use and criminal history. Due to the decriminalization of marijuana in 21 states, Washington, DC, and Guam, its usage has greatly increased (Hansen & Alas, 2021). It is also one of the most popular drugs used by those who use substances (NIDA, 2018). Research indicates that those who use marijuana are likely to experience difficulties in their personal

relationships and are more susceptible to a multiplicity of serious mental and physical health disorders (Hasin et al., 2015, NIDA, 2018).

In addition to the surge in marijuana usage, there has been a substantial increase in the use of opiates, as well as in deaths for those who use these drugs (NCDAS, 2023). According to NIDA (2021), over 80,000 individuals lost their lives to opiates in 2021. Not only are lives being affected due to deaths, but studies show that families and relationships are being negatively impacted as well. Studies show the connection between ACEs, DV, and SUD (Bryant et al., 2020; Choi et al., 2019; Felitti et al., 1998; Rollè et al., 2019; Stevens, 2012). Additionally, there is a relationship between ACES, SUD, and criminal activity (Ford et al., 2019; Grant et al., 2015).

All of the participants in the study blamed drug use for their criminal background. Their reasons for committing crimes ranged from possessing and distributing drugs to engaging in criminal activity while high or intoxicated. Seven of the men also engaged in such crimes as grand larceny to obtain money to buy drugs. These crimes led to the men serving jail or prison time. Studies indicate that incarceration is common for those who have experienced ACEs and those who are involved in drugs (Felitti et al., 1998; Stevens, 2012). Due to their drug use, all of the men have spent a significant amount of time behind bars or have been involved in the criminal justice system.

Theme 5, effects of trauma and drug use in future relationships, focused on how ACEs and SUD impacted participants' relationships. An individual's trauma and SUD can wreak havoc on intimate relationships. These relationships are often unstable and characterized by violence and substantial drug use (Cafferky et al., 2018; Choi et al., 2019; He et al., 2022; Leza et al., 2021). According to Zhong et al. (2020), individuals having an SUD are four to 10 times more

likely to be a perpetrator of DV than those not having an SUD. If alcohol is a factor, the likelihood of violence and the severity of volatile acts also increase (Crane et al., 2014; Gilchrist et al., 2019). Not only does impairment cause upheaval, but so do drug withdrawals, which can cause increased irritability and other mood disorders (Choi et al., 2019; Gilchrist et al., 2019).

Men raised in abusive environments or who witnessed DV as a child are more inclined to be abusive in relationships and have a SUD (Arteaga et al., 2015; McHugh et al., 2018). Men are more apt to battle SUD and be the perpetrators of DV than their female counterparts; they are also more inclined to be more involved with law enforcement (Fridel & Fox, 2019; Leemis et al., 2022). Research also shows that most batterers have unaddressed ACEs as well as mental and physical health challenges (Felitti et al., 1998; Stevens, 2012; Timko et al., 2012). Until these unresolved issues are addressed, DV incidents will continue (Babcock et al., 2016; Crane et al., 2014; Timko et al., 2012). According to Shields et al. (2020), drug use is often followed by mental instability and unbridled anger.

The presence of drugs and alcohol worsens relational challenges and adds to the unpredictability and violence in these relationships (Caetano et al., 2019; Wilson et al., 2021). Those who have a background of ACEs are especially prone to being in violent and unstable relationships, and women can sustain serious injuries when violence erupts (Crane et al., 2014). The men in the study revealed that drugs were a factor in their relationships and caused the relationships to be volatile. There were also instances in which both parties engaged in violence when they were under the influence of drugs.

Theme 6, aftermath of drug use, reflects the consequences of drug usage. Studies show that SUD can have serious repercussions (Felitti et al., 1998; SAMHSA, 2014b; Stevens, 2012). Some of the consequences include brain damage, overwhelming conflicting emotions, self-

destructive behavior, and DV (Felitti et al., 1998; NIDA, 2021; SAMHSA, 2014b). Individuals who use drugs are susceptible to self-destructive behaviors, emotional disturbances, and mental health disorders (Felitti et al., 1998; SAMHSA, 2014b; Stevens, 2012). These factors may negatively impact behavior and decision-making (Kavanaugh et al., 2016). Study participants recalled the irrational decisions they made when they were under the influence of drugs. These decisions led to DV, incarceration, and the loss of homes and other assets, as well as challenges in familial and intimate relationships.

Lastly, Theme 7 was celebrating recovery. One of the reasons drug recovery can be difficult is that individuals may have trauma from ACEs that have gone unresolved (Babcock et al., 2016; Cantos & O'Leary, 2014; Crane et al., 2014; Gilchrist et al., 2019). This is also an issue for DV perpetrators. For many men participating in BIPs, DV is still a prevalent issue because of unresolved trauma (Babcock et al., 2016; Timko et al., 2012).

Study participants were in a SUD program and were also participating in a DV perpetration intervention cohort. While receiving services to aid in their recovery from drugs, they were also provided with resources to help them heal from trauma and find employment opportunities. Other resources, such as counseling and psychiatric appointments, were provided to help them maintain their sobriety. Cross-program linkage (Moos, 1984) was an intricate component of the SUD program, and the men were able to get the additional support services they needed. The lack of cross-program linkages may be one of the reasons BIPs have not been effective in reducing DV perpetration (Babcock et al., 2016; Leza et al., 2021; Shields et al., 2020; Timko et al., 2012) despite being in existence for several decades.

Providing a forum for the men to communicate their ACEs, drugs, and DV provided further insight into the needs of this population, especially in the realm of mental health (CDC,

n.d.-b; Felitti et al., 1998; Stevens, 2012). It is imperative that BIPs provide cross-linkage services for violent men (Expósito-Álvarez et al., 2021; Gilchrist et al., 2019; Timko et al., 2012) if they are to be effective. One significant cross-linkage service that could have a substantial impact is trauma counseling for those who have unattended trauma (Anda et al., 1999; Felitti et al., 1998; He et al., 2022; Stevens, 2012).

Eleven of the study participants disclosed that counseling and having someone to talk to would have benefited them. The men's narratives indicated they had unresolved anger and pain that had never been dealt with. They also admitted that they had also never talked to anyone, in detail, about some of the things that happened to them. Not having a healthy outlet to talk about ACEs, led to the men exhibiting their pain through maladaptive and destructive behaviors such as drug use, criminal activity, and involvement in volatile relationships which exacerbated their anxiety, depression, and anger (CDC, n.d.-b; Felitti et al., 1998; He et al., 2022; Stevens, 2012.

Not only does this research provide an incentive for agencies to provide effective programming, but it can also be used as a catalyst for change in the attitude and behavior toward abusive men. A substantial number of lives have been negatively impacted because of DV (Alessandrino et al., 2020; CDC, n.d.-c; Fogarty et al., 2019; Holmes et al., 2017; Tsai et al., 2022). SUD has also taken a toll on society due to overdoses that have resulted in death (CDC, n.d.-e; DEA, n.d.; NCDAS, 2023).

Implications

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of men residing in an SUD residential program located in central Virginia. While residing in the SUD program, men also participated in a DV perpetration intervention and received services that addressed ACEs. The central research question for this study was, "What

are the lived experiences of men in a SUD residential program receiving DV perpetration intervention services who have an ACE score of three or higher?" The results obtained through screenings, ACE Questionnaire, and multiple interviews indicated that ACEs profoundly impacted study participants' lives. The purpose of this section is to discuss the theoretical, empirical, and practical implications of this research study.

Theoretical Implications

Bronfenbrenner's (1976) SEM provided the foundational context for this study. His theory posits that the environment in which an individual is raised affects one's psychological, mental, and physical state. The SEM is a flexible model and is used in different contexts and research studies (Eriksson et al., 2018; Golden et al., 2015; Partelow, 2018; Salihu et al., 2015). For this study, the SEM was employed, as the men's history of ACEs, witnessing DV, and being raised in volatile environments adversely affected their mental and physical well-being. Their abusive upbringing was the catalyst for the men's future SUD and DV perpetration. Study participants' destructive behaviors were the repercussions of growing up in violent surroundings. Study participant outcomes aligned with Bronfenbrenner's (1976) SEM, as the men's environments fashioned their behaviors.

In addition to Brofenbrenner's (1976) SEM, Moos's (1984) modification was also appropriate for this study. Moos (1984) emphasized the importance of cross-program linkage. The SUD program the participants were attending has forged intricate relationships within the community. The community partners provide services that the SUD program does not offer in-house. Due to these relationships, participants in the program receive additional SUD services, and access to trauma counseling, Intensive Outpatient Therapy and psychiatrists, as well as referrals to primary care physicians and other medical providers. This is an essential component

of the program because a considerable number of participants have not received mental or physical health care for these maladies. These unattended health needs have affected their mental and physical state, which has worsened over time. Study participants have experienced homelessness, unmanageable drug addiction, and incarceration due to their behaviors and drug use. Research has shown that SUD and DV are interrelated (Caetano et al., 2019; Timko et al., 2012; Wilson et al., 2021). These cross-program linkages provide the holistic services that DV perpetrators may not receive while they are in BIPs or other programs that service violent offenders (Babcock et al., 2016; Timko et al., 2012). The concepts of this research aligned with Brofenbrenner's (1976) and Moos's (1984) SEM theories, which laid the foundation for the study and substantiated the theoretical implications.

Empirical Implications

The results of this study suggest that BIPs have not been effective despite being in existence for over three decades (Healey & Smith, 1998; Wilson et al., 2021). Although the incidence of DV has continued to rise, DV offenders continue to be court-ordered to BIPs (Babcock et al., 2016; Expósito-Álvarez et al., 2021; Timko et al., 2012; Wilson et al., 2021). Research has shown that if perpetrators' ACEs and SUD continue to go unaddressed, DV incidences will continue to rise and cause further destruction to individuals and families (Babcock et al., 2016; Gilchrist et al., 2019; Timko et al., 2012).

A pronounced commonality among the men was the reason they chose to use drugs. All 12 participants noted that their use of drugs was due to ongoing pain they encountered as a result of abuse. When abuse goes unaddressed, emotional turmoil can erupt, and it is often exhibited through drug use, destructive behavior, and violence (Timko et al., 2012; Velotti et al., 2018; Wilson et al., 2021). Alongside this issue, the men agreed that having someone to talk to when

they were going through these things would have helped them. They vocalized that having a trusted individual to support them would have made the pain easier to bear and may have resulted in positive outcomes for them. Counseling as well as other support services would have helped them constructively manage their pain. Individuals who have ACEs would greatly benefit from receiving ongoing supportive services until they can govern their emotions in a way that is constructive and healthy. These services could serve as preventive measures for those who may be prone to violence due to their abusive backgrounds (Moos, 1984). Although the men may not have had these services available to them early on, they could still prove to be beneficial in adulthood.

This study filled a gap as it addressed the lack of cross-linkage care and exposed how these additional services could benefit violent offenders. There have not been studies on how these additional services, in concert with BIPs, could prove to be advantageous to DV perpetrators and reduce violence in families and intimate relationships. Additionally, this study was unique in that it provided a voice for the men who were not only residing in an SUD program but were also involved in a DV prevention intervention cohort, and receiving counseling and therapeutic support, as well as medical and psychiatric care, simultaneously.

Due to the multiplicity of supportive services that the SUD program provides, those who engage in the program and follow program expectations do well and flourish. The strict and regimented structure of the program provides another layer of support. One of the reasons this program is unique is that it is built on the understanding that addiction encompasses much more than just drug use. The program strives to address underlying factors, such as ACEs, to deal with the root of the problem. Participants' treatment plans, which are developed by the case manager and participant, are tailored to fit their individual needs. In addition to this, the case manager

refers clients to medical and psychiatric services with community partners that specialize in these areas.

Participants in the program receive additional benefits, such as being connected to the agency's employment manager, who has cultivated relationships with well over 100 community businesses and employers that hire the program's participants. Participants are also equipped with the tools they need to gain employment. All program participants are required to be gainfully employed. Additionally, participants are connected to the education navigator, who has forged partnerships with local colleges. If participants choose to further their education, they are assisted with completing all prerequisites and then provided with a warm referral to the educational institution to be assisted with financial aid and enrollment. Clients who have not obtained a high school diploma or GED are assisted with this as well and are connected with free tutoring services if need be.

Another remarkable aspect of the SUD program is the DV perpetration intervention cohort. This class is led by a local police officer and a graduate of the SUD program. Having a local police officer was done intentionally to forge a relationship between the agency and the police department, as both entities are striving to build a healthy community. The men in the program trust the officer and are highly engaged in the class.

The program sees significant success due to its holistic approach. This agency is a prime example of Moos's (1984) model, which emphasizes the importance of support services and cross-program linkage. Further research that evaluates the efficacy of such programs could provide additional insight into the effectiveness of cross-program linkage.

Practical Implications

The results of this study can be applied to BIPs, addiction counseling services, courts, and churches. The experiences of men in this research study along with the previous literature indicate that ACEs continue to have far-reaching and negative impacts on individuals and the family. These factors have led to persons finding themselves bound in addiction, leading them to self-destructive behavior, violence, and, eventually, incarceration or worse, death. The results of this study have revealed the hurt and pain that was caused and the devastation that had been enacted by ACEs.

The experiences of the men in the SUD program provide context that can assist BIP managers and facilitators with insight into why efforts have not been effective in reducing volatile incidents. Along with the research, the men's narratives provide the context that underscores the importance of implementing cross-program linkages that provide mental and therapeutic support for BIP participants. Providing violent men with holistic services could further support their efforts to reduce DV occurrences, which is one of the main reasons BIPs were created in the first place.

Addiction counselors could also benefit from this study, as it brings awareness of why an individual may continue to use drugs despite the counselors' efforts to assist their clients. ACEs may be the underlying factor that prevents those persons from being successful. Addiction counselors could refer their clients to agencies that provide counseling and DV intervention.

Additionally, the insights gained from this research could be beneficial for the courts. Judges could use findings not only to order violent offenders to attend BIPs or other programs that work with violent offenders but also to mandate perpetrators submit to a drug test. For individuals positive for illicit substances, the courts could order them to SUD treatment as well

as therapeutic services. Counseling services that specialize in trauma could be additionally beneficial. Due to the negative implications of marijuana, it should be included in drug testing panels whether it is legal in the state or not. Although legal in some states, research has shown that marijuana is an addictive substance that causes problems in relationships, weakens higher executive functioning, and can cause schizophrenia and other psychotic disorders, potentially leading to dual diagnoses for mental disorders (Hasin et al., 2015, NIDA, 2018).

This research has implications for the church, as there are members in the body who are suffering from addiction. There are also church families who have members battling addiction and causing stress in the home. The church is not only the sanctuary for those who know Christ, but it is also a hospital and a place of healing for those who are broken and bruised. The researcher recommends a ministry for families who have loved ones who are fighting this vicious battle. One such program, Celebrate Recovery, a program used in 35,000 churches, arose out of the founder's own addiction. John Baker was an alcoholic who gave his life to Christ and developed a 12-step program based on his personal testimony and founded on biblical principles. According to Shellnut (2021), over seven million people have used his program.

Christ loves all of us regardless of what situation we may find ourselves in. The church cannot run from the issue of addiction. This is not a battle that can be fought alone or with mere natural means. This is a spiritual battle that must be fought in the spirit. The Christian is told in 2 Corinthians 10:4, "The weapons of our warfare are not of the flesh but have divine power to destroy strongholds" (*English Standard Version Bible*, 2001). Having a ministry specifically designed for individuals in addiction or for family members who have a loved one in addiction, would provide the spiritual and natural support that these families need.

This body of research also showed that SUD and DV go deeper than drug use and DV and that additional services that address ACEs could be beneficial in reducing SUD and DV perpetration. The practical implications indicate how entities could provide supportive services and ministries. If individuals and families could receive the additional help and these services could work as a cohesive unit, there could be positive outcomes for individuals who have been negatively impacted by ACEs.

Delimitations and Limitations

This section discusses the delimitations and limitations of this study. The delimitations of the study were the age of participants and focus on one gender. Other delimitations included participant residency, involvement in the DV perpetration intervention cohort, ACE score, and DV perpetration. The limitations were the restricted location of study participants, the research being limited to men, the lack of focus on mental health issues, and the time constraints.

Delimitations

There were six delimitations to this study. The first delimitation was that study participants had to be at least 18 years old. Also, study participants had to be male and had to have an ACE score of three or higher. In addition to this, participants had to have perpetrated violence in their relationships, and they had to reside in the SUD recovery house. The last delimitation was that the men had to be involved in the DV perpetration intervention cohort.

The foundational rationale for the delimitations was that research indicates that men in BIPs often have unaddressed ACEs and SUD (Babcock et al., 2016; Cantos & O'Leary, 2014; Crane et al., 2014; Gilchrist et al., 2019), which was the case for study participants in the DV perpetration intervention cohort before they came to the SUD program. As opposed to men in BIPs, the men in the study had cross-linkage services made available to them that addressed the

critical issues of ACEs, SUD, and DV simultaneously. Another justification for the delimitations was the goal to provide an opportunity for men to voice how ACEs had impacted their lives and intimate relationships.

If the critical issues of ACEs and SUD continue to go unaddressed, DV will continue to result in harm and death to victims, and the cycle of ACEs will continue. The benefit of this study is that it will add to the literature and allow the voices of men to be heard to shed further light on the destruction of ACEs. Additionally, although research studies have indicated the adverse effects of ACEs and the failure of BIPs to make a significant impact in curtailing DV occurrences, there have not been studies that have explored the advantages of cross-program linkages for men in BIPs who are also receiving assistance in addressing ACEs and SUD.

Limitations

Although this study has a number of strengths, it did also present weaknesses by way of limitations. The first limitation was that the recruitment of study participants was restricted to only one location. The data were limited and did not include the narratives of men in other SUD programs, in BIPs, or who were incarcerated. Although data from this research study aligned with the literature regarding men affected by ACEs and SUD, having additional data from different sites could have enriched the study's findings. Another limitation was that the study was restricted to men. Although studies indicate that men are more prone to have an SUD and are more likely to be perpetrators of DV (Dokkedahl et al., 2019; Felitti et al., 1998; Ford et al., 2019; Haag et al., 2019; Holmes et al., 2017; Nikulina et al., 2017), this does not reduce the traumatic impact that ACEs have on women and the suffering they endure, as research indicates (Cafferky et al., 2018; Choi et al., 2019; Eriksson et al., 2018; WHO, 2021). ACEs have a calamitous effect not only physically, but psychologically as well.

The research delineates that ACEs can cause severe mental health consequences that can have disastrous effects (Anda et al., 1999; Felitti et al., 1998; Kim et al., 2021; Skarupski et al., 2016). Although some of the men indicated they dealt with severe anxiety, depression, and periods of panic, the study did not address the mental health issues that are commonplace among victims of ACEs and individuals who abuse illicit substances (Felitti et al., 1998; Stevens, 2012; Timko et al., 2012). Research indicates that if these issues remain unresolved, more violence can ensue (Babcock et al., 2016; Crane et al., 2014; Timko et al., 2012).

The last limitation was the time constraints of the study. The research only spanned a specified amount of time the men were in the program. There was not enough time to study the effectiveness of the DV perpetration intervention program while the men were simultaneously receiving services for SUD and ACEs.

Recommendations for Further Research

Future research is based on the findings, delimitations, and limitations of the research study. This study explored the lived experiences of men in an SUD residential program who were also engaged in a DV perpetration intervention cohort. The purpose of this study was to provide a voice to these men who had experienced ACEs that resulted in future SUD and DV perpetration. Due to the limitations of the study, the researcher makes the following recommendations that would provide further insight on ACEs and their effects on SUD and DV perpetration.

The first limitation was the location of the study participants. This study was restricted to just one location. The researcher recommends studies that solicit participants from other SUD programs, BIPs, and penal institutions, as such research could provide additional insight. Individuals in these environments are likely to have a background of ACEs and have similar

experiences of SUD and DV perpetration. Additional data could enlighten others on the destruction of ACEs and allow the voices of men who have ACEs to be heard in greater numbers.

This study's focus was only on men. Women are also adversely impacted by ACEs and suffer serious repercussions. Although men were the subjects of this study, the consequences for women have also been significant. In addition to this, some of these women are also mothers who may have been the primary caretakers for their children before their drug use became unmanageable. Women are more often the victims of DV (Fridel & Fox, 2019; McHugh et al., 2018; Susmitha, 2016). Further research could bring attention to what happens to the children of mothers in addiction or experiencing DV. How the mother's maladies affect children in the short and long term would be worth additional study.

Another recommendation would be an in-depth study of the mental health of men who have ACEs and how their mental health challenges increase drug use and their propensity toward violence. Mental health issues are commonplace among victims of ACEs and individuals who are battling SUD. These mental health challenges often go unattended when individuals are addicted or incarcerated. Those who are prescribed medication may choose to use drugs instead of taking their medication. When an individual is undiagnosed, untreated, or not receiving help for their mental health, their condition can worsen, causing an increase in drug use and violence. The literature substantiates the need for more mental health assistance for those who have ACEs and those contending with SUD and DV. Additional studies could lead to changes in SUD treatment programs and BIPs' delivery.

The last recommendation concerns the time constraints of the study. The researcher recommends a longitudinal and quantitative study that evaluates the hypothesis that if men in BIPs simultaneously receive SUD treatment and therapeutic services that address their trauma,

then DV incidents and drug usage would decrease. Having numerical data could reveal whether or not these services are effective in the treatment of volatile men.

Summary

The purpose of this qualitative phenomenological study was to explore the lived experiences of men in a SUD residential program who were simultaneously receiving DV perpetration intervention and services that address ACEs. It was the intent of this study to provide a voice to the men who had ACEs and SUD. The theoretical framework for this study was Bronfenbrenner's (1976) SEM. Moos's (1984) model was also integrated, as it emphasizes the importance of cross-program linkages that promote client success.

Data for this research study were retrieved from a brief screening tool and the ACE questionnaire, but the majority of the data were obtained through semi structured Zoom interviews of 12 men who lived in a residential SUD program located in central Virginia. The men received services not only for SUD but also for ACEs. Along with this, the men were involved in a DV perpetration intervention cohort.

Through coding, seven themes and 16 subthemes emerged. These themes and sub-themes provided context to the study. The researcher applied the themes to answer the research questions. Consistent with the literature, the data showed that ACEs had a devastating effect on the lives of the men in the SUD program. The findings also indicated that ACEs were the progenitor of the men's SUD and DV perpetration (Felitti et al., 1998; Stevens, 2012). As DV occurrences continued to rise, BIPs were formulated in the 1970's (Healey & Smith, 1998). Although these programs have been in existence for several decades, research indicates they have been ineffective in curtailing DV (Babcock et al., 2016; Wilson et al., 2021). Although there are several reasons cited for this lack of success, one of the main reasons is that BIPs do not

provide services for ACEs or SUD (Babcock et al., 2016; Timko et al., 2012). Research shows that men in these programs often have unattended ACEs and SUD (Babcock et al., 2016; Timko et al., 2012). If these issues continue to go unaddressed, DV perpetration will continue (Babcock et al., 2016; Gilchrist et al., 2019; Timko et al., 2012).

The findings of this research indicated that if BIPs and other agencies that assist DV perpetrators are to make a significant impact in reducing DV, it is crucial that cross-linkage services, such as trauma counseling, be an integral part of the programming and made available to participants. These components could help limit the number of DV incidents, reduce further ACEs, and restore families. In Jeremiah 30:17, the LORD said, “For I will restore health unto thee, and I will heal thee of thy wounds, saith Jehovah” (*English Standard Version Bible*, 2001). With the promises of God and the proper restorative resources in place, true healing could be a reality for those impacted by ACEs.

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Appendix A

IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

December 7, 2023

Tauchanna Bullock
Sharita Knobloch

Re: IRB Exemption - IRB-FY23-24-720 A Phenomenological Study: Experiences of Men Residing in a Substance Abuse Recovery Program With a Domestic Violence Perpetration Intervention Cohort

Dear Tauchanna Bullock, Sharita Knobloch,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B

Site Permission

[redacted]

November 15, 2023

[redacted]
Founder/Director
[redacted]

Dear Tauchanna Bullock:

After careful review of your research proposal entitled A Phenomenological Study: Experiences of Men Residing in a Substance Abuse Recovery Program With a Domestic Violence Perpetration Intervention Cohort, I have decided to grant you permission to conduct your study at [redacted].

X ☐ I grant permission for Tauchanna Bullock to contact participants of the [redacted] program to invite them to participate in her research study.

X ☐I am requesting a copy of the results upon study completion and/or publication.

Sincerely,

Sarah [redacted]
[redacted]
Founder and Director
[redacted]

Appendix C

Recruitment Letter

Dear Potential Participant,

As a doctoral candidate in the School of Community Care and Counseling at Liberty University, I am conducting research on the experiences of men residing in a substance use disorder (SUD) program with a domestic violence perpetration intervention cohort as part of the requirements for a doctoral degree. The purpose of my research is to examine participants' experiences with Adverse Childhood Experiences (ACEs), substance use, and involvement in domestic violence (DV) perpetration. I am writing to invite you to join my study.

Participants must be at least 18 years of age or older, a male client of the SUD/DV residential program residing in SUD housing, have a history of both domestic abuse perpetration and substance use disorder (SUD), and a participant in the Domestic Violence Perpetration Intervention cohort. Additionally, participants must have an Adverse Childhood Experience (ACE) score of 3 or above.

Participants will be asked to take part in one 30 to 60-minute Zoom interview. Zoom interviews will be audio- and video-recorded. Participants will also be asked to share additional information they think will be important to the study, helpful to those with lived experiences, and beneficial to the recovery community. Participants will have the opportunity to review their interview transcripts to ensure accuracy. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

If you meet my participant criteria, I will contact you by phone or text and will work with you to schedule a time for an interview.

A consent document is attached to this letter. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Participants will receive a $10 McDonald's gift card for participating in the study.

Sincerely,

Tauchanna Bullock
Doctoral Candidate
[redacted]

Appendix D

Screening Questionnaire

1. Are you 18 years of age or older? Please circle **Yes** or **No**.
2. Are you a male? Please circle **Yes** or **No**.
3. Do you have an ACE Score of 3 or higher?
4. Have you ever been violent in any of your relationships? Please circle **Yes** or **No**.
5. Do you live in the SUD recovery house? Please circle **Yes** or **No**
6. Are you involved in a Domestic Violence Perpetration Intervention class? Please circle **Yes** or **No**

Appendix E

Consent

Title of the Project: A Phenomenological Study: Experiences of Men Residing in a Substance Use Recovery Program With a Domestic Violence Perpetration Intervention Cohort
Principal Investigator: Tauchanna Bullock, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be at least 18 years of age or older, a male client of the SUD/DV program residing in SUD housing, have a history of both domestic abuse perpetration and substance use disorder (SUD), and a participant of the Domestic Violence Perpetration Intervention cohort. Additionally, participants must have an Adverse Childhood Experience (ACE) score of 3 or above. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of my research is to examine participants' experiences with Adverse Childhood Experiences (ACEs), substance use, and their involvement in a domestic violence perpetration intervention cohort.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in a 30 to 60-minute Zoom interview. The Zoom interview will be audio- and video-recorded. At the end of the interview, you will be asked to share additional information you think will be important to the study, helpful to those with lived experiences, and beneficial to the recovery community.
2. You will have the opportunity to review your transcripts to ensure accuracy.

How could you or others benefit from this study?

Participants should not expect to receive any benefits for participating in the study.

Benefits to society include a better understanding of how Adverse Childhood Experiences (ACEs) affect the lives of individuals, and how ACEs can be the root cause of substance abuse and possible volatile relationships. Additional benefits to society include hearing the personal experiences of those who have lived through ACEs, SUD, and DV.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce

risk, I will monitor participants, discontinue the interview if needed, and provide referral information for counseling services.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer/in a locked drawer/file cabinet. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.
- Recordings will be stored on a password-locked computer for three years after participants have reviewed and confirmed the accuracy of the transcripts and then deleted. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the interview, participants will receive a $10 McDonald's gift card.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or the SUD/DV program. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Tauchanna Bullock. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] You may also contact the researcher's faculty sponsor, Dr. Sharita Knobloch at [redacted]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is

Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record and video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix F

Interview Questions

1. "I first want to thank you for volunteering to be a part of the study and being willing to share your life experiences with me. Please know that this is strictly volunteer and has nothing to do with your place in the program. If at any time you decide that you do not want to be a part of the study, you can stop at any time.
2. Please tell me about yourself.
3. What were the circumstances that caused you to be referred to the SUD program?
4. I would like to ask some questions about your arrest history and childhood. Have you ever been arrested? If so, what types of thing(s) have you been arrested for?
5. When you think about the home you grew up in, was there violence in the home? If so, who was committing the violence, and who was the one being battered?
6. Were you the victim in the home as well? Please tell me a little more about that.
7. How did this violence (and/or abuse) affect you growing up?
8. When thinking about your parents, did either of your parents use drugs in your home?
9. How would you describe growing up in a home with parents (or caregivers) who used drugs?
10. Why do you think you started using drugs?
11. What part do you think drugs have played in your criminal history?
12. What part do you feel childhood abuse or trauma has played in your decision to use drugs?
13. Out of all of your traumas or forms of abuse, which one do you think has affected you the most?
14. Why do you think this particular trauma or abuse has affected you so much?

15. When did you begin to realize how much the traumatic experiences affected you?
16. How have you dealt with all of the pain that you have gone through?
17. How do you think your personal experiences have caused you to be a perpetrator of violence in your relationships?
18. Please tell me about some of the experiences you have had with trauma, drugs, and abuse in your relationships.
19. How do you expect your life to change as a result of living in a SUD residential program while you are involved in the DV perpetration intervention cohort?
20. What could have someone done or said to help you as you were going through the roughest part of your life?
21. What would you like to say to those who hurt you when you were a child?
22. What advice would you like to give to a (male) child who is going through the same thing you went through?
23. What would you like those who will be reading this study to know and what would you like to add to any of the questions that I asked or did not ask?
24. I appreciate you taking the time to allow me into your space and trusting me with pieces of your life.

Appendix G

Reflective Journal

12/18/23: I introduced the study to the men in the DV cohort today. I was shaking in my boots. I was so nervous I didn't know what to do. They were pretty receptive. I told them why I was conducting the study and read over the forms. A couple of the men had a few questions which were good questions. I distributed the screener and the ACE test. Out of the forms I passed out, only four men met the conditions for the study which I found interesting. Someone indicated that he didn't have any ACEs but has a SUD and is coming out of incarceration. I can't assume though. I will start reaching out to them tomorrow.
12/19/23- I have three interviews scheduled. I need to get them done as soon as I can because we are going to be out for the Christmas holiday in the next couple of days. I pray that these interviews go well and that I get all of the information I need. I also hope Zoom works and that it doesn't flop out on me.
12/27/23: As I prepare for my first interview tomorrow, I have to admit that I am nervous because I don't know what to expect. I am not familiar with the men and I don't know if they will be willing to answer such personal questions. All of the guys were very receptive when I introduced the study but I am still unsure of how they will react. Will they just stare at me? When I start asking all of these questions, especially about abuse, will they open up? Will they give me the information I need so that I can have a successful study? And what will I think about them? I hate DV and I think it is so unfair. I wonder if the women were as strong as the men if they would be so quick to hit women and children? There are several women that I love dearly that have been abused-terribly and horrifically abused by the same person. I have also had friends that were abused and I saw them black and blue. In all of these instances, I have always wondered if these women were as strong as the men who beat them, if the men would have been so quick to raise their hands? The pictures I have seen as I have seen of abused women make me angry on the inside. I also have always had a soft hard for children and it does something on the inside of me when I hear about a child being abused. I wonder what I am going to learn. I have read countless studies so now, I will be learning firsthand. This is exciting and scary at the same time. What will I think after talking with the men? Lord, help my heart and help me to learn what I am supposed to learn.
12/28/23 (morning): Lonnie: I met him so that he could sign his form before the interview. As soon as I said "Hello", he told me that he suffered from a lot of anxiety. He then began to tell me a little bit about his background. My heart started hurting as he talked. I told him we would talk later this evening.
12/28/23 (evening): Lonnie: After the interview, I had to pray and lay down. It was so much. I cannot imagine living the life he lived and going through what he went through. As he was talking, I was saying to myself, "no wonder he drank." He has gone through so much in his life, it is a miracle he is still alive. He talked so kindly of his mother. He loves her so much. I was so touched when he talked about watching his mother's abuse by his father was the worst part of growing up. He said that his mother was a sweet church-going woman who would never hurt anybody. He kept saying, "due to her religion, she would never leave." This saddened me because whether we are married or not, abuse is never pleasing to God nor does God call women, or anyone else, to stay in a relationship or marriage where they are being abused. What I found astounding thought was he forgave his father and developed a

relationship with him. This goes to show, that even as adults, we all long to have a relationship with our parents regardless of what they do to us.
12/29/23 (morning) Johnny: He wanted to meet at the barbershop to sign his consent form. He told me that he was a Master Barber and that he loved to cut hair. We set up an interview time and will talk later tonight. **12/29/23 (evening) Johnny:** This was a good interview. Johnny learned a lot in life. One of the things that he said that I played over and over in my head was, "It's not the drug that gets me, it's the street life that I love and have to get away from." He said that he and his mother didn't fight a lot but when they did, it was intense. Talked about the severe beating he got from his mother and after all of these years, it still pains him. He said she beat the skin off his back. Johnny stated that his father made another family and his father was left to raise nine children by herself. Wow!. Lonnie spoke of being a mischievous child. His drug use intensified his criminal behavior and that is when he started getting involved in real serious crimes. It sounded like his mother may have beat him out of frustration, stress, and not wanting her son to get into trouble. He stated this as well because he had started lying to her. He and his mother are close though which is good. He has forgiven her and loves her dearly. I hope that he does well in the program and stays on course. I am really going to think about what he stated about the mindset and not the drugs. Sounds like the streets are his real addiction… that's something to ponder.
1/1/24: I have reached out to the third participant who stated that he would complete the study but he will not answer his phone so, I won't reach out to him anymore.
1/3/24: I introduced the study again to another group of me. I was nervous but it went well. I will review the screening tools and reach out to the men and start setting up interviews.
1/1/24: I have enjoyed the interviews so far. The men have been welcoming and open. It is not as hard as I thought it would be. I will continue to go through the screenings and reach out to the men to see who would like to participate in the study.
1/2/24: That was quick, I have an interview later this evening.
1/2/24 Jermiel: Was court-ordered to the program after getting felony charges. His parents split when he was young and his mother wasn't in his life. His father was very abusive. One of the things that resonated with me the most was him wishing his father knew the effect the abuse was having on him and his siblings. It pained my heart to hear him say that. But right after he made that statement, he spoke with sympathy as he talked about his father later disclosing to him that he was also abused as a child which is probably why his father was an alcoholic. He said that his father was dead and that he forgave him. Jermiel said that he is doing well in the program and was very happy about the way he is progressing. Pain is real and if you don't get help, the cycle goes on and on and on. I wonder if his father looks back and relives his own trauma. I wonder if it pains him to know that he inflicted the same pain on his son that was inflicted upon him. Did the guilt make him drink more?
1/2/24 and 1/3/24: I reached out to some more of the men and have four interviews lined up for 2/4/24. Yaayyyy!!!

1/2/24 Ty: This interview was one of the most heart-wrenching as he described the complexities between him and his mother. He loved his mother so much. His abuse came from defending her from her boyfriends. As a young child, he took adult beatings for her. Despite the brutal beatings her boyfriends gave her son, she would continue to go back to these men. Ty stated that it was her drug use which she still battles to this day. Ty continued to recount how depressed he was growing up and how he felt trapped. It hurt to hear that he had the opportunity to play football at a top-tier school but due to catching a drug charge, he lost his full scholarship. There was so much pain and anger in his eyes as he talked about this lost opportunity. After this interview, I thought about his mother and whether or not she thought about how her actions affected him. I also had to remember that she was a woman bound in addiction. There is a reason why she is in addiction. What happened to her? What was her childhood like?
1/4/24 Ezekiel: Ezekiel was the youngest participant. He stated during the introduction that he suffered from depression and anxiety. He also said that he missed out on a lot. Ezekiel has gone through a tremendous amount of pain and disappointment. He was physically abused by his father and sexually abused by his brother. In a heated argument with his brother, his brother boldly proclaimed in front of the family what he had done to him. As he described the entire scene, I could visualize what he was saying. But the look on his face as he described how it clicked that his brother was conscious of what he had done to him. Ezekiel said, "You knew what you were doing!" The look on his face and the sound of his voice as he stressed "you knew" really struck my heart. This was done in front of the family and he talked about how it created more of a mess in the family that had already existed. Despite all of that, he completed his education and got a state job. He loved the "little" family he had (girlfriend and her daughter), he was so proud. He began to express regret though as he lost it all but he is working his way back and is getting used to the program. This interview was extremely emotional. I thought about his strength and resilience. He has forgiven his father and his brother. He also talked about how much he loved his father although he was extremely abusive. I wonder- would I be able to do the same? I pray that I would be able to forgive so freely.
1/4/24 Anthony: Anthony's father was extremely abusive but drugs were not involved. His father would slap him across the room. Anthony left home at the age of 13 and never went back again. He said that he would never allow his father to hit him again. The tone and determination in his voice let the listener know that he meant what he said. As an adult, he got to know his father and learned things about his father that he had never known. His father died soon after they began to connect. By the things he said, I could tell that he wished he had a father-son relationship with his father. I couldn't imagine not having a relationship with my father. I hope that one day, he will find a surrogate father who will love him like a son.
1/4/24: Whew! I am on a roll with the interviews. I am learning so much. My heart is churning. Although there is no reason for abuse, I can see how not being loved has affected these men. The studies I have read are becoming alive. It is one thing to read a bunch of

studies but it is another thing to see it come to life. Not that it is a good thing to hear about abuse, it never is but the more you know, the more you are equipped to help. Lord, please let these men come to know you and Your Fatherly love. The love You have for them Father is immeasurable.
1/4/24 Trey: Trey was not abused by his father but his mother was. He was sexually abused by his brother-in-law. He described it as "violent." On top of that, his brother who was also his best friend, committed suicide. Because the men in his family were alcoholics, they looked down on him because he was addicted to drugs. They did not see alcohol as a drug. As Trey went through the interview, I thought about what his life was like. Trey was close with his mother, so at least he had her but he learned poor intimate relationship skills due to her being abused. He lost his best friend, his brother. The only person he could tell everything to. How do you deal with not having anyone to talk to and share your feelings with? What was it like to have your best friend and brother die unexpectedly? How did it affect his father's alcohol use? How did it affect his mother?
1/4/24 Kwasi: Stated he grew up with his mother and aunts being abused. His father was deceased. Although his mother had a string of relationships, he spoke of one of his boyfriends that loved both him and his mother. Unfortunately, the relationship did not last. What stuck out with this interview was that Kwasi stated that he always wondered what his life would have been like if that man had been in his life. This made me wonder, too. I also wondered about what he would have achieved. I not only thought about Kwasi but the rest of the men. What would they have achieved if they had been in a loving and caring environment?
1/4/24- Today was a day full of interviews and emotions. From what I am hearing, it is a miracle that these men are in their right minds.
1/5/24: Kenneth immediately stated that he had a traumatic childhood and talked about how his father beat his mother. He went on to say that he was working hard on being positive. He was very open as he talked about what he went through. At the end of the interview, he stated he enjoyed the program, was working hard, and felt like he was taking his life back. Although there were said points in the interview, Kenneth had a lot of hope that things were going to get better.
1/6/24: The interviews are going well. I am so happy that the men trust me enough to share the intimate details of their lives with me. What has really brightened my heart is that all of the men, except one, stated that these interviews were helping them and it felt good to get everything off of their chest. Thank You, Lord. I wasn't expecting a kind reception like this.
1/9/24: My next interview is scheduled for 2/12/24. It takes a lot of time to go through these interviews. I am also working on coding the transcriptions. This is a lot of work! I have to keep rereading to make sure that I completely understand coding but it is getting easier as I continue reading the transcripts. I have seen the commonalities as I continue to read the interviews. Over the next couple of days, I will keep coding and looking for themes.

1/12/24: Joshua's narrative was painful to listen to. When I started these interviews, I had no idea that I would be hearing these types of stories, nor did I know the men would be so open and ready to tell their story. Nor did I know that the men would be so expressive.
1/13/24: I am still working through the transcripts and coding.
1/14/24: Transcripts and coding. I also have an interview set up for 2/15/24. Bill reached back out to me and agreed to do an interview. The more I talk with these men the more I see the devastation of ACEs. Everything the men have told me lines up with what I have been reading. In a trauma training I attended, I asked the facilitator about ACEs and destructive behavior especially when it comes to the harming of others. The facilitator stated, "ACEs is not an excuse but it is an explanation."
1/15/24: The interview with **Bill** was another interview that struck my heart. He described that his mother was forced by his father to poke him in the butt with needles as a form of punishment. Why? That is what I thought. This form of punishment was so mean. Some of the forms of abuse keep getting worse. Bill expressed being loved by his mother and loving his mother. I can only imagine how painful it was for her to exert pain on her son because she was so afraid of his father. I don't know who I feel worse for, Bill or his mother. This was awful.
1/31/24 Brian: Talked constantly about and stressed the severe neglect that he went through as a child. He said that due to things his parents were doing, they were unable to care for him or do anything for him. Brian was also very quiet and guarded so, I had to be conscious of how I asked the question. He said that a lot of his arrests came from fighting over women. He also dealt with a lot of anger. He said, "If you back me in a corner, I will shoot you." He wasn't talking about me per se but anyone. Brian stated he spent three years in prison for assaulting a police officer. He was high when the assault took place. He has been in and out of prison for the last several years. Brian described his home life as a "disaster." After the interview, I wondered about what transpired in his life because he was very guarded…nice but guarded. During the interview, he said that he was loyal to his family, so I wonder if he did not talk much to protect his family. He answered all of the interview questions but with caution.
The men have received their gift cards and transcripts (those who wanted them). I had some interesting conversations with some of them when I dropped them off. Trey was real sick when I dropped his off, I hope he feels better. I had a real long conversation with Kenneth as he wanted to talk. He said that he really enjoyed the interviews and he was able to get a lot off his chest. He said, "I need counseling but I don't know how to say it." He didn't know how to say the words. I encouraged him to speak to his CM who could connect him to a counseling agency. I asked him why it was so difficult and he just repeated that he didn't know how to say the words. We talked and he said that he had already talked to his CM about the things that he had gone through as a child. I told him the door was already open and all he had to do was reach out to his CM who would be happy to listen and connect him (Kenneth has an awesome CM). He said that he would. I was happy to hear later on that he did speak to his CM about counseling. Ezekiel and I talked as well. He is growing in the program. He was in the middle of applying for jobs which is awesome. He too expressed gratefulness at being able to talk about his experiences. He said the program was not easy but he is growing stronger and working hard. My visit with Johnny was also one that evoked a lot of conversation. He wanted to meet at the barber shop again. He even recommended a couple of books about incarceration and the mindset of those who are in jail. It was hard for him to remember the name because it

was written a long time ago. He also stated that he enjoyed talking and had been thinking about the interviews.
I reached out to my boss and told her about the interviews (no names given) and what I had learned. She was ecstatic. We talked about some ideas we could implement in the future when the study was completed and the dissertation was done. She was thrilled and so was I! Sarah moves quick so I have to be ready! So exciting!! So exciting! I am grateful to have her. She is passionate about this population and the work that is done. She is always willing to listen and try new things which is one of the reasons the program is so successful. Sarah is a woman of faith and steps out-even if it doesn't work, she thinks through why it didn't work. She then moves to make it work if it is going to help our clients. Awesome!
2/5/24: I have continued to code and work on my themes.
2/8/24: I have started formulating the table for my themes. I wonder how many themes I will end up with. There is a lot of information to continue to go through so that I don't miss anything.
2/17/24: I have seven themes and working through my subthemes. I am also editing my paper.
2/18/24: Now that I am no longer doing interviews and am putting my paper together, I am seeing all of the work that I put into this. I am also able to look at the interviews in a different light now that I am no longer focused on developing codes, themes, and subthemes. These men went through some horrendous things…unfathomable. The trauma doesn't even include what they experienced while incarcerated. I can see why the relationships they have been in have been so unhealthy. I also see why some of them have uncontrollable anger. I am humbled that they allowed me to ask questions, personal questions. I am happy they are in the program and getting the help they need. My hopes are high for them. I pray that the pain of the past is replaced with accomplishments and sobriety… a lifetime of sobriety.
2/24- This month has been full of writing and editing, writing and editing and checking in with my chair. As I continue to write and refer back to my study as well as the existing literature, everything lines up. It is deeper than common sense that childhood trauma can really do damage to a person's emotion but to talk to individuals who have experienced is a whole new ballgame. It's one thing to hear it and another thing to hear it expressed and to see someone's face when they talked about it. I reminded all of the men that we had trusted counselors and therapists made available to them. They were extremely receptive to this. They were wide open during the interviews with only one man being reserved-he answered all of the questions though. I am still amazed that the men were so ready to talk and share their experiences.
3/24- Still working through my paper and am prayerfully ready to submit soon. I have said it before, but this is a lot. I have the highest respect now for anyone who has a doctorate degree. My goodness! A lot of tossing and turning at night thinking about the work that is before me. A lot of thinking about the interviews and how ACEs affect these individuals. I pray for anyone who has gone through childhood abuse. I had no idea the effects lasted so long until I talked to the participants. No wonder so many people are in jail and/or are using drugs.
3/26/24: My heart is full. A couple of the men graduated from the program. Kwasi and Melvin received their certificates of completion as well. I almost cried! The program is not an easy one to graduate from. It takes adherence, dedication, and a lot of hard work. They are truly on their way to living a thriving life. Lonnie stopped me at the graduation and told me how much he was loving his new job. He said that the company has a lot of contracts coming in. He

looked awesome and sounded stronger! His voice wasn't the same as it was when I first met him. He sounded strong and looked confident. I couldn't do anything but beam as he was talking to me. Lonnie talked so much and the excitement was all in his persona.
4/24- I have submitted Chapter 5 and am waiting to hear back regarding what needs to be edited. I am racing against time as it is almost time for graduation. I need to keep going and remember that I am working against a deadline.