

Ending Human-Animal Maltreatment Cycles Through the Use of Trauma-Informed Therapy

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ABSTRACT

This article proposes that many individuals who commit maltreatment (cruelty or abuse/acts of commission, neglect/acts of omission, or violence) against animals are doing so in reaction to trauma they experienced earlier in their lives. This trauma may have come from events in which individuals experienced direct maltreatment or observed maltreatment, which such individuals then adopted as a way of managing their trauma-induced symptoms and/or trauma-induced mental illness, particularly Post Traumatic Stress Disorder. Legal, mental health, and social work fields should develop an interconnected program that can 1) curb the presence of the human-animal (and hopefully human-human) abuse cycle (or maltreatment cycle) in society; 2) heal or resolve individuals of their underlying, trauma-induced reasons for committing maltreatment; and 3) protect would-be victims from future maltreatment by using trauma-informed therapies like Cognitive Processing Therapy and Eye Movement Desensitization and Reprocessing Therapy.

I. INTRODUCTION

William Hogarth (1697-1764), an English pictorial satirist and social critic, theorized that four stages of cruelty may be present within certain human-animal-society relationships. Through an effort to inspire Britain to take action against animal cruelty, Hogarth depicted cruelty against animals

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and humans alike—as juxtaposed and hellishly intermingled—in four engraved prints (1751).¹ During Stage One, Hogarth’s main character, Tom Nero, is a boy who commits physical violence—actions people today would consider animal cruelty—against another boy’s companion dog.² In Stage Two, Tom Nero is an adult who commits violence against the horse who draws his carriage (full of lawyers who ignore Tom Nero’s violence).³ In Stage Three, Tom Nero has murdered his pregnant lover.⁴ And, in Stage Four, society has executed Tom Nero as a method for society to ensure Nero accounts for his cruelty and violence.⁵ Society subjects Tom Nero to scientific dissection, which leads him to his ultimate fate to exist as a skeleton on display, rather than receiving the dignity of a proper burial.⁶ Simply stated, society asserts “justice.” This justice creates an ironic twist to the story because society punishes Tom Nero using condoned physical violence—a variation of the violence Tom Nero committed that society previously identified as a crime. The abuser becomes the abused, the oppressor becomes the oppressed. Rather than finding an alternative method to end these perpetually expanding cycles of maltreatment and oppression, Tom Nero’s execution prevents society, and Tom Nero, from looking for an alternative solution of restitution that could end Tom Nero’s and society’s cyclical actions and prevent future cruelty from occurring in micro and macroscopic scales.

I propose that an additional stage of cruelty, for which William Hogarth did not account, exists in society on microscopic and macroscopic scales: A pre- stage, or Stage Zero. This stage is the period during which Tom Nero may have first experienced trauma, which influenced his decision to commit violence during Stages One, Two, and Three. Practically applying this concept, Stage Zero occurs when a person first experiences maltreatment or an event from which they experienced trauma. In this article, I propose some individuals’ reaction to trauma manifests as their maltreatment (cruelty or abuse/acts of commission, neglect/acts of

¹ Regarding his Four Stages prints, Hogarth said “The prints were engraved with the hope of, in some degree, correcting that barbarous treatment of animals, the very sight of which renders the streets of our metropolis so distressing to every feeling mind. If they have had this effect, and checked the progress of cruelty, I am more proud of having been the author, than I should be of having painted Raphael’s cartoons.” William Hogarth, *Anecdotes of William Hogarth, Written by Himself* (London, UK: J B Nichols and Son, 1833) at 65.

² “The Four Stages of Cruelty” (last visited 10 May 2022), online: *The History of Art* <www.williamhogarth.org/four-stages-of-cruelty/> [perma.cc/NTH8-GAUP].

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*

omission, or violence) of others—Stages One through Three. A person’s commission of maltreatment may be an unrecognized coping mechanism they consciously or unconsciously employ to manage the pain and suffering they feel from untreated trauma and ensuing mental illnesses,⁷ such as Post Traumatic Stress Disorder (PTSD).⁸

Consequently, the maltreatment a person commits toward others during Stages One through Three creates new victims. The individual who commits maltreatment not only perpetuates their personal exposure to the maltreatment cycle, they also introduce their victim to the maltreatment cycle. I suggest the person who commits the maltreatment relives their initial trauma during their maltreatment of others, and so, not only victimizes others, but also revictimizes themselves during the maltreatment process. I also propose that if society works with individuals to address traumatic event(s) that instigated their motivation to mistreat other beings, and society helps those individuals resolve their trauma and subsequent trauma-induced mental health issues, society can help end—or at least curb—the maltreatment cycle by alleviating individuals of the root cause of their original suffering. In turn, society could help alleviate the manifestation of trauma-exposed individuals’ suffering as seen through their maltreatment of others. As a result, society could protect would-be victims from experiencing future violence and maltreatment. And, society could protect trauma-affected individuals from re-victimizing themselves by alleviating their motivation to mistreat other beings.

⁷ “Serious mental illness is often defined as a cognitive, behavioural, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.” Byron R Johnson, Sung Joon Jang & Matt Bradshaw, “New Hope for Offender Rehabilitation: Assessing the Correctional Trauma Healing Program” (2021) at 9, online (pdf): *American Bible Society* <1s712.americanbible.org/baylor-prison-study/baylor-prison-study/ABS-Baylor-Research-Study.pdf> [perma.cc/2WVD-UK3V] [Johnson, Jang & Bradshaw], citing “2017 Methodological Summary and Definitions” (2018) at 62, online (pdf): *Substance Abuse and Mental Health Services Administration* <www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHMethodSummDefs2017/NSDUHMethodSummDefs2017.pdf> [perma.cc/Y5PM-HTKM].

⁸ “The Effects of Trauma Do Not Have to Last a Lifetime” (16 January 2004), online: *American Psychological Association* <www.apa.org/research/action/ptsd#:~:text=Untreated%20PTSD%20from%20any%20trauma,work%20and%20interact%20with%20others> [perma.cc/3LVX-VC97]; “Exhibit 1.3.4 DSM-5 Diagnostic Criteria for PTSD, Trauma-Informed Care in Behavioural Health Services” (last visited 11 May 2022), online: *National Center for Biotechnology Information* <www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/> [perma.cc/H5TF-59NV].

This strategy may also provide the added benefit of decreasing incarceration rates:⁹ Should trauma be the underlying reason a person committed maltreatment, and the legal system incarcerated the person for that crime, if those individuals heal from their trauma, they will cease having the motivation to commit future maltreatment and so, decrease their interactions with the legal system, which could prevent future incarceration for violent crimes. This prevention method could also help heal individuals of their trauma who have committed maltreatment, before their first interaction with the legal system. This proactive strategy could protect myriad individuals from becoming incarcerated and from losing rights because of a criminal record. In sum, I suggest that society could use trauma-informed therapy alternatives to decrease the prevalence of the maltreatment cycle, rather than employing historical forms of punishment—including incarceration, fines, probation, etc.—that perpetuate the maltreatment cycle through legal, systemic oppression.¹⁰

Incorporating trauma-informed therapy into the criminal justice system is an approach that would serve to identify and resolve existing trauma for individuals who commit maltreatment (IWCMs).¹¹ Trauma-informed

⁹ This article does not discuss the underlying political and capitalist variables that have supported a pro-carceral culture in the United States (or U.S.), particularly of Black Americans. See generally Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, 10th Anniversary ed (New York: New Press, 2020); Kara Gotsch & Vinay Basti, “Capitalizing on Mass Incarceration: U.S. Growth in Private Prisons” (2 August 2018), online: *The Sentencing Project* <www.sentencingproject.org/publications/capitalizing-on-mass-incarceration-u-s-growth-in-private-prisons/> [perma.cc/NJ88-PHYD]. More information regarding incarceration rates in the U.S. and its systemic maltreatment of marginalized individuals can be found at “Issues: Incarceration” (last visited 25 October 2021), online: *The Sentencing Project* <www.sentencingproject.org/issues/incarceration/> [perma.cc/J3MB-TRF8].

¹⁰ See generally, e.g., Kelly Hayes & Marianne Kaba, “A Jailbreak of the Imagination: Seeing Prisons for What They Are and Demanding Transformation” (8 January 2019), online: *Prison Legal News* <www.prisonlegalnews.org/news/2019/jan/8/jailbreak-imagination-seeing-prisons-what-they-are-and-demanding-transformation/> [perma.cc/Y855-SKYN]; Bruce Western & Becky Pettit, “Incarceration & social inequality” (2010) 139:3 *Dædalus* 8; Ronnie K Stephens, “Trauma and Abuse of Incarcerated Juveniles in American Prisons” (28 May 2021), online: *Interrogating Justice* <interrogatingjustice.org/prisons/trauma-and-abuse-of-incarcerated-juveniles-in-american-prisons/> [perma.cc/G5Q3-EKXE] (providing different examples of the way the carceral system treats incarcerated individuals that lead to long-term damage for those affected).

¹¹ Ideally, we will create a world in which we do not have prisons and in which we can provide individuals the care they need without using historical forms of punishment—such as incarceration—that have proven ineffective. For now, the incorporation of trauma-informed therapy into the current criminal legal system could help society get

therapy acknowledges and focuses on the ways that traumatic experiences may impact a person's "mental, behavio[u]ral, emotional, physical, and spiritual well-being."¹² Through the interconnection of the legal, mental health, and social work fields, professionals can work together, and can work with IWCMS, to heal them of their trauma-induced mental suffering and any related mental illnesses, so they do not feel the need to hurt or mistreat others. If society (we) approach IWCMS with trauma backgrounds as individuals who were once victimized, we can translate/analogize and apply the literature and research that surrounds domestic violence and maltreatment victims to individuals who committed that violence and maltreatment. In turn, we can use analogistic discussions and strategies to heal IWCMS of their trauma, to prevent them from committing violence and maltreatment against other beings in the future. Though situations may exist in which someone mistreated another being for reasons that are not influenced by trauma, I propose that trauma plays a larger role in the maltreatment cycle than we realize or choose to accept. I will further discuss this concept in subsequent sections.

To establish the context for discussing trauma-informed therapies to heal IWCMS, in Part II, I will discuss the causes of trauma and trauma's role in developing PTSD; PTSD's development from direct maltreatment or observed and learned violence; and PTSD's relationship to other forms of mental illness. In Part III, I will discuss trauma and PTSD's connection to the maltreatment of other beings. In Part IV, I will discuss the insufficiencies in the current criminal justice system's approach to ending animal maltreatment and available trauma-informed therapies that heal PTSD and could prevent future maltreatment. In Part V, I will propose research, anticipated uses of the research's results, and ways to incorporate trauma-informed therapies into the legal system to help decrease the prevalence of the maltreatment cycle.

I use the following concepts in this discussion: 1) I will refer to individuals who have transgressed against other beings as "individuals who committed maltreatment"/IWCMS, rather than 'abuser' or 'offender,' because all individuals are more than the acts they committed. 2) I will refer to beings whom the scientific community does not identify as homo sapiens¹³ (human) as 'animal.' I will use the term 'maltreatment' to refer to

one step closer toward developing a roadmap that transforms the criminal legal system into one in which we do not incarcerate individuals.

¹² "What is Trauma-Focused Therapy" (last visited 10 November 2021), online: *Center for Child Trauma Assessment, Services and Interventions* <cctasi.northwestern.edu/trauma-focused-therapy/> [perma.cc/5NUS-PLZM].

¹³ For a discussion regarding the reasons why the term 'human' is problematic as it relates

cruelty, abuse/acts of commission, neglect/acts of omission, violence, and/or any other act that causes injury¹⁴ (including proactive human behaviours that are meant to induce pain and suffering).¹⁵ The terms ‘cruelty,’ ‘abuse,’ ‘neglect,’ and ‘violence’ have multiple legal, legislative, and personal definitions. Though the term ‘maltreatment’ may not reflect the intensity of the harmful actions it represents or the common legal term ‘cruelty’ that legislation uses, this umbrella term ensures that all forms of harm that trauma may induce, and that I discuss, are represented.¹⁶ 3) My perspectives in this article are one shade of myriad perspectives that deserve representation in their effort to heal people and end the maltreatment cycle. This discussion deals with complex topics. However, trauma, trauma-derived mental illness, and trauma’s effects permeate society; complex and sometimes seemingly uncomfortable conversations are necessary to approach these topics. The National Council for Behavioral Health reported that seventy percent of adults in the United States (or U.S.) have experienced a traumatic event at least once during their lifetime.¹⁷ Resolving trauma and ending the maltreatment cycle are long-discussed topics and burgeoning research fields.¹⁸ Therefore, these discussions and studies require many voices and perspectives in order to provide comprehensive and necessary coverage to resolve all the issues that arise with maltreatment cycles, emotional trauma, and trauma-informed care. 4)

to *whom* mainstream society considers human (versus animal) and the term’s constructive exclusion of marginalized communities, *see generally* Aph Ko & Syl Ko, *Aphro-ism: Essays on Pop Culture, Feminism, and Black Veganism from Two Sisters*, 1st ed (New York: Lantern Publishing & Media, 2020).

¹⁴ For more information regarding the term ‘maltreatment,’ *see* Gary Patronek, “Animal Maltreatment as a Social Problem” in Lacey Levitt, Gary Patronek & Thomas Grisso, eds, *Animal Maltreatment: Forensic Mental Health Issues and Evaluations* (New York: Oxford Academic, 2015) at 25–30.

¹⁵ *Ibid* at 33.

¹⁶ *Ibid* at 32–33 (“[W]hen the term ‘animal maltreatment’ is used, it is intended to encompass any type of cruelty, abuse, torture, abandonment, or neglect, regardless of the degree of underlying motivation or intent (or lack thereof) on the part of the offender. This is consistent with the broadening of the term ‘child abuse’ to ‘child maltreatment’ We feel this global term is advantageous because it does not appear to be as burdened by inconsistent or conflicting usage as are these other terms. It also allows us to discuss animal maltreatment without being encumbered by differences in the statutory definition, or lack of definition, of a particular term across 50 different states in the United States.” (Internal citations omitted)).

¹⁷ “How to Manage Trauma” (2013), online (pdf): *National Council for Behavioural Health* <www.thenationalcouncil.org/wp-content/uploads/2013/05/Trauma-infographic.pdf?dof=375ateTbd56> [perma.cc/GNP2-2257].

¹⁸ *See generally* Johnson, Jang & Bradshaw, *supra* note 8 (discussing research Baylor University designed to heal incarcerated individuals of their trauma and PTSD).

Animals are victims.¹⁹ The human-animal maltreatment relationship may differ from the human-human maltreatment relationship. In other words, the perception and relationship the IWCM holds towards the animal they mistreated may be different from the perception they have toward a human who can respond through forms of human communication. However, the maltreatment cycle still victimizes any being who experiences maltreatment. 5) In reference to point 4, research has established a correlation between animal maltreatment and human maltreatment.²⁰ An IWCM who harms an animal may harm a human as well, though this relationship is not a guarantee.²¹ The legal, mental health, and social work fields refer to this correlation as ‘the Link.’²² 6) Even though this discussion focuses on healing IWCMs, everyone must still be accountable for their choices and actions, which includes accountability for harming others. This therapeutic proposal is not in lieu of accountability, but it could help people make progress in changing their mental state and behaviours for their benefit and for the benefit of current and would-be victims. This introspection and resulting mental and emotional healing could be another method for IWCMs to take accountability for their transgressions, but in a safe space that helps them maintain self-respect and dignity, as well as develop respect and compassion toward their victims. In turn, this approach could help heal IWCMs, so they no longer use maltreatment approaches to maintain power and control.²³ 7) This article exists to provide discussion toward

¹⁹ “Animals as Crime Victims: Development of a New Legal Status” (last visited 24 January 2022), online: *Animal Legal Defense Fund* <aldf.org/article/animals-as-crime-victims-development-of-a-new-legal-status/#:~:text=Both%20federal%20and%20state%20courts,for%20animals%20and%20for%20justice> [perma.cc/L4R3-D49A].

²⁰ “The Link Between Cruelty to Animals and Violence Toward Humans” (last visited 24 January 2022), online: *Animal Legal Defense Fund* <aldf.org/article/the-link-between-cruelty-to-animals-and-violence-toward-humans-2/#:~:text=Research%20Shows%20the%20Link%20Between,abuse%20and%20other%20violent%20behavior> [perma.cc/Q3ZT-U24R].

²¹ *Ibid.* This dynamic is, however, complex. See Charlie Robinson & Victoria Clausen, “The Link Between Animal Cruelty and Human Violence” (20 August 2021), online: *Federal Bureau Investigation, Law Enforcement Bulletin* <leb.fbi.gov/articles/featured-articles/the-link-between-animal-cruelty-and-human-violence> [perma.cc/G9FT-VWWE], and *infra* Part III(b)(i).

²² Frank R Ascione, Teresa M Thompson & Tracy Black, “Childhood Cruelty to Animals: Assessing Cruelty Dimensions and Motivations” (1997) 10:4 *Anthrozoös* 170 at 170-77; “About Us” (last visited 11 April 2021) online: *Colorado Link Project* <coloradolinkproject.com/about-us/> [perma.cc/W6HB-3NFC]; “What is the Link?” (last visited 24 January 2022), online: *National Link Coalition* <nationallinkcoalition.org/what-is-the-link> [perma.cc/MM7P-JCNW] [Colorado Link Project].

²³ See, e.g., “Understanding the Power and Control Wheel” (last visited 24 January 2022),

approaches that could protect victims, both animal and human. However, humans create and perpetuate the maltreatment cycle by intentionally committing maltreatment and violence against animals and other humans. Animals do not intentionally mistreat others. Therefore, to protect animals and humans from maltreatment and violence, the discussion and solutions need to focus on the human actor's initiation and perpetuation of the maltreatment cycle.

This article focuses on individuals who commit maltreatment. However, the end goal of this project is to protect animals (and humans) from any victimization. This discussion does not intend to minimize the experience of maltreatment that animal and human victims encounter in any way. Rather, this discussion exists to end the maltreatment cycle so that beings no longer must endure violence and maltreatment.

II. BACKGROUND: TRAUMA AND ITS MANIFESTATION OF MALTREATMENT

I propose that a common cycle develops within individuals who experience traumatic events (such as maltreatment) that continues into the development of PTSD, the development of other mental illnesses, and the need to maintain power and control, which results in the maltreatment of others.²⁴ A person may experience a traumatic event or a series of traumatic events through direct maltreatment and observed violence.²⁵ Direct

online: *Domestic Abuse Intervention Programs*
<www.theduluthmodel.org/wheels/understanding-power-control-wheel/>
[perma.cc/GE8Y-Y7AS] (describing the various methods people who commit maltreatment use to maintain power and control) [Domestic Abuse Intervention Programs].

²⁴ Timothy Gallimore, "Unresolved Trauma: Fuel for the Cycle of Violence and Terrorism" in Chris E Stout, ed, *Psychology of Terrorism: Coping with the Continuing Threat* (Connecticut: Praeger Publishers, 2004) at 67-93; "Effects of child abuse and neglect for adult survivors" (January 2014), online: *Australian Institute of Family Studies* <aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-adult-survivors> [perma.cc/S638-J4U7]; Matthew Tull, "The Connection Between PTSD and Domestic Violence" (updated 16 January 2020), online: *Very Well Mind* <www.verywellmind.com/ptsd-and-domestic-violence-2797405#:~:text=Childhood%20Abuse%20and%20Relationship%20Violence&text=People%20with%20PTSD%20also%20have,and%20women%20with%20the%20di> [perma.cc/Q9XV-UFM6]; Domestic Abuse Intervention Programs, *supra* note 24. Though some of the studies and commentary in this citation focus on children, an extrapolation between the findings of studies that focus on children could likely exist for individuals who experience their initial traumatic event (such as maltreatment) during adulthood.

²⁵ Jayne O'Donnell & Mabinty Quarshie, "The startling toll on children who witness

maltreatment or violence involves a person being the direct recipient of another's aggression. Observed violence occurs when a person witnesses another person being violent to someone else.²⁶ Examples of observed violence may include a person watching a family member harm another family member, the family's companion animal, or another animal. Observation of this violence teaches the person—particularly in cases involving children—that this violence is acceptable, or at least normal behaviour, which then makes it learned violence.²⁷ The impact of learned violence is particularly significant on children's mental development.²⁸ In response to that traumatic event, the person may develop PTSD.²⁹

domestic violence is just now being understood", *USA Today* (29 January 2019), online: <www.usatoday.com/story/news/health/2019/01/29/domestic-violence-research-children-abuse-mental-health-learning-ages/2227218002/> [perma.cc/HK6S-NBP2]; "Post-Traumatic Stress Disorder" (last revised May 2019), online: *National Institute of Mental Health* <www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd#:~:text=Anyone%20can%20develop%20PTSD%20at,some%20point%20in%20their%20lives> [perma.cc/MCN5-TQME] [National Institute of Mental Health on *PTSD overview*]. Most research regarding observed violence that manifests into maltreatment focused on child victims who become adults, who may develop a propensity to mistreat. Though child and adult psychologies differ, the studies on children's development who are exposed to maltreatment can continue the conversation for the effects of individuals' psychologies who observe violence when they are adults. See also Substance Abuse & Mental Health Administration, "Trauma-Informed Care in Behavioural Health Sciences: Treatment Improvement Protocol (TIP) Series 57" (2014) at 50–51, online (pdf): *Substance Abuse and Mental Health Services Administration* <store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816> [perma.cc/339N-MYCM] (discussing the effects of observed trauma, which can also instigate trauma within the observer) [TIP 57].

²⁶ See generally Leonard Berkowitz, "Situational Influences on Reactions to Observed Violence" (1986) 42:3 *J Soc Issues* 93 (for a working definition of the concept 'observed violence' and the effects of this type of violence on observing bystanders).

²⁷ "Social Learning Theory and Family Violence" (last visited 11 April 2021), online: *Criminal Justice* <criminal-justice.iresearchnet.com/crime/domestic-violence/social-learning-theory-and-family-violence/> [perma.cc/J285-FRWC] [Criminal Justice].

²⁸ Wake Forest University Baptist Medical Center, "Violence Is A Learned Behaviour, Says Researchers At Wake Forest University", *Science Daily* (9 November 2000), online: <www.sciencedaily.com/releases/2000/11/001106061128.htm> [perma.cc/2KXG-NPRJ] [Wake Forest University].

²⁹ "Causes – Post-traumatic stress disorder" (last reviewed 27 September 2018), online: *National Health Services* <[www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/causes/#:~:text=Post%2Dtraumatic%20stress%20disorder%20\(PTSD\)%20can%20develop%20after%20a,physical%20or%20sexual%20assault](http://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/causes/#:~:text=Post%2Dtraumatic%20stress%20disorder%20(PTSD)%20can%20develop%20after%20a,physical%20or%20sexual%20assault)> [perma.cc/FT44-XXHT].

PTSD can affect anyone.³⁰ PTSD may cause fear and anxiety to occur, induce the person into reliving the traumatic event or related intrusive thoughts, alter the person's cognition and mood, among other symptoms, which may result in the person's experience of emotional pain and suffering from these symptoms.³¹ PTSD frequently induces adverse physical reactions, such as making a person feel "stuck"³² and believing they cannot escape traumatic memories.³³ Additionally, PTSD frequently creates triggers in a person's mind that make the person relive the traumatic event or emotions tied to the traumatic event.³⁴ These triggers, and the automatic reactions triggers provoke, are tied to "unconscious emotions of pain, fear, and shame."³⁵ When PTSD goes untreated, its symptoms can influence a person's development of skewed perspectives toward themselves, the world, and others.³⁶ Simultaneous to the development of PTSD, a trauma-affected person may also develop additional forms of severe mental illness.³⁷

A person may react to trauma-induced symptoms and illnesses in unhealthy ways to maintain power and control.³⁸ This fight for power and control may be a survival mechanism the person uses to capture any

³⁰ National Institute of Mental Health on PTSD overview, *supra* note 26.

³¹ "What is Posttraumatic Stress Disorder?" (last reviewed August 2020), online: *American Psychiatric Association* <www.psychiatry.org/patients-families/ptsd/what-is-ptsd> [perma.cc/NX48-YRED] [American Psychiatric Association on PTSD].

³² Feeling 'stuck' is an emotional, psychological, and physical condition that impedes "self-regulation and adaptive decision-making," which inhibits an individual's ability to plan and, therefore, feel hopeful, for the future. These feelings and perspectives leave the individual feeling trapped within their present experience. See June Gruber et al, "Feeling stuck in the present? Mania proneness and history associated with present-oriented time perspective" (2012) 12:1 *Emotion* 13 at 14.

³³ "Getting Stuck In Your Trauma or PTSD" (last visited 27 January 2022), online: *Oxford Development Center* <www.oxforddevelopmentcentre.co.uk/getting-stuck-in-your-trauma-or-ptsd/> [perma.cc/5Z5T-5JY].

³⁴ A trigger is an innocuous situation—smells, sounds, circumstances, tastes, words, or media—that causes a person to re-experience the traumatic event and trauma-induced symptoms. "PTSD Triggers" (last visited 25 October 2021), online: *Trauma Practice* <traumapractice.co.uk/ptsd-triggers/> [perma.cc/YD4G-TTDV] [Trauma Practice]. See *infra* Part II(c) for further discussion of triggers.

³⁵ TEDx Talks, "Emotional laws are the answer for better relationships: Diana Wais at TEDxThessaloniki" (20 June 2014), online (video): *YouTube* <www.youtube.com/watch?v=gTZgfyOW-DA> [perma.cc/E33Q-PEMD] [TEDx Talks].

³⁶ Matthew Kimble et al, "Negative World Views after Trauma: Neurophysiological Evidence for Negative Expectancies" (2018) 10:5 *Psychological Trauma* 576 at 577–78 [Kimble et al].

³⁷ TIP 57, *supra* note 26 at 85–89.

³⁸ Baylor University's trauma study collected participant data that showed interpersonal aggression was a natural response for individuals who were suffering from trauma. Johnson, Jang & Bradshaw, *supra* note 8 at 23.

semblance of personal safety they can retain.³⁹ In other words, the need to maintain power and control becomes the person's mechanism for self-preservation. As a result, I posit that a person may choose to mistreat another being to maintain power and control to sustain their own well-being, despite the harm it causes to the being who receives the maltreatment.⁴⁰ Though these actions harm others, the choice seems logical to the person attempting to regain control of their lives because the PTSD and its symptoms have skewed their perspective.⁴¹ Arguably, these harmful actions may effectively make the person feel more in control. Engaging in harmful actions against others is an unhealthy and dangerous coping mechanism. But it is a coping mechanism all the same and it works, which is why the person may repeat this behavioural pattern. If violence against others is successful in this way, then society needs to provide the person with an alternative, safer, and healthier coping mechanism that supplants the person's harmful actions and helps resolve the person's reactions to underlying trauma.

When the trauma and PTSD-affected person mistreats another being, the maltreatment and simultaneous trauma they inflict victimizes the receiver of the maltreatment. But the affected person may also victimize themselves because they engage in violence, which re-enacts the trauma or triggers emotions they experienced from their first traumatic event. That revictimization may act as a new traumatic event, which could add a new layer of additional trauma. As a result, the PTSD-affected person who mistreated another being may reinitiate their trauma-PTSD-maltreatment cycle. And, they may have initiated the trauma-maltreatment cycle for the being they mistreated. The cycle may then continue for both individuals who may continue to re-victimize themselves as they cope with their layered trauma, introduce new victims to the trauma-maltreatment cycle, and so on. This section delves into the elements of each part of this cycle and

³⁹ Lauren A Leotti, Sheena S Iyengar & Kevin N Ochsner, "Born to Choose: The Origins and Value of the Need for Control" (2010) 14:10 *Trends in Cognitive Sciences* 457 at 457.

⁴⁰ See Andrew M. Campbell, "The Intertwined Well-Being of Children and Non-Human Animals: An Analysis of Animal Control Reports Involving Children" (2022) 11:2 *Soc Sciences* 1 at 4, citing Jeremy Wright & Christopher Hensley, "From animal cruelty to serial murder: Applying the graduation hypothesis" (2003) 47:1 *Intl J Offend Therapy & Comp Criminology* 71 at 71-88 (whose study's conclusions, with support from cited a study, suggest that children who were victims of harm felt powerless to stop their perpetrator, and in turn, began injuring animals who were more vulnerable than the victimized child).

⁴¹ Jasmeet P Hayes, Michael B VanElzakker & Lisa M Shin, "Emotion and cognition interactions in PTSD: a review of neurocognitive and neuroimaging studies" (2012) 6:89 *Frontiers Integrative Neuroscience* 1 at 1.

further details their relationship to each other and the perpetuation of animal (and human) maltreatment.

A. Defining Trauma and Identifying its Elements

Trauma, generally. Trauma is an emotional response to something that the exposed individual perceives as being terrible.⁴² A person may experience trauma in reaction to “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”⁴³ In turn, trauma challenges a person’s ability to understand their life through healthy perspectives and prevents the person from creating and maintaining healthy relationships with family members and their community.⁴⁴ Trauma is a universal experience.⁴⁵ It transcends “age, gender, socioeconomic status, race, ethnicity, geography, [and] sexual orientation.”⁴⁶ In fact, more than half the United States’ population has suffered from at least one traumatic event in their lives.⁴⁷

Individuals who have undergone trauma may experience shock and denial in the short term.⁴⁸ However, long-term reactions may include “unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.”⁴⁹ In turn, individuals who have undergone trauma may experience challenges moving on from the traumatic event or processing their reactions to that event.⁵⁰ Though trained mental health professionals can help individuals work through their reactions to traumatic events, some individuals may not have access

⁴² “Trauma” (last visited 11 April 2021), online: *American Psychological Association* <www.apa.org/topics/trauma/> [perma.cc/7MAJ-NCML] [*Trauma* – American Psychological Association].

⁴³ Substance Abuse and Mental Health Services Administration, “SAMHSA’s Concept of Trauma and Guidance for a Trauma-informed Approach”, (2014) at 7, online (pdf): *Substance Abuse and Mental Health Services Administration* <ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf> [perma.cc/LP8W-CCV3] (emphasis in the original) [SAMHSA].

⁴⁴ *Ibid* at 5.

⁴⁵ *Ibid* at 2.

⁴⁶ *Ibid*.

⁴⁷ Katherine Carter, “Helping people through trauma-informed care” (15 March 2019), online: *American Psychological Association* <www.apa.org/members/content/trauma-informed-series> [perma.cc/2CTA-R7F5].

⁴⁸ *Trauma* – American Psychological Association, *supra* note 43.

⁴⁹ *Ibid*.

⁵⁰ *Ibid*.

to these mental health resources,⁵¹ realize resources exist, or realize they are experiencing symptomatic responses to trauma that need attention, in order to heal. Research shows that individuals who experience trauma may create “impaired neurodevelopmental and immune systems responses and subsequent health risk behavio[u]rs [that result] in chronic physical or behavio[u]ral health [illnesses].”⁵² Furthermore, mental health professionals have realized that trauma transcends sectors beyond behavioural health services.⁵³ Trauma affects “child welfare, criminal justice, primary health care, peer-run and community organizations[,]” and inhibits effective outcomes in those sectors.⁵⁴ For this reason, many mental health professionals have been working to address trauma through their behavioural health services.⁵⁵

Elements of Trauma. The three primary elements that establish a person’s trauma are 1) the initial event; 2) the person’s individualized, unique experience to that event, which caused an adverse reaction; and 3) adverse effects and subsequent symptoms the person manifests in reaction to their experience of the event.⁵⁶

The initial event “may include the actual or extreme threat of physical or psychological harm,” such as natural disasters or violence, including sexual violence, family violence, and non-domestic violence.⁵⁷ Events may be single occurrences or repeat throughout short or long periods of time.⁵⁸ Events may occur in childhood or adulthood.⁵⁹ However, the person may

⁵¹ *Ibid.*

⁵² SAMHSA, *supra* note 44 at 2, citing Vincent J Felitti et al, “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study” (1998) 14:4 American J of Preventive Medicine 245 at 245–58; Robert F Anda et al, “Adverse Childhood Experiences and Chronic Obstructive Pulmonary Disease in Adults” (2008) 34:5 American J of Preventive Medicine 396 at 396–403; Bruce Perry, “Understanding Traumatized and Maltreated Children: The Core Concepts,” DVD: *Living and Working With Traumatized Children* (The Child Trauma Academy, 2004); Jack P Shonkoff et al, “The Lifelong Effects of Early Childhood Adversity and Toxic Stress” (2012) 129:1 Pediatrics 232 at 232–46; Katie A McLaughlin et al, “Childhood Adversity and Adult Psychiatric Disorder in the US National Comorbidity Survey” (2009) 40:4 Psychological Medicine 847 at 847–59.

⁵³ *Ibid* at 9.

⁵⁴ *Ibid.*

⁵⁵ *Ibid* at 2.

⁵⁶ *Ibid* at 8.

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ “Trauma and Violence” (2 August 2019), online: *Substance Abuse and Mental Health Services Administration* <www.samhsa.gov/trauma-violence> [perma.cc/H7CX-5NMU] [SAMHSA on *Trauma and Violence*].

react to the event differently depending on their age and developmental stage.⁶⁰

A person's perceived experience of the event, or events, determines whether the event is traumatic.⁶¹ The person's cultural, familial, socio-economic backgrounds, and personal experiences prior to the instigating event may shape a particular experience.⁶² Furthermore, a person's unique, subjective interpretation of the events they experienced will influence whether the person finds the event traumatic.⁶³ Therefore, an experience may be traumatic for one individual, but not for another individual.⁶⁴ People tend to experience events as being traumatic if the actor that initiates the event (i.e., human aggressor, nature, unknown variable) creates a power dynamic that the person perceives takes power away from them.⁶⁵ Therefore, a person may perceive an event as being traumatic because in that situation they believe they have lost their ability to maintain power and control over their safety. The affected person may feel powerless and may question the reasons they were subjected to the event.⁶⁶ In turn, they may begin to feel "humiliation, guilt, shame, [and] betrayal."⁶⁷ Or the trauma-affected person may feel oppressed and develop a perceived inability to escape the trauma, particularly if other people force the person's silence about the event when the person wants to discuss the event to process it.⁶⁸

Many hypotheticals can illustrate the way trauma lingers in a person's life. For instance, a trauma-affected person may have experienced the event as an adult and did not recognize or have the opportunity to process the event and its trauma on their terms and in a safe way. Alternatively, a person may have experienced the event as a child. But the child or the child's parents may not have recognized the event was traumatic. Or parents or guardians may have forced the child's silence about the event—a dynamic that frequently occurs in domestic violence situations—which then makes the child fearful to seek help.⁶⁹ For any reason, the child may not have had access to resources that could help them process their emotions and perspectives about the trauma-inducing experience. Instead, the child may have had to relive the event and their perspective of the event for years. In

⁶⁰ SAMHSA, *supra* note 44 at 8.

⁶¹ *Ibid.*

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

turn, they may have been unable to escape unwanted memories and their manifested symptoms of trauma and so, carry the memories and symptoms with them into adulthood.

Symptoms of trauma manifest in different ways, depending on each affected person's distinct background.⁷⁰ In turn, each person will uniquely respond to trauma's long-term symptoms.⁷¹ These adverse effects are critical to whether an event becomes traumatic.⁷² Adverse effects may include coping with stresses and strains of daily living; trusting and benefiting from relationships; managing cognitive processes, such as memory attention and thinking; regulating behaviour; and controlling and expressing emotions.⁷³ In addition to these more visible effects, a person may suffer from changes in their neurobiology, general health, and general well-being.⁷⁴ Therefore, these effects are able to lay the groundwork for a person to believe hurting another being is an appropriate—and perhaps the only effective—reaction toward managing their own trauma-derived pain and suffering. Furthermore, these effects may lay the groundwork for individuals' development of other mental illnesses that mental health and social work communities have connected to humans' choices to commit violence against animals and humans.⁷⁵

Affected individuals' trauma symptoms may manifest immediately, and the individual may quickly recognize these manifestations.⁷⁶ Or, the effects

⁷⁰ *Ibid* at 9.

⁷¹ SAMHSA on *Trauma and Violence*, *supra* note 60.

⁷² SAMHSA, *supra* note 44 at 8.

⁷³ *Ibid*.

⁷⁴ *Ibid*.

⁷⁵ Tori DeAngelis, "Mental illness and violence: Debunking myths, addressing realities" (1 April 2021), online: *American Psychological Association* <www.apa.org/monitor/2021/04/ce-mental-illness> [perma.cc/NXY2-UTL8] [DeAngelis]; Substance Abuse and Mental Health Services, "Serious Mental Illness and Trauma: A Literature Review and Issue Brief" (9 May 2018) at 1, online: <www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/samhsa-smi-and-trauma-lit-review-and-issue-brief.docx> [perma.cc/D26Y-K496] (explaining that trauma is a "significant risk factor" for, and possibly initiates the subsequent development of, "serious mental illnesses," of which SAMHSA includes major depression, schizophrenia, and bipolar disorder), citing S L Matheson et al, "Childhood adversity in schizophrenia: a systematic meta-analysis" (2013) 43:2 *Psychological Medicine* 225 at 225–38; Jessica Agnew-Blais & Andrea Danese, "Childhood maltreatment and unfavorable clinical outcomes in bipolar disorder: a systematic review and meta-analysis" (2016) 3:4 *The Lancet Psychiatry* 342 at 342–49; Valentina Nanni, Rudolf Uher & Andrea Danese, "Childhood Maltreatment Predicts Unfavorable Course of Illness and Treatment Outcome in Depression: A Meta-Analysis" (2012) 169 *American J Psychiatry* 141 at 141–51 [SAMHSA on *Serious Mental Illness and Trauma*].

⁷⁶ SAMHSA, *supra* note 44 at 8.

may develop after some delay from the person's exposure to the initial event.⁷⁷ This delay in manifested effects may prevent affected individuals from realizing the adverse symptoms they start experiencing—as though the unanticipated emotions, thoughts, and feelings occurred without reason—began because of the initial trauma.⁷⁸ Consequently, affected individuals may believe something is suddenly wrong with them, but they do not have any idea what that 'wrong' is, the way it started, or healthy ways they can manage and resolve the unrecognizable symptoms. The unrecognized trauma may continue to exist, the symptoms may continue to worsen, and the individual may begin to develop PTSD and other trauma-induced mental illnesses without understanding the root cause of these internal experiences.⁷⁹

B. Development of Mental Illness from Traumatic Experiences

Studies show that the effects of trauma manifest as other mental illnesses in individuals who were exposed to trauma.⁸⁰ This connection means that many individuals who appear to have mental illnesses, that proximately instigated their maltreatment toward animals and humans, may not actually have been the original cause of the harm. One study found that most public health clinics do not perform routine trauma history assessments for incoming clients.⁸¹ The study, which focused on community-based mental health providers in four states found that forty-two percent of the client sample “met diagnostic criteria for PTSD.”⁸² However, records indicated that the centers identified the PTSD diagnosis on only two percent of clients' medical records.⁸³ Therefore, an IWCM's motivation to hurt or mistreat others may have stemmed from a mental illness—a mental illness that developed from previous trauma, which PTSD

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*

⁷⁹ SAMHSA on *Serious Mental Illness and Trauma*, *supra* note 76.

⁸⁰ B Christopher Frueh et al, “Clinicians' Perspectives on Cognitive Behavioral Treatment for PTSD Among Persons With Severe Mental Illness” (2006) 57:7 *Psychiatric Services* 1027 at 1027 [Frueh et al]; *TIP* 57, *supra* note 26 at 10.

⁸¹ *Ibid.*

⁸² *Ibid.*

⁸³ *Ibid.* Many individuals who experienced trauma in their lives, particularly as children, develop severe mental illnesses including borderline personality disorder and dissociative identity disorder. Martin H Teicher, “Wounds That Time Won't Heal: The Neurobiology of Child Abuse” (1 October 2000), online: *Cerebrum Dana Foundation* <dana.org/article/wounds-that-time-wont-heal/> [perma.cc/W67F-MTN3] [Teicher].

then exacerbated. This situation differs from an individual being born with a mental illness that, alone, instigates a person to hurt others.

Public sector clinicians have frequently expressed the need to provide individuals who have severe mental illnesses with trauma-related services that could heal their clients of PTSD.⁸⁴ If the legal, social work, and mental health fields can collaborate and develop programs and support systems that provide trauma-informed therapy for individuals with PTSD as well as individuals with other diagnosed mental illnesses, individuals with PTSD and other mental illnesses could likely heal from these multiple mental burdens. Furthermore, individuals who appear to be ‘broken,’ or who seem to have been born with a mental illness that caused them to harm others, could become healthy, emotionally stable, and mentally stable individuals who do not choose to hurt others in the future.

Not all individuals who have mental illnesses mistreat or harm other beings.⁸⁵ But, many people who experienced trauma, which then manifested into other mental illnesses, may have turned to hurting others as a fear-based reaction to trying to manage untreated PTSD as a survival mechanism.⁸⁶ By supporting people who have mistreated animals and humans with trauma-informed therapies, like Cognitive Processing Therapy (CPT)⁸⁷ and Eye Movement Desensitization and Reprocessing Therapy (EMDR),⁸⁸ society could give these individuals a second chance at a healthy life, rather than dismissing them and convincing itself these individuals are irreparable. In turn, society could heal these individuals from their prior victimization and trauma. And, society could protect other animals and humans from future victimization and subsequent trauma.

Some critics may argue that individuals exist who have mental illnesses and who commit violence against animals and humans simply because they were born with these genetic dispositions. I acknowledge that people from

⁸⁴ Frueh et al, *supra* note 81 at 1027.

⁸⁵ DeAngelis, *supra* note 76; E Fuller Torrey et al, “Treat or Repeat: A State Survey of Serious Mental Illness, Major Crimes and Community Treatment” (September 2017) at 31, online (pdf): *Treatment Advocacy Center: Office of Research & Public Affairs* <www.treatmentadvocacycenter.org/storage/documents/treat-or-repeat.pdf> [perma.cc/4TFP-TQQR] (“The 200,000 individuals with serious mental illness who have committed major crimes and are living in the community are thus approximately 2% of the total number of people with serious mental illness.”).

⁸⁶ John Montgomery, “Emotions, Survival, and Disconnection”, *Psychology Today* (30 September 2012), online: <www.psychologytoday.com/us/blog/the-embodied-mind/201209/emotions-survival-and-disconnection> [perma.cc/DPT5-P2CN]. In many situations, “angry outbursts” are reactions to feelings of fear. TEDx Talks, *supra* note 36.

⁸⁷ See *infra* Part IV(b)(i) (defining and discussing CPT).

⁸⁸ See *infra* Part IV(b)(ii) (defining and discussing EMDR).

all genetic predispositions exist. However, other philosophical camps could just as easily argue that no one is irreparably 'broken,' nor is anyone born with a predisposition to mistreat others. Rather, this philosophical camp could posit that individuals who commit maltreatment against other beings do so because they experienced some form of trauma through direct maltreatment or observed maltreatment. For example, a review regarding the prevalence of brain injuries experienced by incarcerated individuals showed that more than half the incarcerated participants reported a history of traumatic brain injury, which was more than the reported rate of traumatic brain injuries by non-incarcerated populations.⁸⁹ This review suggests the "relationship between head injury and offending is likely reciprocal, whereby individuals who commit crimes are more likely to have experienced head traumas resulting from physical maltreatment as children and physical assaults as teens and adults."⁹⁰ Other instigating factors may also have influenced a person to act violently who also happens to have a mental illness.⁹¹ In turn, this philosophical camp could argue that trauma from those experiences developed into PTSD or another trauma-induced mental illnesses that motivated the affected individual to mistreat others. This violence is a reaction to the trauma as an unhealthy coping or survival mechanism.⁹² To support this notion, some researchers hypothesize an individual's development of PTSD does influence their development of other psychiatric illnesses.⁹³ These hypotheses support the idea that the desire to mistreat others is not an inherent personality trait, but perhaps, a reactive mechanism that developed from untreated trauma. These perspectives do not exculpate individuals of the harm they caused others. But these hypotheses could provide potential reasons behind individuals' motivations to mistreat, which justifies the need to explore further inquiries

⁸⁹ Danielle L Boisvert, "Biosocial Factors and Their Influence on Desistance" in Amy L Solomon & Jennifer Scherer, eds, *Desistance from Crime: Implications for Research Policy, and Practice* (Washington DC: United States Department of Justice Office of Justice Programs: National Institute of Justice, 2021) at 50.

⁹⁰ *Ibid*, citing Cathy Spatz Widom, "The Cycle of Violence" (1989) 244:4901 *Science* 160 at 160-66 (emphasis added).

⁹¹ See Stephanie R Penny, Andrew Morgan & Alexander I F Simpson, "Assessing illness- and non-illness-based motivations for violence in persons with major mental illness" (2016) 40:1 *L & Human Behaviour* 42 at 42.

⁹² Charles Siebert, "The Animal-Cruelty Syndrome", *The New York Times* (11 June 2010), online: www.nytimes.com/2010/06/13/magazine/13dogfighting-t.html [perma.cc/Y73Z-QXEJ] [Siebert].

⁹³ See generally Kim T Mueser et al, "Trauma, PTSD, and the course of severe mental illness: an interactive model" (2022) 53:1-2 *Schizophrenia Research* 123 at 123-43 [Mueser et al].

and conduct research that attempts to resolve those motivations so that these individuals do not mistreat others in the future.

C. Defining PTSD

PTSD is an anxiety-ridden mental illness some people develop after experiencing an “extremely traumatic” or “shocking, scary, or dangerous event.”⁹⁴ PTSD occurs when people who encountered trauma continue to experience fear, or feel afraid and experience their body’s natural fight or flight response because of a traumatic situation, even after the situation ceases to exist.⁹⁵ Anyone can develop PTSD, and it can occur at any age.⁹⁶ People who have experienced combat, physical or sexual assault, maltreatment, an accident, a disaster, other serious events, or who witnessed violence or death may develop PTSD.⁹⁷ Therefore, people can develop PTSD when the traumatic event directly affected them, or if they witnessed the traumatic event, as is the case with observed violence or learned violence (two distinct concepts). The National Center for PTSD’s research shows that seven or eight of every one hundred people will experience PTSD in their lifetime.⁹⁸

D. Development of PTSD from Traumatic Experiences

Traumatic events are common, and people respond to trauma in different ways. Studies by the National Center for PTSD indicate that sixty percent of men and fifty percent of women experience at least one traumatic event during their lifetime.⁹⁹ Some people recover from trauma quickly with little lasting emotional effect.¹⁰⁰ Those individuals are able to

⁹⁴ “Post-traumatic Stress Disorder” (last visited 11 April 2021), online: *American Psychological Association* <www.apa.org/topics/ptsd/> [perma.cc/E899-NYCC] [PTSD – American Psychological Association]; see generally “Post-Traumatic Stress Disorder” (revised 2020), online: *National Institute of Mental Health* <www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml> [perma.cc/GJ82-LV5C] [National Institute of Mental Health on PTSD].

⁹⁵ National Institute of Mental Health on PTSD, *supra* note 95.

⁹⁶ *Ibid.*

⁹⁷ *Ibid.*; “About CPT” (last visited 11 April 2021), online: *Cognitive Processing Therapy* <cptforptsd.com/about-cpt/> [perma.cc/SH34-2XR4] [Cognitive Processing Therapy].

⁹⁸ National Institute of Mental Health on PTSD, *supra* note 95, citing “PTSD: National Center for PTSD”, (last visited 11 April 2021), online: *United States Department of Veteran Affairs* <www.ptsd.va.gov/> [perma.cc/2X6Q-D6LZ] [United States Department of Veteran Affairs].

⁹⁹ Johnson, Jang & Bradshaw, *supra* note 8 at 24, citing United States Department of Veterans Affairs, *supra* note 99.

¹⁰⁰ SAMHSA on *Trauma and Violence*, *supra* note 60.

process the trauma-induced symptoms after their exposure to the trauma-causing event, so that symptoms do not become a long-term problem.¹⁰¹ Other individuals experience challenges in moving forward with their lives after events occur that they perceive as traumatic.¹⁰² This dynamic happens for several reasons, including the person's inability to process the trauma or their lack of recognition that they experienced trauma, which can lead to the long-term development of trauma-induced, adverse effects and subsequent manifested symptoms.¹⁰³ Research shows that these untreated effects and manifested symptoms lead to the development of mental illnesses, particularly PTSD.¹⁰⁴ PTSD commonly exists in people who suffer from other mental illnesses, including bipolar disorder, schizophrenia, and major depression.¹⁰⁵ Studies show that people who suffer from these severe mental illnesses experienced high rates of trauma throughout their lives and suffer from PTSD in addition to their severe, diagnosed mental illness.¹⁰⁶ Research also shows that people can heal from trauma and trauma-induced symptoms with appropriate levels of support and intervention.¹⁰⁷

As previously mentioned, people develop PTSD by directly experiencing or witnessing a traumatic event, or series of traumatic events, particularly ones that involve direct maltreatment or violence, or observed violence, which creates trauma-induced symptoms from which they are not able to recover.¹⁰⁸ People may exhibit PTSD symptoms when they are no longer in danger.¹⁰⁹ PTSD symptoms include "intrusive memories, flashbacks and nightmares; avoid[ing] anything that reminds them of the trauma; and hav[ing] anxious feelings they didn't have before that are so intense their lives are disrupted."¹¹⁰ Events or circumstances that occurred after the trauma-inducing event may trigger a person's PTSD symptoms and

¹⁰¹ "How to cope with traumatic stress" (30 October 2019), online: *American Psychological Association* <www.apa.org/topics/trauma/stress> [perma.cc/23K3-27LD] [*American Psychological Association on Coping with Traumatic Stress*].

¹⁰² *Ibid.*

¹⁰³ *Trauma* - American Psychological Association, *supra* note 43.

¹⁰⁴ SAMHSA, *supra* note 44 at 2.

¹⁰⁵ See generally Weili Lu et al, "Cognitive-Behavioral Treatment of PTSD in Severe Mental Illness: Pilot Study Replication in an Ethnically Diverse Population" (2009) 12:1 *American J Psychiatric Rehabilitation* 73 at 73-91.

¹⁰⁶ *Ibid.*, Johnson, Jang & Bradshaw, *supra* note 8 at 10, citing Robyn L Gobin et al, "Lifetime trauma victimization and PTSD in relation to psychopathy and antisocial personality disorder in a sample of incarcerated women and men" (2015) 11:2 *Intl J Prisoner Health* 64 at 64-74.

¹⁰⁷ SAMHSA, *supra* note 44 at 2.

¹⁰⁸ American Psychological Association on *Coping with Traumatic Stress*, *supra* note 109.

¹⁰⁹ Wake Forest University, *supra* note 29.

¹¹⁰ *PTSD* - American Psychological Association, *supra* note 95.

cause them to feel stress, fear, or believe they are in danger, as they had in reaction to the PTSD-causing event.¹¹¹ Triggers occur when a person has not fully processed their trauma because the brain responds to the trigger as though it is the original threat or traumatic event.¹¹² Triggers may include people, places, objects, situations, and sensory stimuli that remind a person of the traumatic event, even when a connection between the trigger and the original event is not explicit.¹¹³ Internal triggers may include memories of the event, anxiety, anger, sadness, pain, muscle tension, and feeling “overwhelmed, vulnerable, abandoned or out of control.”¹¹⁴ External PTSD triggers include seeing people who were part of the traumatic event; interacting with someone who may have similar traits or characteristics as someone who was part of the traumatic event and so, acts as a reminder of the event; media, including television shows, movies, or news that remind the person of the traumatic event; specific sounds, such as yelling or sirens that were part of the traumatic event; visual stimuli related to the traumatic event, including colours, pieces of clothing, buildings, or infrastructure; smells that were part of the traumatic event, such as smoke; particular words or phrases; and the anniversary of the traumatic event.¹¹⁵

E. Reasons Individuals Mistreat Others

The “one who has been raised in pain, known pain all [their] life, may be acting in pain because that’s all [they] can comprehend.”¹¹⁶ For a traumatized person, the need to mistreat an animal or human may come from a skewed perspective that the maltreatment will help the person gain control of the animal, person, or situation—a metaphor for the control the person thought they lost for themselves. Because of their untreated trauma—and subsequent PTSD—the person may perceive some external actor takes away their personal control over their life, control that they strive to maintain. However, the person may misidentify the actor as the cause of these emotions and may not realize trauma is the cause of their feelings of lack of control and their resulting frustration. And so, the person reacts to the actor—an animal, person, or situation—in an extreme way, and with a skewed perspective, i.e., violently. Yet, the person may think the violence is

¹¹¹ “Recognizing PTSD Triggers” (last visited 11 April 2021), online: *International Association of Fire Fighters* <www.iaffrecoverycenter.com/blog/recognizing-ptsd-triggers/> [perma.cc/7JMW-2X5J] [International Association of Fire Fighters].

¹¹² *Ibid.*

¹¹³ *Ibid.*, Trauma Practice, *supra* note 35.

¹¹⁴ International Association of Fire Fighters, *supra* note 112.

¹¹⁵ *Ibid.*

¹¹⁶ Paul Selig, *Beyond the Known: Realization: A Channeled Text*, 1st ed (United Kingdom: St. Martin’s Publishing Group, 2019) at 217.

necessary to regain control of their life and well-being. This skewed belief may cause the person to use the same force toward other beings that they experienced during the initial traumatic event that initially ‘stole’ the person’s power and control. Therefore, the person’s desperation to maintain power and control as a survival mechanism for self-preservation may manifest into actions society would consider maltreatment.

When perceiving maltreatment as a manifested, reactionary symptom to trauma, a person’s abusive behaviour may actually be a coping mechanism “designed to survive adversity and overwhelming circumstances” that happened in the past, are currently manifesting, or indicate emotional distress in reaction to another person’s first-hand experience of trauma.¹¹⁷ Therefore, people who have experienced trauma, particularly maltreatment or violence, may employ such aggressive coping strategies in order to maintain power and control over their lives as a survival mechanism. Unfortunately, the person may attempt to assert this need to regain power and control over a being with whom they share a close relationship.¹¹⁸ In turn, these forceful actions may impede the other being’s ability to preserve their own bodily integrity and so, become maltreatment.¹¹⁹ This cycle is prevalent between humans and animals, so much so that some researchers of animal maltreatment consider the maltreatment a “power-and-control crime.”¹²⁰

As previously mentioned, people who experience traumatic events and PTSD may also experience feelings of shame, guilt, and anger.¹²¹ Therefore, the commission of maltreatment may be an outpouring of the internalized shame, guilt, and anger an IWCM feels about the mistreatment or learned violence to which they were originally exposed.¹²² Therefore, the maltreatment of others may be an attempt to manage or suppress that shame and vulnerability by the IWCM who is trying to assert control over their emotions. However, I propose that an IWCM may actually experience more shame, guilt, and anger—or did at one time—rather than heal those emotions when they engage in abusive actions. As a result, they victimize themselves while also victimizing their target of the maltreatment, because the maltreatment exacerbates the emotions from which they are trying to

¹¹⁷ SAMHSA, *supra* note 44 at 9.

¹¹⁸ Natalie J Sokoloff & Ida Dupont, “Domestic Violence at the Intersection of Race, Class, and Gender: Challenges and Contributions to Understanding Violence Against Marginalized Women in Diverse Communities” (2005) 11:1 *Violence Against Women* 38 at 44 [Sokoloff & Dupont].

¹¹⁹ Domestic Abuse Intervention Programs, *supra* note 24.

¹²⁰ Siebert, *supra* note 93.

¹²¹ American Psychiatric Association on PTSD, *supra* note 32.

¹²² See Sokoloff & Dupont, *supra* note 119 at 44.

free themselves, rather than making those emotions disappear. Consequently, the individual who commits maltreatment not only perpetuates the maltreatment cycle on themselves, but they also introduce their victim into the maltreatment cycle, which instigates feelings of shame, guilt, anger, and vulnerability in the victim. In response, that victim may mistreat others as a strategy to manage or suppress their shame, anger, guilt, and vulnerability from their abusive, traumatic experience. If these emotions go untreated in both individuals, two IWCMs may exist who continue the maltreatment cycle on new victims.

III. ANALYSIS: THE RELATIONSHIP BETWEEN TRAUMA FROM PRIOR MALTREATMENT OR OBSERVED VIOLENCE AND THE DECISION TO MISTREAT ANIMALS

Individuals who commit maltreatment are still accountable for their actions. However, if we understand the root cause of IWCMs' emotions and thoughts that motivated their reasons for committing maltreatment, we can work with these individuals to resolve those root causes. Consequently, we may be able to help them heal their emotional wounds. In turn, we can protect future victims from maltreatment, pain, and suffering. Based on Part II's discussion of trauma, mental illness, and trauma symptoms that may manifest as the commission maltreatment, the following analysis proposes the perspective that many IWCMs were victims before they hurt others. I also propose the perspective that while some IWCMs may have become victims through maltreatment or violence they experienced directly, other IWCMs may have become victims through observed and learned violence in animal-exploitative industries, animal-harming cultural practices, or domestic violence.

Though this article focuses on maltreatment toward animals, the analysis likely applies to maltreatment of humans too, because of the correlation between violence against animals and violence against humans.¹²³

¹²³ See generally Carter Luke, Arnold Arluke & Jack Levin, *Cruelty to Animals and Other Crimes: A Study by the MSPCA and Northeastern University* (Massachusetts: Massachusetts Society for the Prevention of Cruelty to Animals, 1997), online (pdf): <support.mspca.org/site/DocServer/cruelty-to-animals-and-other-crimes.pdf?docID=12541> [perma.cc/MWP2-HN2M].

A. Individuals Who Commit Maltreatment May Have Been Victims First

Particularly studied in children, but arguably applicable to anyone who directly experienced previous trauma, “[p]hysical, sexual, and psychological trauma . . . may lead to psychiatric difficulties” that appear later in life.¹²⁴ Trauma victims may internalize their “anger, shame, and despair,” which creates, “depression, anxiety, suicidal ideation, and post-traumatic stress.”¹²⁵ However, the victim may turn their anger, shame, and despair outward, as aggression toward others or external situations.¹²⁶ Specifically, victims who develop PTSD may “experience increased arousal[,] . . . irritability or outbursts of anger, . . . hyper vigilance, and an exaggerated startle response.”¹²⁷ Furthermore, individuals who experienced trauma may develop “abnormalities,” which include sudden, unexpected emotional outbursts comprised of “sadness, embarrassment, anger, . . . [and] fear.”¹²⁸ These skewedly developed, volatile, psychological reactions exist beyond premeditation,¹²⁹ which may also be symptoms of acute stress disorder.¹³⁰ In other words, many individuals may commit these transgressions in a way they believe is a logical means to interact with the world, because trauma derailed their healthy mental development. Again, people are always accountable for their actions toward others. However, this maladjusted reasoning may explain the reasons some trauma-affected individuals believe their maltreatment towards others is acceptable or well-reasoned. These individuals may have been living in a victimized state since the trauma first caused their PTSD and related mental illnesses. Their reactions to spontaneous and untreated trauma-induced emotional charges, which could come from unexpected triggering, may influence these individuals to harm others to ameliorate the victimization they experience from those

¹²⁴ Teicher, *supra* note 84 at 3.

¹²⁵ *Ibid.*

¹²⁶ *Ibid.*

¹²⁷ *Ibid* at 5.

¹²⁸ *Ibid* at 6.

¹²⁹ *Ibid* at 11-13 (discussing subsequent brain development and associated symptoms for adolescents who experience maltreatment); Kimble et al, *supra* note 37 at 2 (discussing the skewed perspectives people who experience trauma may develop); *TIP 57, supra* note 26 at 65-66.

¹³⁰ Acute Stress Disorder may develop after someone experiences a traumatic event. People who develop Acute Stress Disorder do not always develop PTSD, and vice versa. “Acute Stress Disorder vs. PTSD: What’s the Difference?” (updated 31 August 2021), online: *Recovery Village* <www.therecoveryvillage.com/mental-health/acute-stress-disorder/acute-stress-disorder-vs-ptsd/#:~:text=Acute%20stress%20disorder%20refers%20to,lasted%20longer%20than%20a%20month> [perma.cc/KS48-HA79].

emotional charges. Devastatingly, their impulsive reactions to these emotional charges create victims out of other beings if the reactions are violent or abusive. Therefore, when trauma-affected victims commit maltreatment, it may be a reaction to the maltreatment or learned violence they experienced, and so, their maltreatment re-victimizes themselves and others.

This transfer from victimization to victimizer may be particularly apparent in people who experienced direct or observed violence as children and then either 1) committed violence against animals during their childhood, or 2) committed violence against animals or adults during their adulthood.¹³¹

B. The Connection Between Direct Maltreatment, Observed Violence, and Learned Violence to Future Animal Maltreatment

Studies show that “[c]hronic and prolonged” violence can develop into a “dysfunctional routine,” which families and communities may perpetuate, depending on the context in which the violence exists.¹³² This dysfunctional routine can also apply to exposure to chronic and prolonged violence.¹³³ This relationship between violence—family and/or community—and trauma development, connect violence that an individual experienced to violence that same individual later commits.¹³⁴ Trauma “appears to be the connecting factor” through an individual’s experienced and perpetuated violence.¹³⁵ Therefore, I support the perspective that people develop trauma by experiencing direct maltreatment or violence, and that trauma may manifest into future maltreatment. Additionally, I propose the perspective that people may develop trauma by watching, or participating in, maltreatment or violence against animals. An inexhaustive list of examples of such maltreatment may include treatment of animals in animal-exploitative industries, culturally accepted practices that harm animals like hunting or animal fighting, or observations of family or

¹³¹ To note, research indicates that a child’s violence against animals is not always a prediction for that person’s violence against humans as an adult. This (becoming outdated) theory is called the ‘graduation hypothesis.’ For more discussion on the limits of this theory and alternative perspectives, see *Laura A Reese, Joshua J Vertalka & Cassie Richard, “Animal Cruelty and Neighborhood Conditions” (2020) 10:11 Animals 1 at 3.*

¹³² Vittoria Ardino, “Offending behavior: the role of trauma and PTSD” (2012) 3:1 *European J Psychotraumatology* 1 at 1-4.

¹³³ *Ibid.*

¹³⁴ *Ibid.*

¹³⁵ *Ibid.*

community members harming animals.¹³⁶ These observations may influence the trauma-affected individual to continue that violence through a misguided method of managing their trauma. This method, therefore, becomes the individual's unhealthy attempt to regain power and control of themselves.¹³⁷ The trauma-affected individual may also continue the maltreatment and violence because they believe these practices are accepted and expected by their communities and/or cultures. However, I propose that their re-enactment of this maltreatment and violence builds on the trauma the individual experienced from their first observation of violent acts. In turn, the individual re-victimizes themselves, which likely plays a role in their development of PTSD and other mental illnesses and victimizes the animal within their control.

1. Direct Maltreatment's Role in Future Animal Maltreatment

Some studies illustrate a connection may exist between a person being the target of maltreatment or violence, and in turn, abusing another being.¹³⁸ Specifically for sexual maltreatment, thirty-five percent of men and one percent of women who experience maltreatment tend to mistreat others.¹³⁹ Though much of the available research is limited to sexual maltreatment, the research does illustrate potential trends for the mistreated-becomes-mistreater cycle in other forms of maltreatment. Dr. Randall Lockwood focuses on this cycle of maltreatment through the National Link Coalition.¹⁴⁰ Dr. Lockwood explained in one interview—focusing on domestic violence and children—that “[c]hildren who have witnessed such maltreatment or been victimized themselves frequently engage in what are known as ‘abuse reactive’ behavio[u]rs.”¹⁴¹ A child may re-enact the maltreatment they experienced on individuals over whom they

¹³⁶ *Infra* Part III(b)(ii).

¹³⁷ *Supra* Part II(e). See, e.g., See Iyva Shiue, “Violence Pathology, Epidemiology, Risks and Rehabilitation: a Global Challenge in the next Century” (2014) 2 *Planet@Risk* 386 at 387–88 (explaining a similar cycle between violent environments and the need for the victim to assert authority as a survival mechanism in response to exposure to violent environments, which lead to the victim’s conscious and unconscious decision to commit violence against others, to promote the victim’s self-interests that the original violent environment disregarded) [Shiue].

¹³⁸ See, e.g., M Glasser, “Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator” (2001) 179:6 *British J Psychiatry* 482 at 482–94 (showing that a slight correlation exists in males who were mistreated when they were young, who then mistreat others in adulthood).

¹³⁹ *Ibid* at 482.

¹⁴⁰ “Home” (last visited 11 April 2021), online: *National Link Coalition* <nationallinkcoalition.org/> [perma.cc/6275-944V].

¹⁴¹ Siebert, *supra* note 93. Other variables may influence this connection in addition to direct maltreatment.

can take away power and control, in the same way the person who mistreated the child took away the child's individual power and control.¹⁴² The mistreated child's younger siblings and companion animals become convenient targets¹⁴³ because they cannot effectively defend themselves in the same way the child committing the maltreatment could not defend themselves from the maltreatment they experienced. Though studies regarding the mistreated-becomes-mistreater cycle focus on children and their development, I posit that this cycle also occurs with adult victims.¹⁴⁴

2. Observed Violence and Learned Violence's Role in Future Animal Maltreatment

Though direct maltreatment may play a significant role in instigating maltreatment against animals, I propose that observed and learned violence play an even more insidious role in the trauma-induced human-animal maltreatment cycle because accepted violence against animals is prevalent in many cultures and profit-driven industries that use animals. To reiterate, observed violence occurs when a person witnesses another person commit violence. In turn, learned violence occurs when someone observes violence, believes violence is normal or acceptable, and so, commits violence toward others.¹⁴⁵

Learned violence may occur through socio-cultural practices or intimate familial conflicts that society does not currently acknowledge as

¹⁴² *Ibid.*

¹⁴³ *Ibid.* Note, however, that this relationship—harmed child harms animals—does not mean violence against animals is a *step* IWCMS graduate through before harming humans. Rather, current research suggests that people who engage in anti-social violence are unlikely to restrict themselves to one victim or one species of victims. See generally Eleanora Gullone, “An Evaluative Review of Theories Related to Animal Cruelty” (2014) 4:1 *Journal of Animal Ethics* 37 at 37–57; Emily G Patterson & Heather Piper, “Animal Abuse as a Sentinel for Human Violence: A Critique” (2009) 65:3 *Journal of Social Issues* 589 at 589–614; Clifton P Flynn, “Examining the links between animal abuse and human violence” (2011) 55 *Crime L & Soc Change* 453 at 453–68; Cassie Richard & Laura A Reese, “The Interpersonal Context of Human/Nonhuman Animal Violence” (2019) 32:1 *Anthrozoös* 65 at 65–87. As Pamela Frasch explains, society should “Recogniz[e] the Link for what it truly is—an observation of a correlation between differing classifications of violent conduct with some predictive value.” Pamela Frasch, “Examining Anticruelty Enhancements: Historical Context and Policy Advances” in Lori Gruen & Justin Marceau, eds, *Carceral Logics* (United Kingdom: Cambridge University Press, 2022) at 86.

¹⁴⁴ See Teicher, *supra* note 84 at 7 (explaining that participants in his work—who experienced physical and/or sexual maltreatment—showed similar physical symptoms in the study's limbic scans, regardless of whether participants experienced maltreatment before they were eighteen-years-old or after they were eighteen-years-old).

¹⁴⁵ *Criminal Justice, supra* note 28.

violence.¹⁴⁶ In other words, the learned violence involves harm to others that objectively causes injury, pain, suffering, etc., but the violence is so normalized that society subjectively does not identify the harm as a problem. Therefore, a victim/observer may not realize the actions they witness are maltreatment because the sociocultural context has normalized/accepted the anti-social and objectively injurious behaviour. To illustrate this point, some experts in the social work field suggest that alternative means should exist that identify and measure types of domestic violence,¹⁴⁷ which would align with the ‘intimate familial conflict’ concept. These alternative measurements should exist because “mainstream measures of domestic violence” have “major limitations” that “lack sociocultural contexts.”¹⁴⁸ As an example, “[w]hat is considered domestic violence or a specific meaning a woman may give to her partner’s act is partly based on the [woman’s] viewpoint shaped by her sociocultural background.”¹⁴⁹ To illustrate: Cisgender Woman A in Community A grew up with the cultural expectation that her cisgender husband slapping her for not cleaning the house is acceptable. However, cisgender Woman B in Community B would consider her cisgender husband slapping her for not cleaning the house as maltreatment and inexcusable, because Community B’s culture deems that behaviour as unacceptable and violent.

Therefore, one person may consider an act of violence as normal—society has subjectively normalized an act so that society does not consider it a problem, but the act is objectively violent because of the injury, pain, suffering, etc. it causes—because it is a common response within that person’s socio-cultural background. But another person who is not conditioned to that violent act as a normative response may consider the act inappropriate and abusive. Regardless of whether an individual considers the violent act normal or abnormal, the person who experiences the violence may still develop trauma. The issue becomes whether the person recognizes the trauma, or if the trauma and its manifested symptoms integrate into the person’s life and disguise as personality traits. If the trauma and symptoms become part of the person’s conditioning, the person may then enable and perpetuate the conditioned violence and trauma into their family, local community, and culture.¹⁵⁰

¹⁴⁶ Other examples of learned violence may also exist.

¹⁴⁷ Sokoloff & Dupont, *supra* note 119 at 42.

¹⁴⁸ *Ibid.*

¹⁴⁹ *Ibid.*, citing Mieko Yoshihama, “Domestic violence against women of Japanese descent in Los Angeles: Two methods of estimating prevalence” in Mangai Natarajan, ed, *Domestic Violence: The Five Big Questions*, 1st ed (London: Routledge, 2007) at 869–97.

¹⁵⁰ See Shiue, *supra* note 138 at 387 (discussing similar observations regarding the effects of conditioned violence in families, communities, and cultures).

This relationship between implicit violence and normative, violent cultural practices could translate to an individual's perspective of maltreatment and violence toward animals, based on socio-cultural norms and expectations surrounding the use/exploitation of animals. Furthermore, manifested trauma, particularly trauma derived through socio-culturally influenced learned violence toward animals, could influence the methods humans choose to manage their trauma and PTSD. These methods may turn into further maltreatment of animals and humans. In short, people who commit maltreatment may not realize their actions towards animals and other humans are maltreatment because they have witnessed other humans act out this behaviour without repercussions, because the actions are socio-cultural or economic norms. However, and without the individual realizing it, those norms may create and perpetuate unrecognized trauma for that individual and the beings on the receiving end of the conditioned behaviours. The individual's most readily available option to deal with the pain and suffering the trauma causes is to act in a way that makes them feel in control, because they do not understand the origins of their pain and suffering. They do not understand the origins because they grew up within a culture that accepted the trauma-inducing practices.¹⁵¹ As a result, the individual cannot articulate the reasons they feel a sense of loss and control; they cannot pinpoint specific actions that their culture has condoned as appropriate violence. And so, the individual copes with their desire to regain control by treating animals and humans in the same way these individuals have watched others—who are also likely dealing with trauma—use violence to interact with animals and humans.

This collective agreement may create a culture that individuals do not recognize as maltreatment, which then transcends communities and creates multi-generational trauma and normalized, abusive practices. For instance, studies show that slaughterhouse workers experience trauma and subsequently develop PTSD from their time working in slaughterhouses and killing animals.¹⁵² Studies have also found that some slaughterhouse workers commit crimes, including rape and sexual offences and offences against family members, which the studies have correlated to such individuals' working environments.¹⁵³ This cycle seems to integrate learned

¹⁵¹ 'Culture' could be any form of communal/shared experience, including macro-cultures such as 'Western Culture,' or micro-cultures such as individual households.

¹⁵² "Confessions of a slaughterhouse worker", *BBC News* (6 January 2020), online: <www.bbc.com/news/stories-50986683> [perma.cc/HA88-ZXJZ].

¹⁵³ See, e.g., Jessica Slade & Emma Alleyne, "The Psychological Impact of Slaughterhouse Employment: A Systematic Literature Review" (2021) 0:0 *Trauma, Violence, & Abuse* 1 at 5 (stating "[t]he link between crime rates and slaughterhouse employment when controlling for social disorganization variables" include an "[i]ncrease in total arrests

violence into communities and models abusive behaviours for younger generations. In reaction to the normalized violence, these groups may experience trauma from observing the actions of individuals they respect. They may not recognize the observed violence is unacceptable and use the same forms of violence to try to manage their new feelings of loss of control or to imitate modelled behaviour. They hurt others by re-enacting the modelled behaviour and then create victims by hurting others in misperceived, socially accepted, or acculturated ways. And so, the observed and learned violence and the maltreatment cycle continue.

Some examples of such normative practices may include:

<p>Animal Exploitative Industries</p>	<p>Animal-Based Food Industry¹⁵⁴ Meat industry through forced animal reproduction methods, growing, transporting, and slaughtering animals, and unnecessary maltreatment that stems from industry culture.</p> <p>Animal by-product production through forced animal reproduction, growing and transporting animals, animal extraction, killing unwanted animals such as male chicks and male calves, slaughtering animals who no longer produce raw materials for by-products, and unnecessary maltreatment that stems from industry culture.</p> <p>Research and Experimentation Industry Any experimentation or studies that involve animals, manipulating animals in any way, hurting or killing animals for any reason, holding animals in facilities or keeping them in isolation, etc.</p>
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(22%), rape (166%), [and] offences against the family (90%)”.

¹⁵⁴ Cheryl Leahy, “Large-Scale Farmed Animal Abuse and Neglect: Law and Its Enforcement” (2011) 4 J Animal L & Ethics 63 at 91.

	<p>Retail Breeding, raising, managing, killing animals, and removing body parts from animals (dead or alive) for fur, skin, organ donations, or other resources.</p> <p>Entertainment Breeding, raising, managing, selling, trading, exhibiting, or killing animals for or in shows, movies, rodeos, zoos, roadside zoos and menageries, fairs, etc. Arguably, observed depictions of violence towards animals through art, movies, video games, etc., even when the animals in those depictions are not actual, living beings.</p>
<p>Cultural Practices</p>	<p>Trophy hunting and subsistence (non-trophy) hunting. Sport fishing and subsistence (non-sport) fishing. Animal Fighting (dog, cock, bull, fish, interspecies, etc.). Cuisine. Use in military combat. Euthanization of shelter animals. Tethering dogs outside/ Believing dogs should only live outside. 4-H programs¹⁵⁵ and animal experimentation in primary and secondary education.</p>

¹⁵⁵ 4-H animal programs focus on youth development and focus on children raising farmed animals and then sending those animals into the animal agriculture industry. See “4-H Animal Programs” (last visited 10 November 2021), online: *Pennsylvania State College of Agricultural Sciences* <animalscience.psu.edu/outreach/youth> [perma.cc/6DY2-KRNG].

Regarding the proposed idea that cultural practices that harm animals induce trauma: Generally, the legal, mental health, and social work fields, and my proposed research must recognize that systemic forms of oppression influence communities' cultural experiences of violence.¹⁵⁶ These forms of oppression may include racism, colonialism, economic and animal exploitation, and heterosexism.¹⁵⁷

Domestic Violence	Adult Human to Adult Human. Adult Human to Animal. Child Human to Child Human. Child Human to Animal.
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Regarding the proposed idea that observed and learned violence can occur through violence at home: The legal, mental health, and social work fields, and my proposed research must approach maltreatment and violence in a way that does not simplistically analyze the role of domestic violence.¹⁵⁸ Additionally, different definitions of domestic violence exist for different cultures, as do varying perspectives regarding actions that constitute mild and severe maltreatment.¹⁵⁹

Children who are exposed to domestic violence (direct or observed) may have a propensity to commit violence against animals.¹⁶⁰ This propensity may exist for several reasons. One study from the 1980s showed that seven-to-ten-year-olds identified two companion animals, on average, whom they felt were important to their lives.¹⁶¹ As Dr. Lockwood states, “One way to think of what animal abuse does to a child might simply be to consider all the positive associations and life lessons that come from a child’s closeness to a pet . . . and then flipping them so that all those lessons and associations turn negative.”¹⁶² Another reason children choose to mistreat—or eventually mistreat animals as adults—is because of the children’s need to “overcome powerlessness and gain control” that another person took away from them.¹⁶³ Dr. Lockwood explains,

[C]hildren who witness the family pet being abused have been known to kill the pet themselves in order to at least have some control over what they see as the

¹⁵⁶ Sokoloff & Dupont, *supra* note 119 at 45.

¹⁵⁷ *Ibid.*

¹⁵⁸ *Ibid* at 46.

¹⁵⁹ *Ibid* at 42.

¹⁶⁰ See generally Colorado Link Project, *supra* note 23, and Frank Ascione, ed, *International Handbook on Animal Abuse and Cruelty: Theory, Research, and Application*, 1st ed (Indiana: Purdue University Press, 2008).

¹⁶¹ Siebert, *supra* note 93.

¹⁶² *Ibid.*

¹⁶³ *Ibid.*

animal's inevitable fate. Those caught in such a vicious abuse-reactive cycle will not only continue to expose the animals they love to suffering merely to prove that they themselves can no longer be hurt, but they are also given to testing the boundaries of their own desensitization through various acts of self-mutilation. In short, such children can only achieve a sense of safety and empowerment by inflicting pain and suffering on themselves and others.¹⁶⁴

We can likely extrapolate these feelings and motivations to adults as well. Though children's developmental stages and cognitive processes have not fully formed compared to those of adults, some adults still feel the need to assert power and control when they feel someone or something has deprived them of their personal agency.¹⁶⁵ Furthermore, many children who witness violence against animals in their families may not have the opportunity to resolve the trauma that maltreatment caused, and so, the children mature into adults who then may feel motivated to hurt animals (and humans)—as the only way they know how—to process the trauma and trauma-induced symptoms they have been trying to manage for years.

IV. ANALYSIS: THE CURRENT JUSTICE SYSTEM AND THERAPY'S ROLE IN ENDING ANIMAL MALTREATMENT

Three primary theories exist regarding the criminal justice system's management of crime and enforcement of punishment. The 'retributive justice theory' argues that people who committed crimes should receive a punishment that is proportionate to the crime they committed and the pain and suffering the victim(s) experienced during the crime's commission.¹⁶⁶ 'Restorative justice' focuses on the crime victim's participation in resolving the conflict the crime caused, works to 'repair' the harm the crime caused, and facilitates community-based experiences for the person who committed the crime to seek redemption.¹⁶⁷ The third theory, 'transformative justice,' focuses on identifying root causes of the crime by identifying inequalities that might exist systemically (i.e., social, political, and economic systems).¹⁶⁸ Transformative justice perceives the criminal justice system as being systemically unjust through its victim-offender dichotomy.¹⁶⁹ Furthermore, this theory argues the traditional criminal justice system revictimizes the

¹⁶⁴ *Ibid.*

¹⁶⁵ *Supra* Part II.

¹⁶⁶ "The Three Theories of Criminal Justice" (last visited 8 November 2021), online: *CriminalJustice.com* <www.criminaljustice.com/resources/three-theories-of-criminal-justice/> [perma.cc/GWN7-PSAA].

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

crime victim and victimizes criminal offenders.¹⁷⁰ I argue that the historical approach to regulating animal maltreatment has been primarily retributive, which re-victimizes the crime victim, victimizes the IWCM, and perpetuates systemic oppression rather than effectively preventing future maltreatment. To prevent future maltreatment, we should move away from retributive justice and instead, adopt transformative justice. Transformative justice partnered with trauma-informed therapy programs, such as CPT and EMDR,¹⁷¹ could identify and resolve the root causes for individuals' motivations to mistreat others (i.e., trauma-induced symptoms, trauma-induced PTSD, and other trauma-induced mental illnesses), enable IWCMs to be accountable for their actions through personal empowerment by helping them take control of their personal healing, protect maltreatment victims from further victimization, and prevent future animal and human maltreatment.¹⁷²

A. Insufficiencies Within the Current Justice System to End Animal Maltreatment

The judicial system's historically retributive approach toward punishing IWCMs for maltreatment they commit against animals is insufficient and perpetuates the maltreatment cycle and systemic oppression. The system operates through fear of imposing fines, animal possession bans, incarceration, ostracization, and separation of an IWCM from their community. Many of these sentences do protect animals and prevent animal maltreatment from occurring. However, I propose that traditional sentences—without resources that address the potential historic and recurring trauma individuals who offended may have experienced—create a system that takes more power and control away from a trauma-affected IWCM by imposing these punishments. This system then likely exacerbates the IWCM's previous feelings of fear, lack of power, and control. In turn, the system invokes in the IWCM feelings of guilt, shame, anger, and vulnerability, which are feelings that their original traumatic event invoked in them.¹⁷³ If we argue that entering the legal system is itself a traumatic event,¹⁷⁴ then we could argue that the IWCM has experienced

¹⁷⁰ *Ibid.*

¹⁷¹ *Infra* Part IV(b).

¹⁷² The concept of using cognitive-focused therapies to rehabilitate offenders is developing momentum in other countries. See Osebor Ikecukwu Monday, "Ethics of Cognitive Restructuring: A Rehabilitation of Rape Victims and Offenders" (2021) 6 *Voices in Bioethics* 1 at 1 [Monday].

¹⁷³ *Supra* Parts II(c) and (e) (describing the symptomatic emotions individuals feel who experienced traumatic events, which induced PTSD development).

¹⁷⁴ SAMHSA, *supra* note 44 at 2.

layered trauma through 1) their initial traumatic event; 2) the maltreatment or violence they committed; and then 3) law enforcement, a judge, and attorneys controlling the IWCM's future through the process of charging, convicting, and possible incarceration or other punishment. To underscore this point, studies show that histories of personal trauma exist within many incarcerated individuals in the criminal system and the juvenile system.¹⁷⁵ Experiencing the court system adds another layer of trauma to these individuals' psyches, who are already challenged by previous trauma with which they were not able to healthily cope.

The current legal system's creation of more trauma for these individuals, and the system's inability or decision to not provide opportunities for traumatized individuals to heal through therapeutic programs may recycle these individuals' fears and increase their motivations for abusing animals and humans. Therefore, the legal system's retributive approach and lack of rehabilitative resources may perpetuate the maltreatment cycle and create more victims. In fact, the Substance Abuse and Mental Health Services Administration (SAMHSA) states that "organizational practices"—which may include the existing legal and incarceration systems—"may trigger painful memories and re-traumatize clients with trauma histories."¹⁷⁶ Non-incarceration examples of re-traumatization through organizational practices may include restraining sexual maltreatment victims or putting child victims of neglect in seclusion rooms.¹⁷⁷ Arguably, much of the legal system operates in the same way as organizational practices that do not use trauma-informed approaches, but rather, focus on retributive measures for crimes committed.¹⁷⁸ For instance, an IWCM's initial traumatic event likely deprived them of their sense of power and control. In turn, the retributive legal system seeks justice by enforcing punishments that deprive the IWCM of their power and control by preventing their interactions with animals, or confining them to prison, as examples. In short, the legal system enforces punishments, which reinforce the same emotions and belief systems with which the IWCM was already struggling. Therefore, this retributive system is, arguably, inherently abusive: It enforces punishments that tend to inflict pain and suffering similar to the pain and suffering the victim experienced from the convicted person's original crime. (Stage Four of Hogarth's theory). Consequently,

¹⁷⁵ *Ibid.*

¹⁷⁶ *Ibid* at 10.

¹⁷⁷ *Ibid.* To note, these examples of organizational practices would not be part of trauma-informed therapy.

¹⁷⁸ Michelle S Phelps, "Rehabilitation in the Punitive Era: The Gap between Rhetoric and Reality in US Prison Programs" (2011) 45:1 L & Society Rev 33 at 33.

when the IWCM has ‘repaid’ their debt to society by completing the punishment, they leave the experience with the same sense of powerlessness and loss of control as they developed from their original traumatic experience, which will likely induce them to mistreat again.

The retributive system continues the maltreatment cycle, but on a macroscopic scale. As previously explained, this system arguably re-victimizes the IWCM. The current legal system, therefore, may act as a triggering system that motivates the punished individual to commit future maltreatment because of 1) their re-victimization; 2) new and additional trauma from their experience with the legal system; and 3) their reactive shame, frustration, anger, fear, and need to regain power and control to protect themselves from these reactions to the legal system. Therefore, when retributive systems focus on punishment and incarceration, such systems arguably victimize IWCMs, and facilitate environments that create more animal and human victims whom IWCMs mistreat, to ameliorate their pain and suffering from their experience within this system.

Incarceration. First, incarceration by itself is not an effective form of rehabilitation.¹⁷⁹ For example, a 2014 Australian survey showed that 45.8 percent of previously incarcerated individuals re-offended and became incarcerated again, within two years of their initial release.¹⁸⁰ Despite the Australian Government’s assertion of resources to reduce crime and recidivism, rates of individuals re-offending within twelve months from their previous release from incarceration increased by 3.7 percent between 2012 and 2018.¹⁸¹ Second, incarceration without supportive, psychological rehabilitation is ineffective for individuals who suffer from trauma and trauma-induced mental illnesses. It may also further perpetuate the maltreatment cycle. In fact, studies show that incarceration detrimentally affects individuals with mental illnesses.¹⁸² Specifically, many incarcerated

¹⁷⁹ Aimee Pitt, “The Functions of Incarceration and Implications for Social Justice” (2021) 4:1 Soc Work & Policy Studies: Social Justice, Practice & Theory 1 at 10 [Pitt].

¹⁸⁰ *Ibid*, citing Austl, New South Wales, Audit Office of New South Wales, *New South Wales Auditor-General’s Report*, (Financial Audit Volume 7 2015) (Sydney: Audit Office of New South Wales, 2015).

¹⁸¹ *Ibid*, citing Austl, New South Wales, Audit Office of New South Wales, *Justice 2018*, (Financial Audit) (Sydney: Audit Office of New South Wales, 2018).

¹⁸² Christopher Wildeman, “The Impact of Incarceration on the Desistance Process Among Individuals Who Chronically Engage in Criminal Activity” in Amy L Solomon & Jennifer Scherer, eds, *Desistance from Crime: Implications for Research Policy, and Practice* (Washington DC: United States Department of Justice Office of Justice Programs: National Institute of Justice, 2021) at 87, citing Michael Massoglia & William Alex Pridemore, “Incarceration and Health” (2015) 41 Annual Rev Sociology 291 at 291–310; Kristin Turney, Christopher Wildeman & Jason Schnittker, “As Fathers and Felons: Explaining the Effects of Current and Recent Incarceration on Major

individuals enter the prison system with undetected and, therefore, untreated PTSD, a mental illness that 1) inhibits individuals from being successful in rehabilitative prison programs, and that 2) has an association with higher rates of future offending.¹⁸³ To note, approximately twenty percent of incarcerated individuals suffer from serious mental illness.¹⁸⁴ And, fifty percent of incarcerated men and seventy-five percent of incarcerated women in state prisons, and sixty-three percent of incarcerated men and seventy-five percent of incarcerated women in state jails, experience “broad-based” forms of mental illness that require therapy or treatment.¹⁸⁵ Third, the theory that people “age out”¹⁸⁶ of crimes may not work with people who committed crimes based on trauma. A person’s trauma and trauma-induced symptoms perpetuate themselves and increase when a person cannot process them in a healthy, safe way.¹⁸⁷ Therefore, incarceration without support that would help heal the trauma and PTSD would not fix the IWCM’s illnesses, but could, in fact, exacerbate them.¹⁸⁸

For these reasons, incarcerated individuals who suffer from trauma and trauma-induced mental illness—thirty to sixty percent of incarcerated men, compared to three to six percent of the “general male population”¹⁸⁹—need trauma-informed therapy resources to help them heal so that they do not commit the same violence and maltreatment against other beings when they re-enter their communities.¹⁹⁰ Furthermore, these individuals may

Depression” (2012) 53:4 J Health & Social Behavior 465 at 465–81.

¹⁸³ Clare S Allely & Bob Allely, “Post traumatic stress disorder in incarcerated populations: current clinical considerations and recommendations” (2020) 10:1 J Criminal Psychology 30 at 30.

¹⁸⁴ Johnson, Jang & Bradshaw, *supra* note 8 at 9, citing US, Bureau of Justice Statistics, Office of Justice Programs, *Mental Health Problems of Prison and Jail Inmate* (Washington, DC: US Department of Justice, 2006).

¹⁸⁵ *Ibid.*

¹⁸⁶ Dana Goldstein, “Too Old to Commit Crime?” (20 March 2015), online: *The Marshall Project* <www.themarshallproject.org/2015/03/20/too-old-to-commit-crime> [perma.cc/63R2-PA22].

¹⁸⁷ *Supra* Part II.

¹⁸⁸ Johnson, Jang & Bradshaw, *supra* note 8 at 9, citing Gresham Sykes, *The Society of Captives: A Study of Maximum Security Prison*, (Princeton, NJ: Princeton University Press, 1958).

¹⁸⁹ *Ibid* at 10.

¹⁹⁰ See generally Sarah M Pringer & Nathaniel J Wagner, “Use of Trauma-Informed Care With Incarcerated Offenders” (2020) 41:1 J Addictions & Offender Counseling 52 at 52–64; Victoria Jackson et al, “Trauma-informed sentencing of serious violent offenders: an exploration of judicial dispositions with a gendered perspective” (2021) 28:5 Psychiatry, Psychology & L 748 at 748–73; Karen Gueta et al, “Trauma-oriented recovery framework with offenders: A necessary missing link in offenders’ rehabilitation” (2022) 63 Aggression & Violent Behavior 101678 at 101678; Dana Lehrer, “Trauma-Informed Care: The Importance of Understanding the Incarcerated

need strong support systems from their communities within and outside of prison.¹⁹¹ These support systems could propel IWCMs' continued healing after they finish their incarceration periods and as they reintegrate into society.¹⁹² These community support systems would need to exist to prevent triggers from instigating adverse memories or emotions that could cause IWCMs to revert to their former survival mechanisms to maintain power and control, which could lead them to commit violence or maltreatment once more.

Psychological Evaluations. Psychological evaluations for people who suffer from trauma, without supportive rehabilitation are insufficient. Evaluations may identify the fact that the person who committed maltreatment is suffering from a mental illness, will likely identify that mental illness, and offer treatment recommendations.¹⁹³ However, the evaluation, without treatment, does not resolve the root causes of the mental illness. Furthermore, many psychological assessments do not adequately screen for trauma or PTSD symptoms.¹⁹⁴ Yet, adequate screening is essential in helping mental health professionals recognize and record trauma and PTSD symptoms in their clients.¹⁹⁵ In fact, mental health professionals have expressed the need to provide individuals who have severe mental illnesses with trauma-related services that could heal these individuals of their PTSD and co-existing, severe mental illnesses.¹⁹⁶

Women" (2021) 27:2 J Correctional Health Care 121 at 121–125 (discussing various studies that show the benefit of trauma-informed treatment for incarcerated individuals' healing and coping with life in and outside of prison).

¹⁹¹ For instance, one study on First Nations people who have been incarcerated showed that these individuals have cultural needs that the prison system does not address. These individuals' loss of family and culture exacerbate their trauma, mental illnesses, and physical health issues. Pitt, *supra* note 180 at 7, citing Leda Sivak et al, *Model of Care for Aboriginal Prisoner Health and Wellbeing for South Australia—Final Report*, (South Australia: Wardliparingga Aboriginal Health Research Unit, 2017) at 13, online: <www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/sa+prison+health+service+model+of+care+for+aboriginal+prisoner+health+and+wellbeing+for+south+australia> [perma.cc/WF44-G54C].

¹⁹² See Johnson, Jang & Bradshaw, *supra* note 8 at 33 (explaining that people who do not have a strong—or perceive to not have a strong—community and support system tend to react more severely to trauma than individuals who do have a strong—or perceive they have a strong—community and support system).

¹⁹³ "Understanding psychological testing and assessment" (2013), online: *American Psychological Association* <www.apa.org/topics/testing-assessment-measurement/understanding> [perma.cc/2U8N-SN4C].

¹⁹⁴ SAMHSA, *supra* note 44 at 9.

¹⁹⁵ *Ibid.*

¹⁹⁶ Frueh et al, *supra* note 81 at 1027.

Treatment. Treatment without evaluating the IWCM for trauma and PTSD is insufficient. SAMHSA generally critiques public institutions and public services for individuals who suffer from trauma because they are “often themselves trauma-inducing.”¹⁹⁷ This critique suggests that systems that exist to ‘fix’ IWCMs’ mental health issues, but that do not address trauma that may have been the root cause of IWCMs’ committed maltreatment, could re-trigger their reaction to trauma through the therapy process. Therefore, treatment without an evaluative component to identify potential, extant trauma could contribute to an IWCM’s choice to commit maltreatment again. However, the IWCM’s need to regain control, maintain self-preservation, and protect themselves from experiencing adverse effects would come from the very system that was supposed to alleviate them from their emotional and mental pain and suffering.

This dynamic in which therapy potentially reinforces trauma¹⁹⁸ requires society—and all professional sectors involved in animal and human violence—to re-evaluate its current system of treating IWCMs. To avoid the pitfalls treatment insufficiencies cause, local governments and communities should provide trauma-informed therapy options for IWCMs, especially for IWCMs who show signs of suffering from PTSD. Trauma-informed therapy could help stop IWCMs’ trigger cycle by healing IWCMs of their PTSD and trauma-induced reactions that manifest as violence.¹⁹⁹ The healing of these trigger reactions would then stop the maltreatment cycle and protect animals and humans from future maltreatment.

B. The Need for Trauma-Informed Therapies to Heal PTSD and Prevent Future Maltreatment

Trauma presents itself in different ways and at different times in people’s lives, sometimes seemingly without rhyme or reason in relationship to healing. Healing is not linear.²⁰⁰ Working with an individual to heal their trauma, trauma-induced symptoms, and trauma-induced mental illness, like PTSD, allows them to heal from and resolve their

¹⁹⁷ SAMHSA, *supra* note 44 at 2.

¹⁹⁸ *Ibid* at 3.

¹⁹⁹ See generally Jon Taylor & Kerensa Hocken, “Hurt people hurt: using a trauma-sensitive and compassion focused approach to support people to understand and manage their criminogenic needs” (2021) 23:3 J Forensic Practice 301 at 301–15 (exemplifying calls for systemic changes in therapy to address the underlying reasons that cause the motivations of individuals to harm others).

²⁰⁰ The Michigan State University Center for Survivors uses this phrase when working with clients. For more information on the center, see “MSU Center for Survivors” (last visited 2 November 2, 2022), online: *Michigan State University Center for Survivors* <centerforsurvivors.msu.edu/> [perma.cc/9J5B-SKQX] [MSU Center for Survivors].

trauma at the core of where the maltreatment occurred. Many mental health practitioners help clients work through their trauma using trauma-informed therapy.²⁰¹ Some trauma-informed therapies exist within the therapy umbrella of Cognitive Behavioural Therapy (CBT), which focuses on changing unhelpful ways of thinking, changing patterns of unhelpful behaviour to beneficial behaviour, and teaching healthy coping mechanisms to relieve symptoms from psychological challenges.²⁰² To note, studies show that some CBTs effectively reduce recidivism when legal systems implement them for intervention programs for individuals who have offended.²⁰³ Trauma-informed therapy “realizes the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”²⁰⁴ A trauma-informed approach includes six principles to heal the trauma-affected individual: 1) safety; 2) trustworthiness and transparency; 3) peer support; 4) collaboration and mutuality; 5) empowerment, voice, and choice; and 6) cultural, historical, and gender issues.²⁰⁵

Studies show therapy programs that focus on healing PTSD, and so, are trauma-informed, in individuals are successful. For instance, one study used a CBT, PTSD-focused program for clients who were experiencing “substance dependence, suicidal ideation, cognitive impairment, psychotic symptoms, [and] acute psychosocial stressors” and whom medical practitioners diagnosed with PTSD, as well as bipolar disorder and schizoaffective disorder.²⁰⁶ All the clients who participated in the study

²⁰¹ TIP 57, *supra* note 26 at 11–13.

²⁰² For more information on CBT, see “What is Cognitive Behavioural Therapy?” (last visited 17 November 2021), online: *American Psychological Association* <www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioural#> [perma.cc/8HTJ-3HAN].

²⁰³ Kristofer Bret Bucklen, “Desistance-Focused Criminal Justice Practice” in Amy L Solomon & Jennifer Scherer, eds, *Desistance from Crime: Implications for Research Policy, and Practice* (Washington DC: United States Department of Justice Office of Justice Programs: National Institute of Justice, 2021) at 122 [Bucklen]. Results of CBT’s effectiveness vary by the target population (juveniles versus adults, the types of crimes the offender who participates in CBT committed, *ibid*, and likely the specific type of CBT program in which the offender participates).

²⁰⁴ SAMHSA, *supra* note 44 at 9 (emphasis in the original).

²⁰⁵ *Ibid* at 10.

²⁰⁶ Jessica L Hamblen et al, “Cognitive-Behavioral Treatment for PTSD in People with Severe Mental Illness: Three Case Studies” (2004) 7:2 *American J Psychiatric Rehabilitation* 147 at 147–70.

completed the therapy program.²⁰⁷ The study's results showed that participating clients significantly decreased their PTSD and that two-thirds of the clients no longer met the criteria for having PTSD at their three-month check-in.²⁰⁸ Participating clients also showed improvements in other psychiatric symptoms they exhibited when they first began the program.²⁰⁹ These results show that trauma-informed therapies can help individuals heal from their trauma as well as severe mental illnesses. If these forms of therapy can end the stress-inducing symptoms and psychological causes that may lead individuals to commit violence against others, then we may be able to prevent the maltreatment cycle from occurring in people who commit maltreatment in reaction to their trauma. To note, youth treatment is different than adult treatment.²¹⁰ Therapy and its application need to be sensitive to clients' ages, as well as their cultural, language, and socio-economic backgrounds.

Two notable trauma-informed therapies exist that specifically treat PTSD and ameliorate PTSD symptoms:²¹¹ CPT and EMDR. Mental health practitioners frequently use these therapies to help maltreatment victims heal from the PTSD they developed from traumatic experiences. I propose that mental health practitioners can use CPT and EMDR with many IWCMs who were once maltreatment victims, and who developed trauma before they committed maltreatment against others.

CPT and EMDR are evidence-based therapies, which means practitioners track the treatment plans' progress and provide clients with concrete evidence of the programs' efficacy.²¹² In addition to individual assessments of effectiveness, evidence-based therapies have proven to be effective in peer-reviewed studies.²¹³ Medical practitioners can rely on these therapies to help their clients heal from trauma and to increase the quality and accountability of treatment their clients receive.²¹⁴

²⁰⁷ *Ibid* at 147.

²⁰⁸ *Ibid*.

²⁰⁹ *Ibid*.

²¹⁰ Institute for Human-Animal Connection, "Interconnected: Forensic Animal Maltreatment Evaluations (FAME) & Animal Abuse Risk Assessment Tool" (4 April 2018), online (video): *YouTube* <www.youtube.com/watch?v=KtRiN8s-kpA> [perma.cc/55BL-UZJN].

²¹¹ Email from Stephanie Stanley, Therapist, Michigan State University Center for Survivors, to author (11 January 2021, 10:35 PST) (on file with author) [Stanley].

²¹² *Ibid*; Joaquín Selva, "What is Evidence-Based Therapy: 3 EBT Interventions" (28 October 2017), online: *Positive Psychology* <positivepsychology.com/evidence-based-therapy> [perma.cc/KJK4-RFEQ] [Selva].

²¹³ Selva, *supra* note 213.

²¹⁴ *Ibid*.

1. *Cognitive Processing Therapy (CPT)*

CPT exists within the CBT umbrella because it centers healing on changes in thoughts and feelings, behaviour, and bodily sensations.²¹⁵ CPT exists specifically to address PTSD.²¹⁶ As previously mentioned, CPT is an evidence-based therapy that has undergone rigorous research.²¹⁷ CPT has proven to be effective in reducing PTSD symptoms that come from traumatic events, including “child abuse, combat, rape and natural disasters.”²¹⁸ The American Psychiatric Association, the U.S. Department of Veterans, the U.S. Department of Defense, and the International Society of Traumatic Stress Studies endorse CPT as “a best practice for the treatment of PTSD.”²¹⁹ Organizations throughout the world have used CPT, even outside of English-speaking and Western cultures.²²⁰ Since trauma is a universal experience, CPT’s developers designed its therapeutic strategies and tools so that people from any country and any culture can translate and use the materials for their clients.²²¹ This design approach ensures that anyone who suffers from PTSD, anywhere in the world and from any culture or background, can receive the help and support they need.²²²

²¹⁵ Cognitive Processing Therapy, *supra* note 98.

²¹⁶ *Ibid*; “Cognitive Processing Therapy (CPT)” (last visited 11 April 2021), online: *American Psychological Association* <www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapy> [perma.cc/WQ9B-TWMC] [CPT - American Psychological Association].

²¹⁷ S M Murray et al, “The impact of Cognitive Processing Therapy on stigma among survivors of sexual violence in eastern Democratic Republic of Congo: results from a cluster randomized controlled trial” (2018) 12:1 *Conflict & Health* 1 at 1–9 [Murray et al].

²¹⁸ Cognitive Processing Therapy, *supra* note 98.

²¹⁹ “Welcome” (last visited 4 November 2022), online: *Cognitive Processing Therapy* <cptforptsd.com/> [perma.cc/XL42-AB5Y].

²²⁰ Murray et al, *supra* note 218 at 1–9; “Cognitive Processing Therapy” (last visited 1 February 2022), online: *Johns Hopkins Bloomberg School of Public Health* <www.jhsph.edu/research/centers-and-institutes/global-mental-health/talk-therapies/cognitive-processing-therapy/> [perma.cc/2KGV-Y3NJ] [Johns Hopkins Bloomberg School of Public Health].

²²¹ See, e.g., Judith K Bass et al, “Controlled trial of Psychotherapy for Congolese Survivors of Sexual Violence” (2013) 368 *The New England J Medicine* 2182 at 2184 (explaining that the study’s translators translated the CPT materials into five local languages—each language representing groups of people with unique cultures and backgrounds, but who experienced similar forms of trauma through sexual violence).

²²² See Johns Hopkins Bloomberg School of Public Health, *supra* note 221 (listing the various world locations in which practitioners used CPT to help individuals in those regions heal from trauma and PTSD); Patricia Resick et al, “Cognitive Processing Therapy (CPT)” (2016), online: *International Society for Traumatic Stress Studies* <istss.org/clinical-resources/treating-trauma/treatment-materials/cognitive-processing-

CPT is a tool that clients can use to understand the difficulties that exist in recovering from traumatic events and the PTSD symptoms that affect daily life.²²³ CPT helps clients understand the way a traumatic experience can affect their perspectives of themselves and the world, and that thoughts can influence their feelings and behaviours,²²⁴ which may result in skewed or unhealthy reactions to events or people that exist in their lives. CPT helps clients overcome these skewed beliefs, including the belief that they are ‘stuck,’ a belief that frequently prevents individuals from healing from traumatic events and PTSD.²²⁵ The goals of CPT are to 1) improve a client’s understanding of PTSD; 2) reduce a client’s distress regarding memories of their trauma; 3) decrease a client’s “emotional numbing,” or present inability to feel emotions, and avoidance of factors that may trigger trauma symptoms; 4) decrease a client’s feelings of being tense or “on edge”; 5) decrease a client’s present “depression, anxiety, guilt or shame”; and 6) improve a client’s general and day-to-day quality of life.²²⁶

The goals of CPT to heal victims of traumatic events could be the same goals to heal IWCMs because many of them were once victims of traumatic events too. Few studies seem to exist that delve into the internal thoughts and mental processing of IWCMs towards animals and other humans.²²⁷ One study focused on researching the motivations that adolescents felt inspired their decision to commit animal maltreatment.²²⁸ The study’s results indicated that anger, control, dislike for the animal, fear of the animal, revenge against another person, sex, and entertainment were common factors that fueled the children’s motivations.²²⁹ However, the study did not research the reasons these individuals had the anger, fear, desire for control, or thought that form of entertainment was acceptable, in the first place.

Deeper research may indicate that the causes for individuals’ emotions and thoughts that lead to motivations for hurting animals and others stem from trauma and PTSD symptoms. A study regarding intimate partner violence showed that individuals—particularly men—who committed

therapy-(cpt)> [perma.cc/S65M-HN4M] [Resick et al].

²²³ *Ibid.*

²²⁴ *Ibid.*

²²⁵ Cognitive Processing Therapy, *supra* note 98.

²²⁶ *Ibid.*

²²⁷ Current research that exists delves into motivations of maltreatment, which focuses on individuals who abuse substances and individuals who sexually mistreated others.

²²⁸ See generally Christopher Hensley & Suzanne E Tallichet, “Animal Cruelty Motivations: Assessing Demographic and Situational Influences” (2005) 20:11 J Interpersonal Violence 1429 at 1429–43.

²²⁹ *Ibid.*

maltreatment had significant rates of PTSD symptoms and mental illnesses.²³⁰ The study's researchers hypothesized these illnesses may have developed from the adult IWCs experiencing "frequent trauma symptoms" that surfaced because of negative thoughts connected to maltreatment from their parents, including "coldness/rejection and physical abuse."²³¹ These symptoms resulted in IWCs exhibiting increased rates of anger and emotional maltreatment towards their partners.²³² Discussion is necessary to extrapolate this study's results to the perspective that IWCs who mistreat animals are doing so as a result of experiencing frequent trauma symptoms and PTSD. However, through this extrapolation, CPT's goal to resolve PTSD-based suffering for current victims could extend to resolve IWCs' trauma and PTSD-based suffering, because of their original victimization.

Process. Licensed therapists who become trained and certified in CPT can provide the program to their clients. CPT lasts twelve therapy sessions, for twelve weeks.²³³ During each week, the program's curriculum helps the client address the meaning behind their traumatic events, helps the client identify thoughts and feelings associated with their traumatic events, and helps the client address and heal trust issues, safety issues, power and control issues, esteem issues, and intimacy issues.²³⁴ During each session, the client participates in, and takes control of, their healing process: They receive information about common reactions and symptoms to trauma and they work with their therapist to identify and resolve beliefs that do not serve their emotional well-being.²³⁵ For each session, the client completes an assignment that applies the information they gained during the previous session's discussion.²³⁶ This process is introspective. The client uses each assignment to identify and analyze experiences that caused their PTSD. These assignments also give the client time to process memories and reactions to those memories on their own, which empowers the client to manage their healing on their terms. During the next session, the client can discuss with their therapist the thoughts and feelings that arose while completing the assignment. During this session, the client can discuss specific experiences in their history that arose during the assignment's completion, and they can review their reactive emotions and thoughts that

²³⁰ Donald G Dutton, "Trauma symptoms and PTSD-like profiles in perpetrators of intimate abuse" (1995) 8:2 J Traumatic Stress 299 at 299-316.

²³¹ *Ibid.*

²³² *Ibid.*

²³³ Cognitive Processing Therapy, *supra* note 98.

²³⁴ *Ibid.*

²³⁵ *Ibid.*

²³⁶ *Ibid.*

developed from those experiences, which created the trauma. By working through these experiences, the client can process their emotions and thoughts, which helps disassemble the trauma and initiates emotional and mental healing. Through this process, the client regains power and control of their life because they lead their healing process with the support of—rather than the direction of—their therapist.

Lastly, CPT therapy centers that treat PTSD ask their clients to complete a PTSD evaluation form²³⁷ before their weekly session.²³⁸ This survey includes several questions that measure the client's experience of PTSD symptoms during the previous week. The survey's results help the therapist record the client's progress and healing of PTSD symptoms. This evaluative tool acts as an evidence-based mechanism that shows whether CPT is effective for the client.

2. *Eye Movement Desensitization and Reprocessing Therapy (EMDR)*

EMDR is a therapy technique that helps clients “alleviate the distress associated with traumatic memories.”²³⁹ The therapy works by supporting clients in identifying and working through traumatic memories and difficult experiences and then helping them form an “adaptive resolution” in response to the trauma-induced PTSD they developed.²⁴⁰ EMDR's goals are to relieve affective distress, reformulate negative beliefs, and reduce physiological arousal.²⁴¹ EMDR is different from CPT because it does not exist within the umbrella of CBT.²⁴² However, like CPT, its focus is also to heal clients of their PTSD symptoms.²⁴³

²³⁷ This evaluation form may include the Clinician-Administered PTSD scale. Centers may also use the Structured Clinical Interview for DSM-IV, the Beck Depression Inventory, and the Trauma-Related Guilt Inventory to assess a client's current PTSD levels. See P A Resick et al, “A comparison of cognitive-processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims” (2002) 70:4 J Consulting & Clinical Psychology 867 at 867-79.

²³⁸ For more information on one center that uses this evaluation method, see Michigan State University's Center for Survivors. MSU Center for Survivors, *supra* note 201.

²³⁹ “What is EMDR?” (last visited 11 April 2021), online: *EMDR Institute, Inc* <www.emdr.com/what-is-emdr/> [perma.cc/HH2D-9NKS] [EMDR Institute].

²⁴⁰ *Ibid.*

²⁴¹ *Ibid.*

²⁴² Stanley, *supra* note 212.

²⁴³ “Eye Movement Desensitization and Reprocessing (EMDR) Therapy” (last visited 11 April 2021), online: *American Psychological Association* <www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing> [perma.cc/TM2R-EHEM] [EMDR - American Psychological Association].

Similar to CPT, each EMDR session helps the client identify emotionally disturbing material.²⁴⁴ However, EMDR only lasts eight sessions. During each session, the client physically works through memories, rather than the client identifying experiences and issues through take-home assignments. The therapist then leads the client through directed eye movement, which evokes in the client memories and emotions surrounding their trauma.²⁴⁵ The EMDR founder's hypothesis is that the physical, rapid eye movement helps access the client's memory network, which then enhances the client's processing of their traumatic memory's information.²⁴⁶ The therapist works through the following protocol for each session: 1) the client encounters and works through past events that caused their trauma, which allows their brain to create new associative links to those memories; 2) the client identifies current events that have caused them distress, and the therapist works with the client to desensitize internal and external triggers that instigate that distress; and 3) the therapist works with the client to create "templates" of healthy reactions to future events to prevent the client from becoming triggered in the future.²⁴⁷ Through physical eye movement, the client can create new associations between the traumatic memory that caused their PTSD and more adaptive memories and information that stabilize their thoughts and emotions.²⁴⁸ In turn, the client develops new perspectives toward the traumatic experience.²⁴⁹ This adaptive technique enables the client to process all the information available to them regarding the traumatic memory, not just the memory's harming aspects.²⁵⁰ The client leaves the program with the skills to create new associations, which enables the client to completely process experiences and received information, eliminate emotional stress, and develop insights into their cognition.²⁵¹

3. Benefits of CPT and EMDR

Evidence-based. Multiple studies show that CPT is effective at helping clients heal from PTSD and subsequently alleviate their PTSD symptoms. Therapists have used CPT to help individuals, including veterans²⁵² and

²⁴⁴ EMDR Institute, *supra* note 240.

²⁴⁵ *Ibid.*

²⁴⁶ *Ibid.*

²⁴⁷ *Ibid.*

²⁴⁸ *Ibid.*

²⁴⁹ *Ibid.*

²⁵⁰ *Ibid.*

²⁵¹ *Ibid.*

²⁵² Candice M Monson et al, "Cognitive processing therapy for veteran with military-related posttraumatic stress disorder." (2006) 74:5 J Consulting and Clinical

individuals who recently experienced combat,²⁵³ sexual assault survivors,²⁵⁴ and survivors of childhood maltreatment,²⁵⁵ heal from PTSD. Furthermore, studies have shown that people who experienced trauma, and who developed PTSD through prolonged exposure to trauma-inducing events, were able to heal using CPT.²⁵⁶ Lastly, CPT has proven to be successful at helping individuals heal from PTSD in diverse cultures and in multiple languages.²⁵⁷ Therefore, anyone who is interested in working through the CPT program will likely be successful in healing, regardless of their cultural and socio-economic background. Studies have also shown that the program's administration can be flexible (i.e., the client may not need to participate in the program for a full twelve weeks).²⁵⁸ A therapist can work with their client to determine the appropriate number of sessions that address the client's healing needs. The therapist and client can choose to bypass repetitive sessions if the client shows they are progressing through the program faster than the program's designed expectations, or if the client has less than twelve weeks to complete the program.

EMDR is also evidence-based. Therapists use evaluative scales that allow them to determine changes in the client's emotion and cognition as they progress with each session.²⁵⁹ With the start of each session, the therapist evaluates the client's present mental state, determines whether the client has been able to maintain the effects of their previous therapy sessions, identifies any memories that have emerged for the client since the previous session, and then works with the client to determine the current session's focus.²⁶⁰ The client becomes empowered through this process because they can determine which topics or memories they would like to focus on for the session. Additionally, at the end of each session, the client completes a self-assessed body scan to observe their physical responses to

Psychology 898 at 898-907.

²⁵³ David H Barlow, ed, *Case Study in Clinical Handbook of Psychological Disorders*, 4th ed (New York: The Guilford Press, 2014) at 80-113, online (pdf): <www.apa.org/ptsd-guideline/resources/cognitive-processing-therapy-example.pdf> [perma.cc/22WC-BR5G].

²⁵⁴ Patricia A Resick & Monica K Schnicke, "Cognitive processing therapy for sexual assault victims" (1992) 60:5 J Consulting & Clinical Psychology 748 at 748-56.

²⁵⁵ Kathleen M Chard, "An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse" (2005) 73:5 J Consulting & Clinical Psychology 965 at 965-71.

²⁵⁶ Resick et al, *supra* note 223.

²⁵⁷ See generally Murray et al, *supra* note 218.

²⁵⁸ Tara E Galovski et al, "Manualized therapy for PTSD: Flexing the structure of cognitive processing therapy." (2012) 80:6 J Consulting & Clinical Psychology 968 at 968-81.

²⁵⁹ EMDR - American Psychological Association, *supra* note 244.

²⁶⁰ *Ibid.*

the memories and emotions through which they worked, which can help them identify improvements within their system.²⁶¹

Researchers have conducted more than thirty controlled outcome studies on EMDR with high success rates. One study showed that eighty-four to ninety percent of individuals who experienced one isolated traumatic event no longer had diagnosable PTSD after three ninety-minute sessions.²⁶² A second study showed that one hundred percent of individuals who experienced one traumatic event and seventy-seven percent of individuals who experienced multiple traumatic experiences no longer had diagnosable PTSD after six fifty-minute sessions.²⁶³ A third study showed that seventy-seven percent of combat veterans no longer had diagnosable PTSD after twelve sessions.²⁶⁴ Therapists have used EMDR to resolve PTSD in veterans,²⁶⁵ as well as PTSD from domestic violence,²⁶⁶ childhood trauma,²⁶⁷ workplace trauma,²⁶⁸ observed violence/attacks,²⁶⁹ and PTSD that co-exists with substance abuse issues²⁷⁰ and severe mental illnesses.²⁷¹

²⁶¹ *Ibid.*

²⁶² EMDR Institute, *supra* note 240; Marco Pagani et al, “Pretreatment, Intratreatment, and Posttreatment EEG Imaging of EMDR: Methodology and Preliminary Results From a Single Case” (2011) 5:2 J EMDR Practice & Research 42 at 42–56.

²⁶³ *Ibid.*

²⁶⁴ *Ibid.*

²⁶⁵ E C Hurley, “Effective Treatment of Veterans With PTSD: Comparison Between Intensive Daily and Weekly EMDR Approaches” (2018) 9:1458 *Frontiers in Psychology* 1 at 1–10.

²⁶⁶ Kristin M Phillips et al, “EMDR Treatment of Past Domestic Violence: A Clinical Vignette” (2009) 3:3 J EMDR Practice & Research 192 at 192–97.

²⁶⁷ Mehmet Karadag, Cam Gokcen & Ayse Sevede Sarp, “EMDR therapy in children and adolescents who have post-traumatic stress disorder: a six week follow-up” (2020) 24:1 *Intl J Psychiatry in Clinical Practice* 77 at 77–82.

²⁶⁸ Christine Rost, “EMDR Treatment of Workplace Trauma A Case Series” (2009) 3:2 J EMDR Practice & Research 80 at 80–90.

²⁶⁹ Steven M Silver et al, “EMDR Therapy Following 9/11 Terrorist Attacks: A Community-Based Intervention in New York City” (2005) 12:1 *Intl J Stress Management* 29 at 29–42; Mevludin Hasanović et al, “Development of EMDR Therapy in Bosnia and Herzegovina – Education by Supervision to Accreditation” (2021) 33:1 *Psyciatria Danubina* 4 at 4–12 [Hasanović et al].

²⁷⁰ Claire Kullack & Jonathan Laugharne, “Standard EMDR Protocol for Alcohol and Substance Dependence Comorbid With Posttraumatic Stress Disorder: Four Cases With 12-Month Follow-Up” (2016) 10:1 J EMDR Practice & Research 33 at 33–46.

²⁷¹ See generally Benito Daniel Estrada Aranda, Nathali Molina Ronquillo & Maria Elena Navarro Calvillo, “Neuropsychological and Physiological Outcomes Pre- and Post-EMDR Therapy for a Woman With PTSD: A Case Study” (2015) 9:4 J EMDR Practice & Research 174 at 174–87; Ana M Gomez, *EMDR Therapy and Adjunct Approaches with Children*, 1st ed (United States: Springer Publishing Company, 2013); Paul William Miller, *EMDR Therapy for Schizophrenia and Other Psychoses*, 1st ed (United States: Springer Publishing Company, 2015); David P G van den Berg & Mark van der Gaag,

Like CPT, EMDR has proved successful in alleviating PTSD symptoms for individuals from various cultures and backgrounds.²⁷² Associations, including the American Psychiatric Association, the World Health Organization, and the Department of Defense endorse EMDR as “an effective treatment of trauma.”²⁷³

Programs’ short duration. CPT lasts twelve weeks and EMDR lasts eight weeks. Therapists and researchers, therefore, can quickly determine whether CPT and EMDR are effective at resolving individuals’ trauma and PTSD. For research purposes, this brevity facilitates a quick production of raw data to measure CPT and EMDR’s success for clients. The program’s length would allow a research team to design customizable programs specific to trauma-affected IWCMs to determine whether CPT and EMDR are effective for this group. Furthermore, clients can viscerally experience their healing process and observe the changes they feel toward themselves and the world every week, which illustrates the rapidity at which individuals can improve their emotional and mental well-being.

Transcend racial, gender, cultural, language, and socio-economic barriers. Since trauma is a universal experience that does not have “boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation,”²⁷⁴ trauma-based therapies can also provide a universal healing experience. Therefore, these programs can help clients work with, rather than ignore, complexities that might arise with their unique backgrounds and break down the “structures of oppression”²⁷⁵ that may have helped perpetuate their initial trauma. Furthermore, causes and manifestations of maltreatment are unique to every individual.²⁷⁶ Without generalizing the type of maltreatment that occurs, manifestations of maltreatment may exist in every culture in one form or another. Because CPT and EMDR’s designs cater to focusing on each client’s unique history and current needs, every client can effectively heal on their terms, regardless of their traumatic experience’s details. Therefore, CPT and EMDR’s ability to help people

“Treating Trauma in psychosis with EMDR: A pilot study” (2012) 43:1 J Behav Therapy and Experimental Psychiatry 664 at 664-71; Dolores Mosquera, Andrew M Leeds & Anabel Gonzalez, “Application of EMDR Therapy for Borderline Personality Disorder” (2014) 8:2 J EMDR Practice & Research 74 at 74-89.

²⁷² See generally Hasanović et al, *supra* note 270; Ignacio Jarero et al, “EDMR Therapy Humanitarian Trauma Recovery Interventions in Latin America & the Caribbean” (2014) 8:4 J EMDR Practice & Research 260 at 260-68; Sushma Mehrotra, “Humanitarian Projects and Growth of EMDR Therapy in Asia” (2014) 8:4 J EMDR Practice & Research 252 at 252-59

²⁷³ EMDR Institute, *supra* note 240.

²⁷⁴ SAMHSA, *supra* note 44 at 2.

²⁷⁵ Sokoloff & Dupont, *supra* note 119 at 45.

²⁷⁶ *Ibid* at 41.

heal from their unique trauma will also likely help people from many marginalized and oppressed groups.

V. A PROPOSED SOLUTION: USING TRAUMA-INFORMED THERAPY TO END THE MALTREATMENT CYCLE

A system that ends the maltreatment cycle should operate with love, compassion, empathy, and dignity toward IWCMs. It must also facilitate collaboration and partnerships between the legal, mental health, and social work fields. The system must still hold individuals who committed maltreatment accountable for their actions, which are harmful, damaging, and traumatic for their victims and their victims' families. However, to truly stop maltreatment, rather than masking the symptoms of maltreatment through punishment, such as incarceration, our system must respect individuals who mistreat for their being human, and for having the same feelings and thoughts other sentient beings have. Our system must recognize that justice through further violence as punishment for the IWCM does not heal the IWCM or serve their community in the long term.²⁷⁷ Instead, the system should understand each IWCM has a unique and specific background and experience that led to their damaging actions. Therefore, the system should approach these individuals the same way society approaches maltreatment victims and work to resolve their trauma, PTSD, and emotions they encounter from their traumatic experiences because many IWCMs were at one-time maltreatment victims themselves, either through direct maltreatment or through observed maltreatment.

Professionals who are involved in the legal system should interact with IWCMs, understand the reasons they committed maltreatment, and use the same therapy techniques that mental health professionals use on maltreatment victims who developed trauma. Treating the individual who committed maltreatment with dignity and resolving their trauma may end their maltreatment cycle if trauma is the core reason the person initially committed maltreatment. Our society created the current justice system because it seemed to work, based on the information society had at the time it needed a response to crime. However, our society now has the opportunity to grow. Society has the opportunity to develop research and discover new information that could enable legal, mental health, and social work systems to use more humane methods of treatment and support that could help everyone heal, who is involved in the maltreatment cycle.

²⁷⁷ Monday, *supra* note 173 at 1.

A. Proposed Research

“As Socrates observed more than two thousand years ago, the best we can do under such conditions is to acknowledge our own individual ignorance.”²⁷⁸ This article presents several perspectives about the context in which individuals become IWCMs. As discussed, IWCMs may have explicitly experienced direct or indirect maltreatment, which manifested into trauma, PTSD, and abusive actions. Alternatively, IWCMs may also not believe, recognize, or be aware they experienced trauma. When these IWCMs commit maltreatment or violence against another being, they—and observing society— may be ignorant of trauma they did in fact experience, and that that unrecognized trauma initiated the internal machinations that motivated them to commit such maltreatment or violence. To compound this lack of recognition, society may have misidentified IWCMs’ abusive behaviours as occurring without a cause, occurring because of genetics or a mental illness that is not trauma related, or because society deems that some individuals are malicious simply because they are malicious without underlying reasons. Instead of relying on misidentification of an IWCM’s reasons for harming others as the status quo, I take the perspective that the best strategy to understanding an IWCM’s internal machinations is to investigate those machinations. We need to gain insight directly from the people who have committed maltreatment and whom society is quick to dismiss.

We should develop research that uses a collaborative approach between researchers within the legal, mental health, and social work fields and IWCMs. Through this dialogue, we can work to understand the proposed Stage Zero of Hogarth’s theory of cruelty (maltreatment). We can work with IWCMs in a way that preserves their dignity and respect, and engages them as knowledgeable, empowered participants. Through this teamwork, perhaps we can develop a program that heals IWCMs of their trauma, trauma-induced symptoms, and related mental illness, and restore their feelings of safety and security. In turn, they can heal, engage with other IWCMs to support their healing, and no longer feel the need to mistreat other beings.

1. Research

Research. This initial research proposal is simple, but it has the flexibility to develop depth and expand over time with the results it produces and the needs that arise for the IWCM community. The research’s initial goal

²⁷⁸ Yuval Noah Harari, *21 Lessons for the 21st Century*, 1st ed (Ireland: Random House Publishing Group, 2019) at 228–29.

would be to find IWCMs who are interested in working with the interdisciplinary research team. The collaboration would help the research team understand the IWCMs' perspectives of their world, their pasts, their expectations for the future, their roles in society, their roles in committing violence against others, and their reasons for committing that violence.

Through this voluntary participation, the team would interview IWCMs to screen for traumatic events in their lives. The team would also screen IWCMs for trauma-induced symptoms, PTSD and PTSD symptoms, and any other forms of mental illness. The research team would then determine whether any mental illnesses the IWCMs have, have been shown to develop from traumatic events in other studies (i.e., bipolar, schizophrenia, or depression). Then, the team would listen to the IWCMs' reasons they committed maltreatment or violence and ask about the IWCMs' thoughts regarding the motivations for those reasons (i.e., the traumatic event). The team would then evaluate each IWCM using a PTSD scale to determine whether the person is suffering from PTSD. If they are, the team can offer each IWCM the option of pursuing the twelve-week CPT therapy or the eight-week EMDR therapy. Each IWCM would only enter the program if they voluntarily chose to do so, to ensure the IWCM maintains their dignity and their personal power and control. If the IWCM chooses to enroll in the program, each week, the IWCM would complete the same PTSD evaluation they completed at the beginning of their therapy. This evaluation tool would allow the therapist and the IWCM to monitor the IWCM's rate of healing throughout the program.

Recidivism Rates. Recidivism rates²⁷⁹—whether they decrease or increase through trauma-informed therapy's incorporation—would be important to include in this research. This data may help determine whether trauma-informed therapy heals IWCMs of their trauma and deters them from committing future maltreatment. This data could also help determine whether that trauma was the cause of the IWCM's decision to commit animal maltreatment, human violence, or other crimes, based on whether IWCMs continue to mistreat others or commit crimes after they complete trauma-informed therapy.²⁸⁰

²⁷⁹ Recidivism rates would most likely apply to maltreatment against victims, animals and humans alike. Though, recidivism rates might also apply to non-maltreatment crimes. The investment in research to determine whether rehabilitative measures decrease the rates of all forms of crime, not just the types of crimes for which an individual first received charges/convictions/sentences, would be helpful and relevant.

²⁸⁰ Though recidivism rates would likely provide insight on desistance from animal maltreatment, recidivism data would also reflect the legal system's response to animal maltreatment. Therefore, the collected data may not fully illustrate the success of the therapy changing IWCMs' behaviour. The research team would need to measure other

Should trauma-informed therapy decrease recidivism rates, not only would the therapy benefit the IWCMs who participated in the program, and past and future victims, the therapy may also decrease crime within communities that previously experienced high recidivism rates. One study found that overcrowded prisons predicted parole violations by individuals who lived in those overcrowded conditions after their prison release.²⁸¹ The study concluded this result did not occur in less crowded prisons because such prisons experienced less violence and had more access to mental health services, among other effective variables.²⁸² If therapy programs help decrease the amount of people in prisons because those individuals no longer commit maltreatment, and court systems do not fill their absence, then the decreased populations may positively affect other individuals in those same prisons. Through better access to resources due to decreased prison populations, currently incarcerated individuals may feel less motivated to commit offences that continue their exposure to the prison system.

The research team would also need to track ‘redemption benchmarks’ for IWCMs, which are periods that mark lengths of time during which individuals do not re-offend.²⁸³ These benchmarks would help indicate whether IWCMs still maintain tendencies toward perpetuating criminal behaviour, compared to individuals who have never been involved in the criminal legal system.²⁸⁴ This information could inform the research team as to whether the trauma-informed therapy effectively prevents IWCMs from committing maltreatment in the long term.

Research Awareness. This research proposal exists within the following points of awareness: 1) In order for this research to be successful, we must recognize “the solution to a violent society does not lie in the characterization of the victim but in the characteristics of the offender.”²⁸⁵

variables involved in the therapy process (i.e., weekly measurements of IWCMs’ diagnosable PTSD symptoms) to form a comprehensive image of the therapy’s positive effects on reducing animal maltreatment. For a deeper discussion regarding desistance and measuring recidivism rates, see Bucklen, *supra* note 204 at 111.

²⁸¹ See generally Michael A Ruderman, Deirdra F Wilson & Savanna Reid, “Does Prison Crowding Predict Higher Rates of Substance use Related Parole Violations? A Recurrent Events Multi-Level Survival Analysis” (2015) 10:10 PLOS One 1 at 1-19.

²⁸² *Ibid* at 2. See also, generally, William Arbour, Guy Lacroix & Steeve Marchard, “Prison Rehabilitation Programs: Efficiency and Targeting” (2021) SSRN 1 at 1-43, online: <papers.ssrn.com/sol3/papers.cfm?abstract_id=3761992> [perma.cc/EY5F-U4V5] (discussing additional studies that have shown rehabilitative programs in prisons improve recidivism).

²⁸³ Bucklen, *supra* note 204 at 117-18.

²⁸⁴ *Ibid.*

²⁸⁵ Charlotte A Lacroix, “Another Weapon for Combating Family Violence: Prevention

Therefore, if we can work with IWCMs, learn the reasons they exist as they do, and support them in their healing, we can move one step closer toward alleviating the violence in our society. 2) We must prevent research findings from being “misconstrued or deliberately used against vulnerable populations, even when [we] make every effort to represent their findings in a favourable light.”²⁸⁶ Our research methods must be “participatory, empowering, and based in a community action model.”²⁸⁷ 3) The research must exist with the expectation and understanding that IWCMs participate in a crucial way. The research team and society need to collaborate with IWCMs in a way that can help everyone heal. The research team would need to move away from working through a critical, punishing lens that could further ostracize IWCMs, further divide communities, and further perpetuate systemic oppression. If we can make this research collaborative, inclusive and “culturally competent,” we can positively, directly affect everyone who exists within the maltreatment cycle.²⁸⁸

This research must take the approach that individuals with different perspectives, with different experiences, and from disciplines are necessary.²⁸⁹ This approach will help alleviate the concern that this research relies only on mainstream literature and academic thought.²⁹⁰ This approach will also likely improve the research team’s response to IWCMs from diverse backgrounds because the research team’s cultural perspective would be that the IWCMs’ experiences and their backgrounds provide depth and value to the results.²⁹¹ IWCMs, like all humans and animals, will provide value to this research, and to any other project or community within which they participate because of their inherent value as a being and a member of this global community.

The “convergence of trauma on the survivor’s perspective with research and clinical work has underscored the central role of traumatic experiences

of Animal Abuse” (1998) 4 Animal L 1 at 3.

²⁸⁶ Sokoloff & Dupont, *supra* note 119 at 48.

²⁸⁷ V Kanuha, “Domestic violence, racism, and the battered women’s movement in the United States”

in J L Edleson & Z C Eisikovits, eds, *Future interventions with battered women and their families* (London: Sage, 1996) at 45. A Community Action Model is an approach that works to improve the health and environment of a community through the participation of that community in the improvement efforts. See “Community Action Model” (last visited 18 November 2021), online: *Conduent Healthy Communities Institute* <cdc.thehcn.net/promiseppractice/index/view?pid=30159> [perma.cc/B52K-QDV4].

²⁸⁸ Sokoloff & Dupont, *supra* note 119 at 48–49.

²⁸⁹ *Ibid* at 49.

²⁹⁰ *Ibid.*

²⁹¹ *Ibid.*

in the lives of people with mental . . . conditions.”²⁹² As mentioned, this article and research proposal exist within the perspective that no one is broken, even though this perspective challenges some mainstream societal narratives that claim some people are broken and cannot improve themselves or their lives. Yet, the need to heal is not synonymous to existing in an irreparable state. And so, though this article and research proposal do recognize that perhaps not everyone who mistreats other beings was directly mistreated or observed violence during a previous time in their lives, the hope is that this research will provide insight into the degree at which trauma influences individuals to hurt others and methods we can use to ameliorate seemingly broken cases to prevent future suffering.

2. Results for Program Development

Establishing Trauma-Informed Programs for IWCMs. The hope for this research and its results is to develop programs for IWCMs that support their healing and empowerment, and deter them from believing they need to mistreat others, or from believing maltreatment is acceptable, in order to protect would-be animal (and human) victims. These therapy programs could exist in prisons (until we determine how to operate without carceral systems); exist in communities for individuals whom courts convicted of maltreatment, but whom courts did not incarcerate; or for individuals who self-identify as having committed maltreatment and who search for the programs on their own.

Advocacy groups in other fields that work with individuals who suffer from trauma have found that they can maximize their efforts to help heal individuals when the healing occurs within an “organizational or community context.”²⁹³ Therefore, the goal for this research is also to create community support programs that support former IWCMs who completed their trauma-informed therapy. These community support programs can provide support groups for IWCMs. These support groups may help IWCMs find healthy outlets in working through their thoughts and emotions while they heal, develop a unique community through relationships they foster with other IWCMs, and support each other through their healing process. This support group approach might look similar to support systems such as Alcoholics Anonymous and its community-based support groups.²⁹⁴ These support groups would also exist to protect former IWCMs from encountering triggers that may remind

²⁹² SAMHSA, *supra* note 44 at 5.

²⁹³ *Ibid* at 2.

²⁹⁴ Homepage (last visited 11 April 2021), online: *Alcoholics Anonymous* <aa.org/> [perma.cc/6XJD-RCG4].

them of their initial traumatic event or the maltreatment they committed. The support groups could be a buffer between former IWCMs and triggers that would otherwise provoke their need to commit maltreatment as a self-defence mechanism to manage unwanted thoughts, memories, or emotions. This support system—to protect individuals from triggers—may be especially important for former IWCMs who enrolled in trauma-informed therapy during incarceration and then re-entered their community once their incarceration period ended. While incarcerated, these former IWCMs likely experienced a rigid schedule. Distinct forms of power and control likely existed within the carceral infrastructure. And, former IWCMs could likely predict schedules and interpersonal relationships from one day to the next. Incarceration, in its own oppressive way, may have created a sense of security on which former IWCMs could rely while working through their healing. However, the world outside of the carceral infrastructure is unknown and unpredictable, even when it offers desired forms of liberation. Therefore, these support groups can help formerly incarcerated IWCMs maintain structure in their newly liberated lives so that when they do encounter variables that act as trauma triggers, the IWCMs have a strong support system, structure, and a community of other former IWCMs working through the same issues, on which they can rely.

Examples of funded trauma-informed programs do exist and have proven to be effective. For instance, SAMHSA established the Jail Diversion Trauma Recovery Grant Program, which supports “the local implementation and State/Tribe-wide expansion of trauma-integrated jail diversion programs to address the needs of individuals with mental illness such as [PTSD] and trauma related disorders involved in the justice system.”²⁹⁵ One of the program’s goals is to “address gaps in mental health prevention and treatment of services” and to help advocacy organizations “help specific populations [with] emerging mental health problems.”²⁹⁶ This program’s existence indicates that advocacy groups recognize the connection between experienced trauma, developing PTSD, and subsequent crime. The program’s existence also shows that groups believe that healing individuals’ PTSD through trauma-informed therapy can prevent their future substance abuse and crime commissions. A different

²⁹⁵ SAMHSA, *supra* note 44 at 4; Erica Meade & Linda Mellgren, “Overview and Inventory of HHS Efforts to Assist Incarcerated and Reentering Individuals and Their Families” (31 January 2011), online: *Office of the Assistant Secretary for Planning and Evaluation* <aspe.hhs.gov/reports/overview-inventory-hhs-efforts-assist-incarcerated-reentering-individuals-their-families-0> [perma.cc/ZQS7-5RGC] [Office of the Assistant Secretary for Planning and Evaluation].

²⁹⁶ Office of the Assistant Secretary for Planning and Evaluation, *supra* note 296.

study through Baylor University—which focused on trauma-informed therapy for incarcerated individuals—also had results that showed the treatment group’s PTSD scores “substantially reduced” and were “significantly lower” than the control group’s average PTSD score, after therapy.²⁹⁷ These programs’ research and treatment success rates may forecast the success of using trauma-informed therapies for individuals who experienced trauma, which led to PTSD, and who manifested their trauma as maltreatment on animals and/or humans. If so, then the application of trauma-informed therapies on individuals who committed maltreatment could possibly decrease maltreatment incidents, incarceration rates, and heal this population.

Voluntary Admission for Therapy Programs. Requiring people to receive therapy is a sensitive issue. Demanding a person receive treatment for a mental or physical health issue may harm the individual, and subsequently the community, rather than healing the wounds the individual experienced from those mental health issues, or the wounds the individual created through their offences. Forcing a person to enter treatment may provoke shame, guilt, fear, or other emotions that cause individuals to become defensive and act in ways that protect their survival and maintain their individual power and control. These reactions are the same survival instincts and trauma-induced emotions that may have caused the individual to mistreat others, originally. Therefore, forcing someone who committed maltreatment to go into treatment could further traumatize that individual—by removing any semblance of power and control they tried to reclaim through their abusive actions—and motivate them to mistreat again to regain the power and control they lost. Furthermore, forced participation may make individuals poor research participants if they feel coerced into treatment and subsequently provide false answers and raw data, which would lead to the therapy’s results being inaccurate.

Studies and academic literature regarding treatment for people with mental illnesses support the idea that mandatory treatment is not particularly effective in healing mental health issues or alleviating the need for accommodations for people with mental health concerns. One study found that “compulsory treatment appears to be a broadly used intervention . . . [that] is ineffective at reducing readmission.”²⁹⁸ And, one literature review of mandatory treatment therapy programs found “little

²⁹⁷ Johnson, Jang & Bradshaw, *supra* note 8 at 25.

²⁹⁸ Mike Slade et al, “Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems” (2014) 13:1 *World Psychiatry* 12 at 13, citing Tom Burns et al, “Community treatment orders for patients with psychosis (OCTET): a randomized controlled trial” (2013) 381:9878 *Lancet* 1627 at 1627–33.

evidence of effectiveness in terms of health service use, social functioning, mental state, quality of life or satisfaction with care” for participants.²⁹⁹ The review concluded that forced treatment could undermine an individual’s practice of self-determination and their ability to reclaim a meaningful life.³⁰⁰ In short, mandatory treatment does not respect the individual as a “citizen of society.”³⁰¹ Rather, it may act as a form of systemic oppression that does not support a person’s efforts to heal and re-join society. To note, these studies specifically focus on individuals with mental health issues rather than individuals who have mistreated other beings. However, since this article’s theoretical perspective is that many individuals committed maltreatment against other beings in reaction to their mental health issues—the trauma they experienced that developed into PTSD³⁰²—these studies are relevant for this proposed research. In addition, some researchers posit that “PTSD influences psychiatric disorders both directly . . . and indirectly.”³⁰³ Therefore, studies that investigate the effects of forced treatment on individuals with mental illnesses may be, and likely are, appropriate to use to determine whether forced behaviour therapy for individuals who committed maltreatment is effective.

For these reasons, voluntary enrollment of trauma-informed therapy may be a more approachable way for IWCMs to seek treatment. Voluntary enrollment in therapy may exist as part of a plea deal,³⁰⁴ therapy for

²⁹⁹ *Ibid*, citing generally Steve R Kisely, Leslie A Campbell & Richard O’Reilly, “Compulsory community and involuntary outpatient treatment for people with severe mental disorders” (2017) 3:CD004408 Cochrane Database of Systematic Reviews 1 at 1-63.

³⁰⁰ *Ibid*.

³⁰¹ *Ibid*.

³⁰² See “Diagnostic and Statistical Manual of Mental Disorders (DSM-5)” (last visited 11 April 2021), online: *American Psychiatric Association* <www.psychiatry.org/psychiatrists/practice/dsm?_ga=1.8367346.1782582538.1481136819> [perma.cc/ZU4T-ZN8R] (listing PTSD as a mental illness).

³⁰³ Mueser et al, *supra* note 94 at 123.

³⁰⁴ Enrollment in a therapy program as part of a plea deal may not seem like a genuinely voluntary decision. However, the option to enroll in therapy as an alternative to incarceration does still provide the IWCM with a choice they were able to make on their own. This choice can help preserve the individual’s sense of autonomy and control, while also acknowledging the offence they committed toward another being. As a result, the individual’s therapy results will likely be genuine, and the individual will benefit from the program. See Bruce J Winick, “Applying the Law Therapeutically in Domestic Violence Cases” (2000-2001) 69 U Missouri-Kansas City L Rev 33 at 63-64 (explaining that “experiencing choice and a sense of self-determination is often vital to an individual’s sense of [their] own locus of control and may be essential to emotional well-being” and “[p]eople given choice rather than made to feel coerced respond better, with greater satisfaction and with more motivation and effective performance.”).

individuals who are already incarcerated, or therapy that individuals seek independently of the court system. This advocacy approach to support individuals through trauma-informed therapy is not the fastest way to enroll IWCMs in treatment. However, this approach empowers individuals to seek healing therapy through self-determination, in a way that supports their ability to regain their individual power and control in a healthy and safe way. Communities and law enforcement do not force victims of maltreatment to seek trauma-informed therapy immediately after they experience the maltreatment. Their choice to seek help frequently comes from a desire to heal. Society should not doubt that IWCMs, who were likely once victims too, have the same desire to heal when they discover support systems exist that will empower them rather than condemn them for their past transgressions.

B. Incorporating Research and Trauma-Informed Therapies into the Legal System

Fortunately, local, state, and federal agencies have increased their awareness regarding the “pervasiveness of trauma and its connections to physical and behavioural health and well-being,” which has encouraged organizations to respond and provide services to trauma-affected individuals to help them heal.³⁰⁵ Ideally, the programs that come from my proposed research would exist in a form that allows IWCMs to utilize trauma-informed therapy before entering the legal system. However, should an IWCM encounter the legal system before gaining access to these therapy programs, the hope is that prosecutorial parties within the legal system could integrate trauma-informed therapy programs into their decision-making when working through an IWCM’s animal (or human) maltreatment charge.

For this research and the application of its results and proposed programs to be successful, it needs the support from all parties who exist within the legal system that address animal (and human) maltreatment. Judges, prosecutors, and defence attorneys would need to believe trauma-informed therapies work and would need to agree to propose these programs during the prosecution process. Since state governments and agencies have started to prioritize trauma as a critical variable that affects their communities,³⁰⁶ state courts may increase their focus on trauma as well. This support could encourage judges, prosecutors, and defence attorneys to ‘buy-in’ to trauma-informed therapy programs and perhaps use

³⁰⁵ SAMHSA, *supra* note 44 at 6.

³⁰⁶ *Ibid* (listing different governments and government agencies that have developed incorporated trauma-informed activities within their systems and policies).

these programs as effective alternatives to incarceration. These alternatives could enable IWCMs to feel empowered in taking control over their futures and so, retain their personal power that the legal system tends to take away, and help them heal. In turn, judges, prosecutors, and defence attorneys could also participate in ending maltreatment cycles and protecting animals (and humans) from becoming future victims. Providing therapy as an alternative to incarceration, or as an option that could reduce an IWCM's sentence may not provide an IWCM with complete freedom in determining their future. However, the option for an IWCM to voluntarily choose their own path (healing therapy that has proven to be successful versus incarceration) provides more options than an IWCM would have if their only choice was incarceration. Furthermore, the option between healing therapy or incarceration recognizes the legal system and society's hope for justice (even if misguided) and so, still makes an IWCM accountable for their actions against their victim(s).

C. Challenges to Research and Proposed Solutions

Some challenges exist in conducting research to determine whether using trauma-informed therapies to heal IWCMs from trauma is successful. These factors include funding sources, finding IWCMs who are willing to participate, and support for the research from courts, prisons, as well as legal, mental health, and social work professionals.

Finding funding. Funding for this research may be difficult because the justice system has historically been incarceration-focused, especially towards individuals who mistreated or harmed animals. However, organizations do exist that support incarceration alternatives. Though these programs historically focused on incarceration alternatives for individuals with substance abuse concerns, their projects focused on helping a target audience with a particular challenge receive necessary, healing treatment while also preventing further oppression through incarceration.³⁰⁷ This overarching goal aligns with the article's proposed work, which provides hope that this proposed research may find similar funding. Alternatively, organizations already exist that fund research to investigate the healing effects of trauma-informed therapies, to resolve incarcerated individuals' trauma and PTSD.³⁰⁸ My proposal is analogous to these programs, and so, could be eligible for similar funding. Furthermore, studies that reviewed the cost benefit of treating individuals who sexually maltreated children concluded that the cost of keeping an individual incarcerated for these acts

³⁰⁷ Office of the Assistant Secretary for Planning and Evaluation, *supra* note 296.

³⁰⁸ Johnson, Jang & Bradshaw, *supra* note 8 at 22-24.

was thirty percent more expensive than helping an individual rehabilitate as an outpatient, non-incarcerated client.³⁰⁹ If we analogize these conclusions to IWCs, then helping IWCs heal through therapeutic measures, without carceral measures, would decrease government spending on prisons. If society values efforts to exist in a world free of prisons, funding towards this type of research is appropriate and necessary.

Gaining access to IWCs who are interested in or eligible for trauma-informed therapy. Finding ways of working with IWCs who are interested in and qualify as candidates for trauma-informed therapy³¹⁰ may occur through multiple avenues. Every avenue should demonstrate to potential participants that the research and therapy is safe, inclusive, healing, and beneficial to their health and well-being. One study researched the motivations and inhibitions that individuals who committed sexual assault provided for participating in or avoiding therapy.³¹¹ This study interviewed individuals who committed sexual maltreatment and proposed developing customized therapy programs that specifically aligned with the target clients' needs.³¹² The proposed customizations of these therapy programs addressed the concerns clients had that they believed prevented therapy from being effective. Some of these concerns included "the outcome of confrontations with the therapists, a tendency to isolate and over comply [or, comply beyond the clients' preferred level of action], guilt related to the maltreatment, a need for a stable environment, and a need to be accepted."³¹³ My research proposal suggests developing a similar customized approach to the research's interactions with clients. The hope is that the alleviation of these common concerns will be attractive to individuals who commit maltreatment toward animals and others. In turn, the research and therapy will provide a safe, inclusive environment for these individuals, which will demonstrate that voluntary therapy will benefit them in the long-term. In other words, if potential participants understand this research and its results exist to create a customized program that will help them heal from trauma they never had the opportunity to address, and the research is designed to promote each participant's dignity and respect, empower them

³⁰⁹ Jona Lewin et al, "A community service for sex offenders" (1994) 5:2 *The J Forensic Psychiatry* 297 at 307.

³¹⁰ To receive PTSD therapy from some organizations, a potential client must complete a survey that measures their PTSD levels. If the client's PTSD level exceeds a base score, the client is eligible to receive PTSD therapy.

³¹¹ Martin Drapeau et al, "A Plan Analysis of Pedophile Sexual Abusers' Motivations for Treatment: A Qualitative Pilot Study" (2005) 49:3 *Intl J Offend Therapy & Comp Criminology* 308 at 309.

³¹² *Ibid.*

³¹³ *Ibid* at 316.

to heal, and empower them to help others in the future, they may be more willing to participate.

Support from courts, legal, mental health, and social work professionals. As referenced in Part V(b) of this article, establishing ‘buy-in’ from the court systems, prosecutors, and defence attorneys may be difficult. However, the fact that courts in some parts of the United States are starting to prioritize trauma as a possible cause of crimes provides hope that courts will implement trauma-informed systems to help heal individuals and prevent future crimes.³¹⁴ Providing evidence-based data that shows IWCMs who completed trauma-informed therapy subsequently ceased to commit violence or maltreatment against animals (and humans), will likely be the leading way to convince judges, prosecutors, and defence attorneys that trauma-informed therapy works. Data regarding recidivism rates, and maltreatment or crime rates in counties that implement these programs will also be necessary. If one county is willing to be the test case for this proposal, this research’s team would be able to determine whether these hypotheses are true. Mental health and social work professionals will likely need less convincing, since many professionals in these fields recognize that trauma is a significant cause of severe mental illness. However, trauma-informed therapy’s evidence-based results will help prove trauma’s role in the specific relationship between IWCMs and animal maltreatment.

D. Benefits to Proposed Research

Ending the maltreatment cycle at its core, and other crimes. This program could heal individuals who commit maltreatment of their trauma and realign the skewed perspectives they have of themselves, the world, and others. In turn, this healing could provide an opportunity for individuals to re-examine their relationship with animals and others in their lives, and develop healthy connections with these beings that do not lead to future maltreatment. Returning to Hogarth’s cruelty (maltreatment) cycle theory, this healing could create a new Stage Four—one that does not oppress the IWCM and perpetuate further victimization, maltreatment, and oppression. This program could apply to people who commit domestic violence as well as people who hoard, and any other crimes that involve trauma. By curbing the maltreatment cycle, this proposed program could

³¹⁴ See, e.g., “AG Racine Statement on OAG’s Prosecution of Juvenile Violent Crime” (28 January 2022), online: *Office of the Attorney General for the District of Columbia* <oag.dc.gov/release/ag-racine-statement-oags-prosecution-juvenile-0> [perma.cc/XB5E-5TVG] (describing Washington D.C.’s decision to incorporate trauma-informed care to address underlying causes for commissions of crime and incarceration alternatives that improve mental health and decrease future crime rates).

help former IWCMs heal from their trauma, PTSD, and other trauma-related mental illnesses. And, the program could protect animals (and likely humans) from future maltreatment, violence, and victimization.

Twelve-week and eight-week programs provide raw data quickly. A significant benefit for using CPT and EMDR for individuals who committed, or were convicted of, maltreatment is that the research will provide tangible results in quick periods of time. CPT's established results show that individuals who suffered from PTSD—regardless of the level of PTSD they had at the beginning of the program—will heal their PTSD at the end of the twelve-week period. The quick, twelve-week program may also help the legal system collect data on recidivism rates as well as rates regarding animal maltreatment, other violence, and other crimes that trauma and trauma-induced symptoms may have instigated. Furthermore, the brevity of CPT and EMDR's programs enable interested parties to more quickly track trauma-induced crimes that IWCMs—who completed the program—did or did not commit, and their potential return to incarceration.

Facilitating interconnected collaboration between professionals in multiple fields and supporting diversity. This program cannot occur without collaboration between the legal, mental health, and social work fields. Therefore, this program welcomes the participation of multiple perspectives, including the perspectives of IWCMs. Because CPT and EMDR have proven to be successful in different languages, countries, cultures, and genders, this research can occur and promote diversity, equity, and inclusion. People can use these programs in ways that work best for them and include their unique backgrounds and experiences in their healing, their renewed perspectives of themselves, their relationships with animals (and humans), their communities, and their world.

Restorative Justice. This proposed program could heal individuals, which could support advocates of restorative justice theories in their missions to heal victims and communities. Restorative justice focuses on the victim and brings together all parties involved in the offence to have a “safe and honest conversation” to discuss the harm the offence caused.³¹⁵ Trauma-informed therapy can create a safe space for IWCMs who choose to participate in restorative justice. Otherwise, restorative justice might trigger the IWCM into previous feelings of trauma, guilt, and shame that led to their initial, violent actions. Therefore, trauma-informed therapy could be one step before restorative justice that gives the IWCM space to heal on their terms. Then, when they have worked through their trauma and PTSD, they may

³¹⁵ “Restorative Justice Program” (last visited 11 February 2022), online: *Office of the Attorney General for the District of Columbia* <oag.dc.gov/public-safety/restorative-justice-program> [perma.cc/PV8U-L8KL].

be at an emotional place where they would be willing to meet with the person against whom they transgressed, or the victim's representative, to discuss the offence. Trauma-informed therapy can act as a preparation measure to help heal the IWCM, the victim, and the community, without victimizing the IWCM by putting them in a situation of feeling forced to face their actions in a way that deprives them of their own dignity. This preparatory step could protect the victim from further victimization too. It could empower the IWCM to acknowledge their transgressions without feeling defensive or feeling the need to lash out at the victim during the restorative justice meeting, as a method to retain their control. This proposed therapy, in conjunction with restorative justice measures, may help reunify healed IWCMs with their animals, their family members, and their community.

If restorative justice is about restoring the victim, and individuals who commit animal cruelty and interpersonal violence were victims first, who did not receive the help and care they needed at the victim recovery stage, then society owes these individuals the necessary help and care to restore them and help them heal through appropriate therapy and trauma-based considerations first, before it asks—and expects—they to restore victims and communities they harmed.

VI. CONCLUDING THOUGHTS

“A community in love [in other words, compassion, understanding, empathy, and acceptance], a culture in love, does not harm, does not shame, does not starve, does not exclude any of its members. It heals and teaches and supports change in love”³¹⁶ This discussion and the suggested use of trauma-informed therapy to help heal IWCMs of their trauma, aims to support such a community and to protect all beings—who are caught or could get caught in the trauma- maltreatment cycle—from experiencing future violence.

We, as a society, need to employ incarceration alternatives and therapy programs that approach IWCMs as more than offenders. Otherwise, the legal system will continue to perpetuate the maltreatment cycle because its use of incarceration and punishment, without more, is inherently abusive. We must employ compassion, respect, and the perspective that someone's story runs deeper than the harm they committed and their initial reasons for committing that harm. If we can identify the causes that motivated those reasons—the Stage Zero of William Hogarth's stages of cruelty

³¹⁶ Paul Selig, *The Book of Freedom*, 1st ed (United States: Penguin Publishing Group, 2018) at 56.

(maltreatment)—perhaps we can resolve those causes. And, in turn, we can heal individuals so that they no longer have a desire or reason to harm others. This resolution and healing could end the maltreatment cycle at its core for individuals who commit maltreatment or violence in reaction to prior trauma and untreated mental illnesses they experience. Ending the maltreatment cycle at its core, therefore, prevents revictimization of the IWCM and protects animals and humans from becoming future victims. Furthermore, ending the cycle prevents society's recurring and current traumatization through its skewed perspective that violence as a form of justice is acceptable.

Through the many voices that develop strategies to end the pain and suffering of individuals who experience the maltreatment cycle, we must ensure that our methods preserve the dignity and respect for everyone involved, including individuals who committed violence. The dichotomy between victims and IWCMs does not have to exist because many IWCMs were once victims. But they were victims who may never have had the chance to manage their trauma in a healthy, safe way. Everyone who commits violence against another being must maintain accountability for their actions. However, developing trauma-informed therapy programs for IWCMs, such as CPT and EMDR, may safely ensure accountability because the IWCM has decided to take action to change. They can regain their personal power and control so that they no longer feel the need to mistreat others. If these programs are successful, countries throughout the world may be able to provide their communities with resources to end the maltreatment cycle and subsequent pain and suffering for IWCMs and future animal and human victims.

We need to act with love in our approach to ending the maltreatment cycle, rather than fear. Our historical approach has been to use actions that utilize fear and control over IWCMs and everyone else who is part of the maltreatment cycle. To end the pain and suffering for all requires society to create a new system that works to support everyone's movement toward healing and restores everyone's place within their community.

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Email from Stephanie Stanley, Therapist, Michigan State University Center for Survivors, to author (11 January 2021, 10:35 PST) (on file with author).