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Variability in the Reporting of Childhood Adversity among Homicide Perpetrators: A Mixed-Methods Study

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Abstract

Purpose: This exploratory mixed-methods study examines how incarcerated homicide perpetrators construct and disclose adverse childhood experiences (ACEs) across structured and narrative reporting contexts. Rather than assuming consistency in retrospective accounts, the study investigates how assessment format may shape the expression, minimization, or omission of childhood adversity.

Methodology: Thirteen incarcerated men convicted of homicide completed a standardized ACE questionnaire and subsequently participated in a structured life-history interview. Descriptive agreement analyses were combined with deductive thematic analysis to explore patterns of convergence and divergence across reporting formats.

Findings: Marked variability emerged across adversity types. Emotional and physical abuse were more extensively elaborated in interviews, often embedded in narratives of normalization or justification, whereas events such as parental divorce and household substance abuse showed high cross-method consistency. Notably, sexual abuse was endorsed in questionnaire format but not verbally disclosed during interviews. These discrepancies suggest that reporting format interacts with narrative identity, stigma, and contextual factors within the prison setting.

Research limitations/implications: As a small exploratory study, findings are not generalizable but provide insight into how violent offenders articulate and negotiate histories of victimization. The results highlight the need to interpret retrospective ACE assessments within their relational and narrative contexts.

Practical implications: Multimethod assessments may enhance understanding of trauma histories in correctional populations, particularly when working with serious violent offenders.

Originality: By examining variability in how homicide offenders narrate childhood adversity, this study contributes to scholarship on victimization, disclosure, and the complex interplay between early trauma and later violent offending.

1. Introduction

Adverse childhood experiences (ACEs) have been consistently associated with heightened risk for psychological maladjustment, antisocial behavior, and serious violence across the life course [1–3]. Conversely, research on positive childhood experiences highlights their protective role in adult psychological and relational outcomes [4]. A robust body of evidence supports a cumulative “dose-response” relationship, whereby increasing exposure to early adversity is linked to progressively greater risk of depression, substance misuse, aggression, and criminal involvement [5–7]. Within justice-involved populations, ACE prevalence rates are markedly elevated compared to the general population [8], and individuals convicted of homicide appear disproportionately likely to report histories of maltreatment, family dysfunction, and relational instability [9–11]. Exposure to childhood maltreatment, including sexual abuse, has been linked to increased risk of later criminal involvement [12].

Although the association between childhood adversity and violent behavior is well established, less attention has been devoted to how perpetrators of severe violence report and articulate these early experiences. Most research relies on retrospective self-report measures, which remain vulnerable to recall bias, reinterpretation, social desirability effects, and contextual influences [13,14]. Importantly, recent empirical work has demonstrated substantial discrepancies between prospective and retrospective measures of childhood maltreatment, raising critical questions regarding the validity and meaning of retrospective reports [15, 16]. Qualitative analyses further suggest that disagreement across assessment formats may be shaped by psychosocial factors such as stigma, emotional processing, identity construction, and narrative reinterpretation [17, 18]. These findings indicate that variability in reporting should not be understood solely as measurement error, but as a phenomenon embedded in memory reconstruction and self-presentation.

Such issues may be particularly salient among incarcerated populations. Disclosure of traumatic experiences can be influenced by perceived anonymity, interviewer presence, institutional context, and concerns regarding vulnerability within prison environments [19]. Masculinity norms, normalization of violence during childhood, and efforts to maintain psychological control may further shape how individuals describe early adversity. For individuals convicted of homicide, whose biographies often include complex intersections of victimization and perpetration, differences between structured questionnaires and interview-based assessments may illuminate distinct modes of expressing, minimizing, or contextualizing childhood harm.

Psychopathic traits have been theorized to influence interpersonal communication and impression management [20–23]. Psychopathic traits have also been associated with exposure to adverse childhood experiences, suggesting developmental pathways linking early adversity and psychopathy [24]. Individuals with elevated psychopathic features may demonstrate strategic self-presentation and emotional detachment, potentially shaping the consistency with which they report sensitive personal histories. However, empirical evidence examining the relationship between psychopathic traits and variability in trauma reporting remains limited, particularly among homicide perpetrators.

The present exploratory mixed-methods study examines variability in the reporting of childhood adversity among incarcerated homicide perpetrators across two assessment formats: a standardized ACE questionnaire and a structured life-history interview. By integrating descriptive agreement analyses with qualitative examination of disclosed experiences, the study seeks to advance understanding of how serious violent perpetrators articulate childhood adversity within different evaluative contexts. Rather than assuming that consistency reflects accuracy and discrepancy reflects error, this study approaches reporting variability as a meaningful phenomenon that may reflect psychological, relational, and contextual dynamics.

2. Materials and Methods

2.1. Ethics and Procedure

Ethical approval for this study was granted by the *Comissão de Ética para a Investigação em Ciências Sociais e Humanas* (CEICSH), University of Minho, under reference CEICSH 092/2022, with a favorable opinion issued on October 6, 2022. All procedures were conducted in accordance with institutional ethical standards and the principles of the Declaration of Helsinki. Written informed consent was obtained from all participants before participation. The research adhered to the principles outlined in the Declaration of Helsinki and complied with national and institutional guidelines governing research with incarcerated populations.

Following institutional approval, authorization was obtained from the General Directorate of Reintegration and Prison Services (DGRSP) and the administration of a high-security prison in northern Portugal. Given the vulnerability of prison populations and the potential sensitivity of discussing childhood adversity, particular care was taken to ensure voluntary participation and informed consent. Prison staff informed eligible individuals about the study, but researchers conducted recruitment and consent procedures independently to minimize perceived coercion. Participation was entirely voluntary, and refusal or withdrawal carried no institutional consequences. No financial or material incentives were offered.

Data collection took place between January and May 2023 in private rooms within the correctional facility to ensure confidentiality. Participants first completed the self-report questionnaires and subsequently participated in a structured life-history interview conducted by trained researchers with experience in forensic psychology. All participants were informed that their responses would remain confidential, would not be shared with prison authorities, and would be used exclusively for research purposes. Audio recordings were securely stored and de-identified during transcription to protect anonymity.

Given the potential emotional impact of recalling adverse experiences, participants were informed that they could pause or terminate the interview at any time. Psychological support services within the institution were available if distress arose, although no participant requested intervention during or following data collection.

2.2. Materials

Adverse Childhood Experiences (ACE). The instrument was previously developed and validated by Felitti and colleagues and later adapted and validated for the Portuguese population by Silva and Maia [25, 26]. The ACE is a self-report questionnaire for adults that assesses the occurrence of childhood adversity. It consists of 30 items organized into dichotomous, multiple-choice, and short-answer questions, which are grouped into ten adverse childhood experiences: i) emotional abuse; ii) physical abuse; iii) sexual abuse; iv) emotional neglect; v) physical neglect; vi) divorce or parental separation; vii) exposure to domestic violence; viii) substance abuse in the family environment; ix) mental illness or suicide; x) imprisonment of a family member. The total score and the score for each subscale are obtained by adding up the values of the items that make them up. Higher scores indicate greater experience of childhood victimization. Being a scale of life experiences and not symptomatology, Crohn's alpha is not calculated [27].

Self-Report Psychopathy (SRP-SF). This scale was previously developed and psychometrically validated by Paulhus and colleagues and subsequently validated for the Portuguese population by Seara-Cardoso et al [28–29]. The Self-Report Psychopathy Scale - Short Form (SRP-SF) is a 29-item self-report measure designed to assess psychopathy in individuals. Participants rate each item on a five-point Likert scale, ranging from (1) strongly disagree to (5) strongly agree. The SRP-SF yields a total score, as well as scores across four psychopathy facets: interpersonal (INT), affective (AFF), lifestyle (LIF), and antisocial (ANT). Higher scores on each facet and the total score indicate higher levels of psychopathy. The total score and facet scores are computed by summing the relevant item scores. The scale demonstrated good internal consistency, with Cronbach's alpha values ranging from .77 to .88 for the facets, and .94 for the total score.

2.3. Textual Analysis

All interviews were audio-recorded, transcribed verbatim, and de-identified prior to analysis to ensure confidentiality. Thematic analysis was conducted following the approach outlined by Braun and Clarke [30]. Given the study's focus on variability in reporting specific categories of adversity, a theory-driven deductive framework was employed, using the ten ACE domains as predefined analytical categories.

The analytic process proceeded in several stages. First, both researchers independently read each transcript multiple times to achieve data familiarization and to identify segments referring to childhood experiences. Second, text segments explicitly or implicitly referencing any ACE domain were coded according to the corresponding predefined category. Implicit references (e.g., descriptions of household violence without explicit labeling as "abuse") were included when contextual indicators clearly aligned with established ACE definitions.

Although the coding framework was deductively structured, attention was given to the manner in which adversities were described, including contextualization, minimization, justification, and emotional tone. This allowed the analysis not only to identify the presence or absence of specific adversities but also to examine how participants articulated and positioned these experiences within their life histories.

Coding was conducted independently by two researchers with expertise in forensic psychology. After initial coding, transcripts were compared, and discrepancies were resolved through discussion until consensus was reached. Rather than calculating formal inter-rater reliability coefficients, given the small sample and qualitative emphasis, the researchers prioritized analytic agreement through iterative dialogue and re-examination of ambiguous segments.

The final themes corresponded to ACE domains but were presented alongside illustrative excerpts to contextualize how childhood adversity was described across interview narratives. This analytic strategy facilitated comparison between

structured questionnaire responses and interview disclosures, allowing examination of variability in reporting across assessment contexts.

2.4. Statistical Analysis

Quantitative analyses were conducted using SPSS (Version 29). Given the exploratory nature of the study and the small sample size (N = 13), analyses were primarily descriptive. Means and standard deviations were calculated for continuous variables, and frequencies were reported for dichotomous ACE categories.

To examine variability in reporting across assessment formats (questionnaire vs. interview), Cohen's kappa coefficients were computed for ACE domains displaying variance across both sources. Kappa statistics were interpreted cautiously, recognizing their sensitivity to base rates and small cell frequencies in limited samples [31]. In instances where one reporting format showed no variance (e.g., all participants endorsing or denying an adversity in the interview), McNemar's test was applied descriptively to examine discordant pairs [32].

Given the limited statistical power inherent in small samples, inferential results are presented as exploratory and interpreted conservatively. Correlational analyses between total ACE exposure and psychopathy scores were conducted to identify potential descriptive trends rather than to test confirmatory hypotheses.

For cross-method comparison, ACE domains were coded dichotomously (0 = absence; 1 = presence) across both assessment formats. This coding facilitated direct comparison of reporting patterns and the examination of variability across structured and interview-based assessments.

2.5. Participants

The sample comprised 13 male inmates convicted of homicide and serving long-term sentences in a high-security prison in northern Portugal. Participants were recruited through purposive sampling, reflecting the limited accessibility of individuals convicted of lethal violence within the national correctional system. All participants were Portuguese nationals.

Inclusion criteria required participants to be male, literate in Portuguese, and without severe cognitive or psychiatric impairment that would preclude informed consent or participation. No eligible participant declined participation or withdrew from the study.

Participants ranged in age from 26 to 69 years (M = 46.77, SD = 14.60). At the time of the index offense, their ages ranged from 18 to 57 years (M = 37.89, SD = 13.64). Sentences ranged from 19 to 25 years (M = 19.46, SD = 3.31), reflecting the severity of the offenses.

Regarding socio-demographic characteristics, just over half of the participants were single (53.8%, n = 7), and nearly half had not completed compulsory education (46.2%, n = 6). At the time of the offense, two participants (15.4%) were unemployed. A majority reported substance use histories (61.5%, n = 8), including alcohol (38.5%) and illicit drug use (30.8%). Four participants (30.8%) reported prior contact with psychiatric services, and three (23.1%) reported psychiatric medication use at the time of the offense.

Given the exploratory nature of the study and the rarity of access to homicide perpetrators within the Portuguese correctional system, the sample size reflects practical and institutional constraints inherent in research with this population.

3. Results

3.1. Quantitative Exploratory Analysis

Descriptive analyses indicated that the number of ACEs reported via questionnaire ranged from 0 to 10. The modal number of reported adversities was one (31% of participants). Three participants (23%) reported three adversities, and four (31%) reported four or more adverse experiences during childhood. Only one participant reported no childhood adversity.

With respect to psychopathic traits, two participants (approximately 15%) met the recommended cutoff for elevated psychopathy scores. The mean total SRP score was 57 (*SD* = 24.01), with subscale means ranging from 12 (affective) to 16 (antisocial).

Exploratory correlations were conducted to examine potential associations between total ACE exposure, reporting variability, and psychopathy scores. A positive association emerged between the total number of adversities reported and cross-method agreement (r = .501), suggesting that individuals reporting higher levels of adversity tended to show greater consistency across assessment formats. However, given the small sample size, these associations should be interpreted cautiously. No clear patterns emerged between psychopathy scores and variability in reporting across methods.

Overall, quantitative findings are presented descriptively and are intended to contextualize patterns observed in the qualitative analyses rather than to test confirmatory hypotheses (see Table 1).

Table 1
Correlations between childhood adversity and indicators of Psychopathy

ACE_TOTAL	ACE_TOTAL	ACE_LEVEL	SRP_TOTAL	SRP_PSYCHOPATY	CONGRUENCES_TOTAL
	1.000				
ACE_LEVEL	.878***	1.000			
SPR_TOTAL	.061	.034	1.000		
SRP_PSYCHOPATY	.291	.198	.692**	1.000	
CONGRUENCE_TOTAL	.501	.439	− .035	.290	1.000

Note. ACE = Adversity of Childhood Adversity Experience; SRP = Self-report psychopathy; Congruence = Total Congruence between ACE and interview; $p < 0.01$ = ***

3.2. Qualitative Analyses

For this mixed-methods study, we analyzed our qualitative data, organizing it and dividing it into seven categories, each corresponding to an adverse experience from the ACE questionnaire. Thus, we created the following themes: 3.2.1) Emotional Abuse; 3.2.2) Physical Abuse; 3.2.3) Physical and Emotional Negligence; 3.2.4) Exposure to domestic violence; 3.2.5) Exposure to parental substance abuse; 3.2.6) Mental Illness or Suicide by a Family Member; 3.2.7) Incarceration of a Family Member. It is important to disclose the fact that there is no category of sexual abuse since any of the participants reported this specific adverse experience in the interviews.

3.2.1. Emotional Abuse

This theme explores the emotionally abusive experiences reported by the participants. Of the total of 13 participants in this study, 12 reported some kind of emotional abuse. These experiences underscored adversities such as humiliation, manipulation, verbal violence, rejection, or constant criticism during participants' childhood. A participant reported the treatment he usually received from his mother:

… "My mother would always call me useless. No matter what I did, it was never enough. She'd say things like, 'You're going to end up just like your father… a failure.' I started to believe it after a while." (P4)

These reports highlight the prevalence of emotional abuse across the sample, with verbal attacks and criticism commonly described by participants.

3.2.2. Physical Abuse

This theme concerns the experiences of physical abuse reported by the participants. Of the 13 participants, 11 reported some kind of physical abuse. These experiences varied not only in terms of severity, intensity, and frequency but also in terms of the perpetrator, ranging from father, mother, and grandparents. These experiences included hitting, beating, and other forms of bodily injury inflicted by caregivers or other authority figures. One of the participants reported:

… "Yes, my father beat me every day, if it wasn't every day, it was almost every day... but I also misbehaved Doctor... he had to teach me. Still, sometimes it was too much, he often smashed bottles over my head when I came home after hours, and I even had to go to the hospital to get stitches at least five or six times." (P7)

This example characterizes the extremely violent physical abuse this participant went through, while also representing the possible cognitive distortions associated with it since the participant believed he was deserving of the violence he was treated with because he misbehaved.

3.2.3. Physical and Emotional Negligence

Among the interviews it was possible to see that negligence was one of the most reported adversities. Thus, it was possible to identify two different types of negligence, emotional and physical. The different experiences of neglect varied in each participant's story, however it was possible to perceive that none of the participants felt they had someone in their family to rely on or that would regularly check on them to see if their necessities were met, which characterized the emotional negligence in their childhoods ($N = 13$).

…"Ahm... no, nobody noticed (when he was ill) I always had to be independent from an early age, even to look after my siblings and all that... I always had to figure things out, times were hard, my mother had to work, support the household and there was no time for such worries." (P6)

Beyond these experiences, physical neglect was also frequently reported, with almost half of the participants ($n = 6$) reporting some experiences such as:

… "I only knew what shower gel and toothpaste were when I went to the youth facility" (P10)

3.2.4. Exposure to Domestic Violence

This theme includes participants' experiences of witnessing violence within the household, typically between caregivers or other family members. From the total sample, most of them had seen at least one episode of aggravated domestic violence ($n = 11$). For example, a participant shared:

… "I saw very ugly things... very violent things. My father used to beat my mother, sometimes for no reason, or for really small reasons... like not having food on the table at the right time… I didn't understood at the time" (P12)

These reports included descriptions of confusion and helplessness experienced during such incidents and the impact on their perceptions of conflict and relationships, in some cases normalizing such acts of violence.

3.2.5. Exposure to Parental Substance Abuse

This theme explores the participants' reports on living in environments where one or both parents used substances such as alcohol or drugs, with 6 of the 13 participants reporting exposure to this type of childhood adversity. A participant mentioned:

… *“Every day... whenever I got home my father was either drunk or on drugs or both... sometimes he was so wasted that he couldn't get up from the sofa, he just called me to bring him more wine. That was the usual…”* (P5)

These experiences characterized the instability in the household, lack of caregiving, and the normalization of these maladaptive coping strategies.

3.2.6. Mental Illness or Suicide by a Family Member

This theme refers to the participants’ experiences of going through loss through death or suicide throughout their childhood. Although a minority of the participants reported this kind of experience (*n* = 4), the severe impact of each one was very noticeable. Perhaps a participant reported:

… *“I can tell you, my life was pretty good until I was five... I lived with my grandparents, my grandmother was everything to me, she was very loving, she played with me... she was a complete mother to me... but then she died... and I had to move in with my mother and stepfather... and then everything went wrong... it was just fighting, and life in the suburb didn't help either.”* (P5)

In addition to the suffering associated with this type of loss and bereavement, participants also reported losing important and central people in their lives, sometimes simultaneously losing their only existing source of support.

3.2.7. Incarceration of a Family Member

This theme refers to the participants’ reports of having an incarcerated family member, with a total of 3 participants mentioning this type of adversity. One of them recalled:

… *“Yes, of course, in my family I've always been used to at least one person being in prison, either my uncle, my grandfather, my father... I always remember going on visits when I was little. Even my friends' families in the neighborhood were like that, it was normal, something banal in our lives.”* (P12)

This type of experience, in addition to the negative effects of exposure, also seems to have contributed to a sense of normalization of the practice of violent behavior that leads to imprisonment and also to the view of imprisonment as a natural phase in the lives of the people around them.

4. Convergence of Quantitative and Qualitative Analyses

The integrated analysis of quantitative and qualitative data revealed variability in the reporting of adverse childhood experiences across assessment formats. Differences were observed both in the frequency with which adversities were endorsed and in the level of cross-method congruence.

Emotional abuse was identified by 92% of participants in the interviews but by 31% in the ACE questionnaire, resulting in a congruence rate of 39%. Similarly, physical abuse was reported by 46% of participants in the questionnaire and by 85% in the interviews, with 62% congruence between the two methods.

In contrast, certain adversities demonstrated full correspondence across formats. Parental divorce, exposure to substance abuse, mental illness or suicide of a family member, and incarceration of a family member showed 100% congruence between questionnaire responses and interview reports. Emotional and physical neglect showed higher congruence (77%) compared to emotionally charged adversities such as emotional abuse.

The most pronounced discrepancy was observed in cases of sexual abuse. Although 23% of participants reported sexual abuse in the ACE questionnaire, none disclosed this experience during the interviews.

Exploratory correlational analyses indicated that total congruence between methods was positively associated with the total number of adversities (r = .501) and levels of adversities (r = .439). No significant associations were observed between psychopathy measures and total congruence.

Overall, the findings indicate that congruence between the ACE questionnaire and interview reports varied depending on the type of adversity, with greater divergence observed in domains involving emotional harm and greater consistency in domains involving more concrete household events (see Table 2).

Table 2
Congruence between self-report of the Childhood Adversities and Psychopathy

Congruence between ACE and Interview	N (%)	*K*	χ^2	*p*-value
Emotional abuse	5 (39%)	.071	-	.488
Physical abuse	8 (62%)	.270	-	.155
Sexual abuse	10 (77%)	-	1.333	.250
Emotional negligence	5 (39%)	-	6.125	.008
Physical negligence	10 (77%)	.519	-	.033
Parental divorce	13 (100%)	1.000	-	< .001
Exposure to domestic violence	4 (31%)	.064	-	.512
Substance abuse	13 (100%)	1.000	-	< .001
Mental illness or suicide	13 (100%)	1.000	-	< .001
Arrest of family member	13 (100%)	1.000	-	< .001

Note. As there was no variance in the “Sexual abuse Interview” and the “Emotional Negligence Interview” variables, the Cohen’s Kappa was not possible to calculate for these specific cases. Thus, we performed the McNemar’s Test to calculate the *p-value*.

5. Discussion

Adverse Childhood Experiences (ACEs) have been widely recognized as significant predictors of psychological maladjustment, antisocial behavior, and serious violence [3, 33]. Individuals convicted of homicide often report elevated exposure to early adversity, including maltreatment and family dysfunction [9, 10]. However, much of this evidence relies on retrospective self-report methods, raising important questions about how such experiences are recalled, interpreted, and disclosed. The present study examined variability in the reporting of childhood adversity among homicide perpetrators across questionnaire and interview formats.

Consistent with the study’s central aim, variability in reporting was domain-specific. Emotional abuse was described by 92% of participants during interviews but endorsed by only 31% in the ACE questionnaire, resulting in 39% congruence. Similarly, physical abuse was reported by 46% in the questionnaire and 85% in interviews, with 62% congruence. In contrast, parental divorce, substance abuse, mental illness or suicide of a family member, and incarceration of a family member demonstrated full correspondence (100%) across formats.

These patterns suggest that adversities involving emotional or relational harm may be more sensitive to assessment format than more concrete household events. Prior research has shown that retrospective reporting is influenced by contextual and interpersonal factors [13, 14]. Recent studies further demonstrate substantial discrepancies between prospective and retrospective measures of maltreatment [15, 16], and qualitative analyses indicate that disagreement may be shaped by psychosocial processes such as reinterpretation and identity-related framing [17]. The present findings

extend this literature by showing that variability may also occur between two retrospective formats within the same individuals.

One possible explanation for higher interview-based reporting of emotional and physical abuse is that interviews allow participants to elaborate on experiences that may not fit neatly within binary questionnaire categories. Conversely, structured questionnaires may constrain interpretation or fail to capture gradations of relational harm. Literacy demands and item wording may also influence endorsement patterns [34]. In contrast, adversities such as parental divorce or incarceration of a family member are discrete events that may be more readily identified and consistently reported.

The discrepancy observed in sexual abuse reporting warrants particular attention. Although 23% of participants endorsed sexual abuse in the questionnaire, none disclosed such experiences during interviews. Research suggests that male victims may be reluctant to discuss sexual victimization in face-to-face contexts due to stigma, shame, or masculinity norms [35, 36]. Structured questionnaires may provide a context perceived as more private or less emotionally demanding, thereby facilitating disclosure of highly sensitive experiences [37]. The absence of verbal disclosure in interviews does not necessarily indicate the absence of experience, but rather highlights how assessment context may shape expression.

Exploratory analyses indicated positive associations between total adversity exposure and cross-method congruence (r = .501; r = .439), suggesting that participants reporting higher cumulative adversity tended to show greater consistency across formats. However, no significant associations were observed between psychopathy measures and total congruence. Although psychopathic traits have been linked to early adversity and interpersonal style [38, 39], the present findings do not indicate a clear relationship between psychopathy scores and reporting variability in this sample. Given the limited sample size, these results should be interpreted cautiously.

Overall, the findings indicate that variability in ACE reporting among homicide perpetrators is not uniform across domains. Differences between structured and interview-based assessments may reflect the interaction of memory, contextual framing, and disclosure dynamics rather than simple measurement error. These results underscore the importance of considering assessment format when interpreting retrospective accounts of childhood adversity in forensic populations.

Limitations

Several limitations must be acknowledged. First, the sample size (N = 13) restricts statistical power and limits generalizability. Findings should therefore be interpreted as exploratory. Although access to homicide perpetrators within the Portuguese correctional system is institutionally constrained, replication in larger samples is necessary.

Second, the study included only male participants. While men constitute the majority of homicide perpetrators [40], the exclusion of women limits the examination of potential gender differences in reporting patterns.

Third, both assessment formats relied on retrospective self-report, and no external validation sources (e.g., official records, collateral reports) were available. As such, consistency should not be equated with accuracy.

Practical Implications

The findings support the value of multimethod assessment strategies in forensic and correctional settings. Variability across formats suggests that reliance on a single assessment method may underestimate or differently capture certain forms of childhood adversity. Incorporating both structured questionnaires and interview-based approaches may provide a more comprehensive understanding of trauma histories among individuals convicted of serious violent crimes.

In addition, the findings highlight the relevance of trauma-informed practices within correctional contexts. Awareness that certain adversities, particularly emotional or sexual harm, may be differentially disclosed depending on assessment

format may inform screening and intervention strategies.

Future Research

Future research should replicate these findings in larger and more diverse samples, including female perpetrators and individuals convicted of different offense types. Cross-cultural studies may further clarify how sociocultural factors influence reporting variability.

Longitudinal designs incorporating prospective measures of adversity would be particularly valuable in disentangling recall processes from lived experience. Additionally, integrating self-report data with collateral sources, behavioral assessments, or biological indicators may enhance understanding of how childhood adversity is processed and communicated in forensic populations.

6. Conclusion

This study examined variability in the reporting of adverse childhood experiences among incarcerated homicide perpetrators across structured and interview-based assessment formats. The findings demonstrate that reporting patterns were domain-specific, with greater divergence observed in emotionally charged adversities such as emotional and physical abuse, and higher consistency in more concrete household events such as parental divorce or incarceration of a family member.

These results underscore the importance of considering assessment format when interpreting retrospective accounts of childhood adversity in forensic populations. Differences across reporting contexts should not be assumed to reflect inaccuracy alone, but may instead indicate how certain experiences are contextualized, framed, or disclosed within particular interpersonal and institutional settings.

By integrating quantitative agreement indices with qualitative descriptions of disclosed experiences, this study contributes to a more nuanced understanding of how serious violent perpetrators report childhood adversity. Recognizing variability in reporting as a meaningful phenomenon rather than solely a methodological limitation may inform both future research design and clinical assessment practices in correctional settings.

Abbreviations

ACE
Adverse Childhood Experiences
SRP-SF
Self-Report Psychopathy Scale - Short Form
INT
Interpersonal facet
AFF
Affective facet
LIF
Lifestyle facet
ANT
Antisocial facet

Declarations

Ethics approval and consent to participate

Ethical approval for this study was granted by the Comissão de Ética para a Investigação em Ciências Sociais e Humanas (CEICSH), University of Minho, under reference CEICSH 092/2022, approved October 6, 2022. All procedures were conducted in accordance with institutional ethical standards and the principles of the Declaration of Helsinki.

Under Portuguese law, individuals deprived of liberty retain full legal capacity unless otherwise judicially determined. Therefore, legally authorized representatives were not required for participation in this study.

Written informed consent was obtained directly from all participants prior to participation. Recruitment and consent procedures were conducted exclusively by the research team to ensure voluntariness and to minimize any potential perceived coercion within the correctional setting.

Consent for publication

Not applicable.

Availability of Data and Materials

The datasets generated and/or analyzed during the current study are not publicly available due to the sensitive nature of the data and the vulnerability of the population involved but are available from the corresponding author on reasonable request and subject to institutional and ethical approval.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

TG, BS, and ÂM conceptualized the study and designed the research protocol. TG, BS, and JO were responsible for data collection. TG, JO, and BS conducted the qualitative analysis. BS, VA, and MS performed the quantitative analyses. TG drafted the initial manuscript. SC, VA, and ÂM contributed to the interpretation of the findings and provided substantial revisions to the manuscript. All authors critically reviewed, edited, and approved the final version of the manuscript.

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