

Staff Perceptions of the Link between Complex Trauma and Offending Behaviour in the Youth Justice Population

Jennifer Pearce

2016

Supervised by

Dr Neil Frude

Dr Lynn McDonnell

Dissertation submitted in partial fulfilment of the requirement for the degree of
D.Clin.Psy at Cardiff University and the South Wales Doctoral Programme in Clinical
Psychology

Table of Contents

ACKNOWLEDGEMENTS	vi
ABSTRACT	vii
1. CHAPTER ONE: INTRODUCTION	1
1.1 Overview of Chapter	1
1.2 Definitions of Key Terms.....	1
1.2.1. Offending Behaviour.....	1
1.2.2. Young Offenders	1
1.2.3. Youth Justice.....	1
1.2.4. Complex Trauma.....	2
1.3 YOUTH OFFENDING	2
1.3.1. The Youth Justice System (YJS).....	2
1.3.2. The Youth Justice Board (YJB) and Youth Offending Teams (YOTs)	4
1.3.3. Differences between Youth and Adult Justice Systems	4
1.3.4. Prevalence Rates of Youth Offending in England and Wales	5
1.3.5. Costs of Offending.....	5
1.3.6. Risk Factors for Offending.....	7
1.3.7. Theories of Offending.....	8
1.4 COMPLEX TRAUMA	12
1.4.1. What is Complex Trauma?.....	12
1.4.2. Rates of Exposure to Complex Traumas in Young People	13
1.4.3. The Impact of Complex Trauma.....	14
1.5 COMPLEX TRAUMA AND OFFENDING BEHAVIOUR.....	16
1.5.1. Prevalence Rates of Complex Trauma in the Youth Justice Population....	16
1.5.2. The Association between Trauma and Offending.....	16
1.5.3. Theories Explaining the Trauma-Offending Link	18
1.6 Justice Staff Practices with Offenders who have Experienced Complex Traumas	21
1.6.1 Trauma Training for YOT Staff.....	22
1.6.2 The Importance of YOT Staff Perceptions.....	23
1.7 Conclusion.....	25
1.8 SYSTEMATIC REVIEW.....	26

1.8.1	Introduction	26
1.8.2	Method	26
1.8.3	Assessing the Quality of the Included Papers	28
1.8.4	Results	30
1.8.5	Summary of Included Papers	34
1.8.6	Narrative Review of the Quality of Included Papers	34
1.8.7	Narrative Review of Study Findings	37
1.8.8	Summary and Implications	41
1.8.9	Implications for Future Research.....	42
1.9	STUDY AIMS AND RATIONALE	43
2	CHAPTER TWO: METHODOLOGY	45
2.1	Overview of the Chapter	45
2.2	QUALITATIVE RESEARCH.....	45
2.2.2	Qualitative Methodologies	46
2.2.3	Rationale for Adopting Thematic Analysis drawing on Constructivist Grounded Theory Principles	48
2.2.4	Quality Assurance	49
2.2.5	Subjectivity and Reflexivity	52
2.2.6	Researcher's and Supervisors' Positions	52
2.2.7	Qualitative Research Design	54
2.2.8	Research Governance	57
2.2.9	Participants	59
2.2.10	Procedure	61
2.2.11	Data Analysis	63
3	CHAPTER THREE: RESULTS	66
3.1	Overview of the Chapter	66
3.2	QUALITATIVE RESEARCH.....	66
3.2.1	A Narrative Overview of the Themes.....	67
3.3	Presentation of Results.....	73
3.4	Theme One: STAFF'S BELIEFS ABOUT THE MECHANISMS LINKING TRAUMA AND OFFENDING.....	73
3.4.1.	Core Category One: THE STRENGTH OF THE RELATIONSHIP	75
3.4.2.	Core Category Two: BIOLOGICAL.....	75

3.4.3.	Core Category Three: PSYCHOLOGICAL	77
3.4.4	Core Category Four: SOCIAL	86
3.4.5	Core Category Five: SUBSTANCE MISUSE.....	96
3.5	Theme Two: EXITS FROM OFFENDING	99
3.5.1.	Core Category One: BIOLOGICAL.....	101
3.5.2.	Core Category Two: PSYCHOLOGICAL.....	101
3.5.4	Core Category Three: SOCIAL	103
3.6	Theme Three: THE ROLE OF YOS AND OTHER SERVICES.....	106
3.6.1	Core Category One: THE ROLE OF THE YOS.....	108
3.6.2	Core Category Two: OTHER SERVICES AND SOCIETY	112
3.7	Summary of Results: Qualitative Research	115
4	CHAPTER FOUR: DISCUSSION	117
4.1	Overview of the Chapter	117
4.2	Summary of Research Findings.....	117
4.2.1.1.	Theme One: MECHANISMS LINKING TRAUMA AND OFFENDING..	117
4.2.1.2.	Theme Two: EXITS FROM OFFENDING	118
4.2.1.3.	Theme Three: THE ROLE OF YOS AND OTHER SERVICES	118
4.3	Research Findings and Existing Literature	119
4.3.1.	Theme One: MECHANISMS LINKING TRAUMA AND OFFENDING	119
4.3.2	Theme Two: EXITS FROM OFFENDING	125
4.3.3	Theme Three: THE ROLE OF YOS AND OTHER SERVICES	127
4.3.4	Summary of Findings and Existing Literature.....	128
4.4	Strengths and Limitations	130
4.5	Clinical and Service Implications	132
4.5.1	Service Level Implications.....	133
4.6	Implications for Future Research	140
4.7	CONCLUSIONS	142
5	REFERENCES	143
6	LIST OF APPENDICES.....	180

List of Tables:

<i>Table 1.1: Examples of risk and protective factors for offending.....</i>	<i>7</i>
<i>Table 1.2: A list of inclusion and exclusion criteria used to identify relevant papers</i>	<i>27</i>

<i>Table 1.3: Summary of included studies</i>	30
<i>Table 2.1: Demographic information for the workers who participated in the qualitative interviews</i>	61

List of Figures:

<i>Figure 1.1: A developmental model of Conduct Disorder. Taken from Dodge & Petit (2003)</i>	11
<i>Figure 1.2: Diagram depicting the cycle of violence and potential intervening variables. Taken from Bender (2010)</i>	19
<i>Figure 1.3: Benders' (2010) proposed theoretical model for gender-specific pathways from maltreatment to offending behaviour</i>	20
<i>Figure 1.4: A diagrammatic representation of the search process</i>	29
<i>Figure 3.1: Diagrammatic illustration of the key themes and categories</i>	72
<i>Figure 3.2: Diagrammatic illustration of theme one: MECHANISMS LINKING TRAUMA AND OFFENDING</i>	74
<i>Figure 3.3: Diagrammatic illustration of theme two: EXITS FROM OFFENDING</i>	100
<i>Figure 3.4: Diagrammatic illustration of theme three: THE ROLE OF YOS AND OTHER SERVICES</i>	107

ACKNOWLEDGEMENTS

I wish to thank all the YOT workers who participated in my research, and all the YOS and YJB managers, especially Sue Thomas, who helped guide me through unfamiliar YOS territory. I have learnt so much from all of you and I have truly come to appreciate and admire the work that you do.

Thank you also to my extremely supportive, kind, committed and appreciatively meticulous supervisors, Lynn and Neil. You have both inspired me in so many ways and I greatly appreciate all of your advice, encouragement and guidance throughout this process.

My cohort have been an immense source of support, information and friendship and I wish to thank you all for becoming part of my 'safe and secure base' over the last three years. And to my friends outside of Psychology, especially Leah and the other ladies - thank you for occasionally helping me escape the thesis bubble.

Finally, thank you to my cats for constantly keeping my lap warm during write-up and to my partner, Rob, my mum, dad, brother and aunty, and to my wider family and friends for your constant and unwavering belief in me. Your love, support and reassurance has continued to motivate me and has encouraged me to push myself to achieve my personal and professional life ambitions.

ABSTRACT

Introduction:

The link between experiences of childhood trauma and youth offending behaviour is well documented. However, the relationship between trauma and offending is complex and few studies have examined the mechanisms that might account for this link. Youth Offending Team (YOT) staff work closely with many young people who have experienced traumas, which may allow them to gain a unique insight into these links. They also have the ability to significantly influence a young person's future; therefore, an understanding of their perceptions of this cohort is critical. Consequently, this study aimed to obtain a detailed understanding of YOT staff's knowledge and perceptions of the trauma-offending pathway.

Methodology:

Ten YOT workers from three YOTs in South Wales engaged in semi-structured interviews. Data was collected and thematically analysed, drawing on Constructivist Grounded Theory principles.

Results:

Three key themes were identified; 'Staff perceptions of the mechanisms linking trauma and offending', 'Exits from offending' and 'The role of YOS and other services' in supporting these young people.

Discussion:

This study helped bridge the gap between child welfare and juvenile justice research. It is argued that understanding the mechanisms that exacerbate or mitigate the link between trauma and offending can improve outcomes for young people and wider society. This study provides a detailed understanding of staff perceptions of the links between trauma and offending behaviour, which can help guide our understanding and inform future practice and research in the trauma-offending field.

1. CHAPTER ONE: INTRODUCTION

1.1 Overview of Chapter

This chapter is divided into four topic areas, providing an overview of relevant literature in (a) Youth offending, (b) Complex trauma, (c) Complex trauma and offending behaviour, and (d) Justice staff practices with offenders who have experienced complex traumas. A comprehensive systematic review of justice staff' perceptions of offenders who have experienced childhood trauma is then presented and, finally, the aims and rationale for this study are outlined.

1.2 Definitions of Key Terms

1.2.1. Offending Behaviour

Criminal or 'offending' behaviour can be defined as an act(s) that violates UK law. Such behaviour may result in contact with the criminal justice system (Hollin, 1992). Throughout this study, the term 'offending behaviour' will be used to refer to a wide variety of criminal offence types, including theft, burglary, criminal damage, motoring, public order and drug offences, as well as violent and sexual offending.

1.2.2. Young Offenders

In England and Wales the age of criminal responsibility is set at 10 years of age. Therefore, young or 'juvenile' offenders are people who engage in offending behaviour and are aged between 10 to 17 years, or in some cases, aged 18 but remain in under 18 estates, such as Secure Children's Homes or Young Offender Institutions (Ministry of Justice [MoJ], 2013; MoJ & Youth Justice Board [YJB], 2015).

1.2.3. Youth Justice

The Youth Justice System (YJS) represents "the laws, procedures and institutions which deal with those aged under 18 accused or convicted of crime in England and Wales" (YJB, 2014a, p.2). In England and Wales the formal YJS begins when a young person, between the ages of 10 to 17 years, has committed an offence and receives a restorative solution, a caution, or is charged to appear in court (MoJ & YJB, 2015). The Youth Justice Board (YJB), a non-departmental public body, oversees, coordinates and

guides the work of the YJS in England and Wales, with the key aim of helping prevent children and young people from offending (YJB, 2015a).

1.2.4. Complex Trauma

The term 'Complex Trauma' is a heterogeneous concept and, therefore, difficult to define. A more detailed discussion of this term is presented in section 1.4.1 in the Introduction chapter and section 2.2.7.3 in the Methodology chapter. However, for the purposes of this study, the term 'Complex Trauma' is defined as:

- A person's *childhood* experiences of *prolonged* exposure to *multiple* traumatic events.
- Experiences of traumatic events that would be considered *intrusive and severe* and affect many aspects of a child's development.
- Experiences of traumatic events that involve or are perpetrated by family members, or other people in a trusted or powerful position (e.g. parents, teachers, etc.).

Examples of complex traumas include:

- Physical, sexual and/or emotional abuse
- Severe neglect
- Witnessing violence
- Torture

Using this definition, one off traumas (e.g. road traffic accidents, floods, witnessing a death, etc.) and invasive medical procedures would not qualify as a 'Complex Trauma'.

1.3 YOUTH OFFENDING

1.3.1. The Youth Justice System (YJS)

Historically, young people who committed a crime were assigned the same penalties as adults, including hard labour and, until the introduction of the Children's Act in 1908, capital punishment (Richards, 2011). Throughout the latter part of the 20th century, attitudes towards young people who offend began to change and a general ethos of welfarism became prevalent (Bateman, 2011). However, in 1993, after the murder of the two-year old, James Bulger, by two ten year old boys, there was a surge in media

attention and public outcry, which some considered to be the catalyst behind the adoption of a more punitive approach to youth justice in England and Wales (Muncie, 2008; for an in depth discussion see Bateman, 2011).

The implementation of the Crime and Disorders Act in 1998 signalled a legislative change. The ideologies that guide the youth justice field gradually shifted to a more welfare-oriented approach that acknowledges the importance of treatment and values rehabilitation (Bender, 2010). It was suggested that public protection and crime prevention should be addressed using welfare-based measures and that “children need protection as appropriate from the full rigour of criminal law” (Home Office, 1997: para. 2.2). Consequently, the YJS and the Youth Justice Board (YJB) were formally developed, creating a "network of organisations in England and Wales who work together under a legal framework" (Home Office, 2011, p.1).

However, the UK is still considered to be one of the most punitive when compared to other countries in Western Europe, according to rates of juvenile incarceration and the extent of compliance with the United Nations Convention on the Rights of the Child (Muncie, 2011; Phoenix, 2016). A UN committee criticised the UK justice system for its low age of criminal responsibility, high rates of young people in custody, inhumane custodial treatment and for a political and media climate that demonises, rather than protects young people (UN Committee on the Rights of the Child, 2008). England, Wales and Northern Ireland still hold one of the lowest ages of criminal responsibility in Europe, set at age 10, and it has been suggested that this low age of criminal responsibility reflects society’s attitude towards young people (Bateman *et al.* 2010). Recent Welsh strategy documents, such as “*Together for Mental Health*” (Welsh Government, 2014) and “*Children and Young People First*” (YJB & Welsh Government, 2014) have attempted to redress this imbalance and stress the need to respond to young people as ‘children first and offenders second’. This involves identifying processes that help young people to divert away from the criminal justice system and develop services that respond to a child’s needs (YJB, 2014b).

1.3.2. The Youth Justice Board (YJB) and Youth Offending Teams (YOTs)

The YJB, a non-departmental public body sponsored by the Ministry of Justice, was set up over 15 years ago after the release of the Crime and Disorder Act (1998). The YJB's primary objective is to prevent children and young people from offending, which it does by monitoring and supporting the performance of the YJS, including Youth Offending Teams (Home Office, 2011). The YJB researches and promotes good practice and advises Ministers on the operation of the YJS. It is also responsible for commissioning secure accommodation for young people who have been sentenced or remanded by the courts (YJB, 2014a).

The Crime and Disorder Act (1998) mandates that local authorities, health, police and probation set up Youth Offending Teams (YOTs) in each locality. The remit of the YOTs is to work with children and young people to reduce the risk of offending and to provide support, supervision, rehabilitation and reintegration to those who do offend (YJB, 2014a). YOTs are locally managed, multi-disciplinary teams, which include representatives from the police, probation, health, education and children's services. The YOTs adopt many different strategies, such as educational programmes, family interventions and restorative justice approaches, which are designed to help keep this small but often vulnerable group of children and young people out of the criminal justice system. This helps to reduce escalation, protect the public from risk and, where possible, protect the young person from the debilitating impact of a criminal record (YJB, 2014b).

1.3.3. Differences between Youth and Adult Justice Systems

Piaget's (1896-1980) theory of cognitive development posits that formal operational thought, such as the ability to logically think through consequences of actions, does not develop until the age of 15 or 16 (Piaget, 1971). The UK criminal justice system recognises that young people's emotional, social and cognitive development is different from adults and, therefore, they should be treated differently (Steinberg, 2005). For example, young people who have committed an offence are usually tried in a youth court, which is closed to the public and has no jurors (UK Government, 2012). The overarching aim of the YJS is to help prevent young people from offending, not to

punish them. Therefore, youth welfare needs are taken into consideration when making judicial decisions. Consequently, young people who offend are typically treated less harshly than their adult counterparts (Scott & Steinberg, 2008).

1.3.4. Prevalence Rates of Youth Offending in England and Wales

The Ministry of Justice (MoJ) and the YJB publish their youth justice statistics each year. The 2013-2014 annual report states that the overall number of young people in the YJS continues to fall year on year. In 2013/14, there were 22,393 first time entrants to the YJS, a fall of 75% since 2003/04. Overall, there were 90,769 proven offences committed by young people that resulted in a caution or conviction. This represents an 8% reduction from 2012/13 and a 68% reduction since 2003/04. As a result, the YJB Cymru (2014b) *'Policy Implementation Guidance'* stated that:

"Overall, the picture across Wales is a good one. There are educational, geographically focused and multi-agency targeted prevention interventions across all areas ... As a result of early intervention and prevention strategies, far fewer young people are brought into the YJS" (YJB, 2014b, p. 7).

However, the overall reoffending rate reached 36% in 2012/13, with an average of 1.08 reoffences per offender and 2.99 reoffences per reoffender (MoJ, 2013). Although general reoffending rates have reduced every year since 2007/08, the reoffending rate for young people has remained the highest across all age groups (MoJ, 2015; YJB & MoJ, 2015). These statistics suggest that the YJS is successfully helping to divert some young people away from the YJS, especially those with no previous offences. However, those who remain in the system are, on average, more likely to reoffend, have longer criminal histories, and are often more likely to experience "a range of complex health, emotional and safeguarding needs" (YJB, 2015a, p. 2).

1.3.5. Costs of Offending

Offending behaviour has significant individual, societal and financial implications. Being a victim of a crime can have a devastating impact on a person's physical, emotional and

social well-being, leaving victims with many difficult feelings and reactions that can persist for a long time after a crime has been committed (Wasserman & Ellis, 2007). Higher crime levels can also impact on community well-being, reducing a community's sense of satisfaction, community cohesion, involvement and mobility and the housing market (Taylor, 1995).

There are also significant financial implications for crime. In 1996, the Audit Commission estimated that public services spend approximately £1 Billion a year on young people who offend. More recently, the National Audit Office presented findings from a longitudinal study of 83,000 young offenders between 2000-2009, in England and Wales (National Audit Office, 2011a). The findings showed that, on average, each young offender costs £8,000 per year, and up to £29,000 per year for the most costly 10%, to the criminal justice system. When considering the additional costs to social services, the NHS and the education sector, it has been estimated that the average cost per year for a young person in the YJS is approximately £22,456 for those in the community and £55,674 for those in custody (Byford & Barrett, 2004).

In addition to the financial and societal implications of crime, offending can have a devastating impact on young offenders themselves. Recent UK Government reports state that a quarter of young people in custody feel unsafe, that force is still used as a short cut to managing challenging behaviour and that many young people who come into contact with the YJS have significant unrecognised health and social care needs (All Party Parliamentary Group for Children, 2010; Lennox & Khan, 2008). Longitudinal studies have shown that experiencing incarceration during adolescence can increase rates of recidivism and severe physical and mental health conditions and reduce functioning in multiple life domains in adulthood, when compared to similar youths who have not experienced incarceration (e.g. Abram *et al.* 2009; Gilman *et al.* 2015; Lanctôt *et al.* 2007; Petitclerc *et al.* 2013; Schnittker, & John, 2007). Therefore, considerable time and resources have been allocated to help identify why young people offend and how such behaviour can be addressed, in order to reduce the financial costs of crime and to improve the quality of life for young people and their wider communities (National Audit Office, 2011b).

1.3.6. Risk Factors for Offending

Researchers have identified a number of risk and protective factors that might help explain why some young people are more likely to engage in offending behaviour. Risk factors are not seen as direct causes for offending but they can increase the likelihood that a young person will engage in offending behaviour. Protective factors have the potential to moderate the effects of exposure to risk and may partially help explain why some young people, who are exposed to numerous risk factors, do not engage in offending behaviour.

Researchers have identified a number of risk and protective factors for youth offending, which generally fall within five domains; individual, family, peers, school and societal factors (Farrington *et al.* 2016; Hawkins *et al.* 2000; Resnick *et al.* 2004; Schofield *et al.* 2012; YJB, 2005a). See Table 1.1 for a summary of the risk and protective factors identified in the literature.

Table 1.1: Examples of risk and protective factors for offending

Domain	Risk Factors	Protective Factors
Individual	Aggressive behaviour before age 12 Stress and anxiety Depressive symptoms Substance misuse Impulsivity Attention problems Motor restlessness Low IQ Anti-social beliefs High 'daring' attitude	Female gender Resilient temperament Good social and reasoning skills Sense of self-efficacy Positive disposition High intelligence Religiosity
Family	Child maltreatment (e.g. physical or sexual abuse) Family instability Antisocial parents Parental criminality Poor parental supervision Poor family bonding Parent-child separation	Stable, warm, affectionate relationship with parent(s) High parental interest in education Good parental supervision High family income Parental/family use of constructive strategies for coping with problems
Peers	Delinquent peers Gang membership Friend's suicide	Prosocially oriented peers Close relationships with non-deviant peers

School	Low academic achievement Truancy Frequent school transitions Low bonding to school	High school attainment Promotion of healthy standards within school Link with teachers and other adults and peers who hold positive attitudes and social behaviour
Societal	Low Socio-economic status (SES) Community disorganisation Availability of drugs Neighbourhood adults involved in crime Exposure to violence and racial prejudice Unconstructive use of leisure time	Opportunities for involvement in community Community recognition and praise

Experiencing risk factors across a number of domains has been shown to increase the likelihood a young person will engage in offending behaviour, compared to those who only experience risk factors from one domain (e.g. Herrenkohl *et al.* 2000; Loeber & Farrington, 1998). Difficulties with thinking and behaviour, family factors (e.g. history of abuse), lifestyle factors (e.g. involvement with criminal peers), neighbourhood factors and a lack of qualifications have also been shown to predict reoffending (Cuervo & Villanueva, 2015; Mulder *et al.* 2010; YJB, 2005b).

However, research on potential risk and protective factors does not provide detailed information regarding *how* later life offending develops (Dodge & Petit, 2003). Researchers have emphasised that a complex interplay between multiple risk and protective factors, rather than a single risk factor or pathway, can help explain offending behaviour but further examination of mediating and moderating mechanisms is needed to help advance our understanding of potential pathways to offending (e.g. Malvaso *et al.* 2015; Shader, 2001). Moreover, it has been argued that a risk-focused approach to understanding and assessing youth offending behaviour is not wholly synonymous with a rehabilitative, welfare-oriented perspective and may signal the “death of welfare-driven services” (Briggs, 2013, p.25; Phoenix, 2016).

1.3.7. Theories of Offending

‘Why do people commit crimes?’ is a question that has gained significant attention in both the academic and popular press for centuries. Since the mid-19th century,

researchers and clinicians have offered numerous theories that have attempted to answer such a question.

1.3.7.1 Biological Theories

Early theories of offending often ignored the social, environmental and psychological factors that could help explain criminal behaviour and suggested that criminals had biological 'failings', which made them 'subhuman' (e.g. Lombroso, 1911). As our sociological and psychological understanding of humans has developed, recent biological theories recognise the impact of individual and environmental factors but assert that hormones (e.g. testosterone and serotonin levels), environmental contaminants (e.g. lead, alcohol etc) and neurological deficits may play a role in explaining criminal behaviour (e.g. Booth & Osgood, 1993; Pallone & Hennessy, 1998). However, research on biological theories of offending has obtained only weak empirical support (Akers, 2013).

1.3.7.2 Psychological Theories

Numerous psychological theories that might help explain the development of offending behaviour have also been proposed, including psychodynamic theories (e.g. Aichorn, 1935; Freud, 1856–1939), behavioural theories (e.g. Bandura, 1977) and personality theories (e.g. Eysenck, 1964). Psychodynamic theories of offending posit that aggression, among other primitive impulses, is repressed in people who have experienced a normal childhood. If such impulses are not controlled, aggression can 'leak out' of the unconscious, resulting in violence (Englander, 2007). Aichorn (1935) elaborated on this theory, suggesting that inadequate childhood socialisation could lead to later delinquency because it affects a child's need for immediate gratification, and reduces their sense of empathy and guilt. Such theories emphasise the importance of early experiences and support the notion that criminals are 'unwell' rather than 'evil' and, therefore, punishment of offenders is considered inappropriate (Akers, 2013). However, it is argued that such theories are difficult to empirically examine (Englander, 2007).

Behavioural theorists maintain that criminal behaviour is acquired through modelling and reinforcement contingencies in a person's social environment. These 'social

learning' theories of offending have gained much empirical support and studies have shown that children often model violent behaviours they see in their homes or communities (e.g. Akers, 1973; Bandura, 1977; Bartol 2002). Patterson (1982) suggested that certain child-rearing methods, such as coercion and hostility, mean that the child learns to be hostile and coercive. Such theories have led to the development of effective parenting programmes (Webster-Stratton, 2015). However, critics state that these theories do not explain the development of deviant attitudes and behaviours where there has been no prior exposure (Brauer & Tittle, 2012).

Cognitive theorists assert that the way people perceive and learn from their environment helps to explain offending behaviour. For example, Kohlberg (1969) suggested that people travel through six stages of moral development. During early stages, people obey the law because they are afraid of punishment. During later stages, people obey the law because they have developed a sense of justice and respect for others. Other cognitive theorists have focused on information processing deficits to help explain offending behaviour. For example, research on 'hostile attribution bias' has shown that some individuals may incorrectly interpret neutral communicative cues as hostile and therefore, become more likely to respond with violence (e.g. Dodge & Frame, 1982; Dodge *et al.* 1990; Lochman, 1987; Nasby *et al.* 1980).

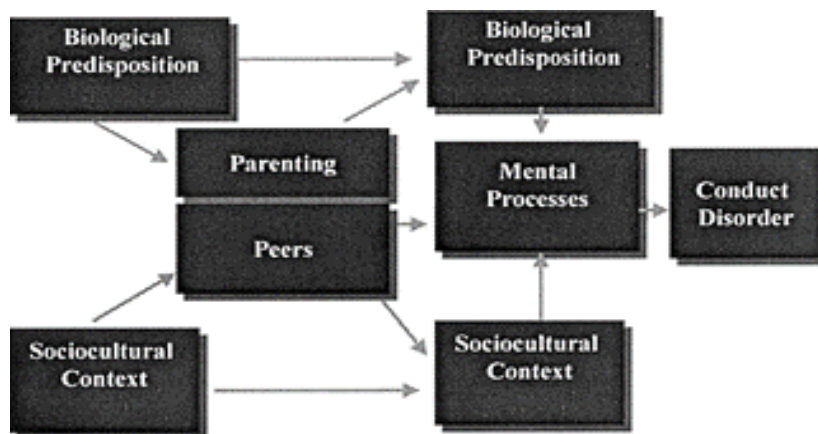
Bowlby's (1944) research on attachment theory found that disrupted early attachment relationships may give rise to aggression, delinquency and a disorder he termed 'affectionless psychopathy'. The importance of early relationships for later life outcomes is unequivocal and other studies have demonstrated the pervasive impact of early attachment relationships, including on later offending behaviour (e.g. Egeland *et al.* 2002; Levinson & Fonagy, 2004; Malekpour, 2007). However, Bowlby has been criticised for using unrepresentative sampling and poor control group matching in his studies and it is argued that he potentially overestimated the impact of early maternal deprivation on offending behaviour (Rutter, 1971).

1.3.7.3 Developmental Theories

A number of developmental theories have been offered to help explain criminal behaviour, such as the social-interactional developmental theory (Patterson *et al.* 1989),

the ‘adolescence-limited/life-course-persistent’ theory (Moffitt, 1993), the interactional theory (Thornberry & Krohn, 2001), and Farrington’s (2005) integrated cognitive antisocial potential (ICAP) theory. Dodge & Petit’s (2003) developmental theory of youth offending aimed to integrate research on different risk factors, such as biological predispositions, parenting style, peer influences, etc., to help clarify how each factor might interact and develop over time, resulting in offending behaviour (see Figure 1.1). Such developmental life-course explanations for offending suggest that interactions between biological, psychological and social factors impact on children differently at different ages and many of these theories have gained significant empirical support (e.g. Farrington & Ttofi, 2012).

Figure 1.1: A developmental model of Conduct Disorder. Taken from Dodge & Petit (2003)



1.3.7.4 Sociological Theories

Sociological theories of crime are wide-ranging, but generally emphasise the relationship between factors such as social structures (e.g. class, ethnicity, gender), social inequalities, peer influences, community organisation and criminal behaviour (e.g. Agnew, 1992). Many sociologists now acknowledge that a person’s social environment cannot fully account for their offending behaviour and are, therefore, starting to explore how individual traits and social environment can interact (Agnew, 2002).

1.4 COMPLEX TRAUMA

1.4.1. What is Complex Trauma?

The term '*trauma*' has multiple meanings in the English language. Technically, the word "*trauma*" refers only to an event that produces distress, not the reaction to that event (Briere & Scott, 2014). However, the term is often used to refer to both the event and to the resulting distress itself. For example, the Post-traumatic Stress Disorder (PTSD) criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, (DSM-V; American Psychiatric Association [APA], 2015) refers to both the traumatic event and the psychological responses to that event (See Appendix One, p.181 for DSM-V criteria). Significant debate has surrounded the inclusion of both of these criteria in the diagnostic manual (see Brewin *et al.* 2009; Friedman, 2014).

The relationship between different traumatic events and reactions is very complex. However, the literature on PTSD often refers to 'simple' and 'complex' PTSD to help delineate between differing reactions to different events (Briere & Scott, 2014; Herman, 1992). 'Simple' PTSD generally refers to experiences of single traumas (e.g. road traffic accidents) and the resulting symptoms generally match the criteria for PTSD in DSM-V (e.g. hyperarousal, negative affect, etc.). 'Complex' PTSD is often associated with individuals who have experienced prolonged, often interpersonal traumas, especially during childhood. In addition to the 'simple' PTSD symptoms, those with complex PTSD often exhibit more pervasive personality disturbance, such as emotional dysregulation, impulsive behaviour, difficult relationships, recurrent dissociation and identity disturbance (Taylor *et al.* 2006). Although the DSM-V does not adopt the term 'complex' PTSD, the diagnostic categories of 'Dissociative type' PTSD and 'preschool type' PTSD are comparable. A number of studies have found that traditional psychological interventions are not as effective at alleviating complex PTSD symptoms and that interventions should incorporate sensitive, longer-term, structured treatment programs that are delivered by trauma specialists (Ide & Paez, 2000; Jackson *et al.* 2010).

There is no one consistent definition for the term 'Complex Trauma' and much debate still surrounds the criteria for such a definition (See section 2.2.7.3, p.55 for more information). 'Complex trauma' has significant overlaps with Complex PTSD and the

previously proposed but not included 'Developmental Trauma Disorder' DSM-V category (APA, 2015; Ford & Courtois, 2009; Van der Kolk, 2005; WHO, 1993). However, unlike Complex PTSD, the term 'Complex Trauma' refers only to the traumatic events or stressors (e.g. child sexual abuse), rather than the resulting distress or *sequelae* associated with those events (e.g. hyperarousal, dissociation, etc.). A number of definitions for complex trauma have been offered and these definitions generally refer to childhood exposure to multiple, prolonged traumatic events that are interpersonal in nature, and can significantly compromise a child's development (see Appendix Two, p.182 for examples of definitions). Examples of such traumas include child sexual, physical and emotional abuse, severe neglect and witnessing violence.

Due to the additional difficulties and disturbances often associated with experiences of complex trauma, it is hypothesised that this may have an impact on offending behaviour. This study will focus on young offenders who have experienced complex, rather than single traumas, as complex traumas generally occur in childhood and are considered to have a more pervasive impact on a child's development. Consistent with the existing definitions in the field, the term 'Complex Trauma' is used throughout this thesis to refer to the types of *stressors* that a child experiences, such as sexual/physical/emotional abuse, severe neglect and witnessing violence.

1.4.2. Rates of Exposure to Complex Traumas in Young People

Rates of exposure to complex traumas in childhood have been largely underestimated for many decades (Mennen *et al.* 2010; Pereda *et al.* 2009). Numerous reports of abuse and neglect in children's homes and by well-known public figures have been reported in the media over the last few years, prompting a number of government reviews (e.g. Ansbro, 2014; Laming, 2009) and serving as a potential catalyst for change (see Appendix Twelve, p.202 for reflective diary excerpts). In 2015, when discussing reports of serious child abuse, the Prime Minister, David Cameron, stated that:

"Children were ignored, sometimes even blamed, and issues were swept under the carpet – often because of a warped and misguided sense of political correctness. That culture of denial which let them down so badly must be eradicated."

Consequently, child sexual abuse was upgraded to the status of “a national threat”, equivalent to terrorism and serious organised crime, and a new “ill-treatment or wilful neglect: care worker offence” was introduced (Criminal Justice and Courts Act, 2015).

UK Government statistics show that, in 2011, 48,400 children became the subject of a child protection plan, the majority of which will have been as a result of abuse or neglect (Department of Education, 2011). Longitudinal studies, conducted in America, have found that more than 68% of children and adolescents experienced a potentially traumatic event by the age of 16 (Copeland *et al.* 2007). In 12 to 17-year-old youths, 8% reported a lifetime prevalence of sexual assault, 17% reported physical assault, and 39% reported witnessing violence (Kilpatrick & Saunders, 1997). A recent Wales wide survey looking at the health consequences of adverse childhood experiences (ACEs) returned similar results. Twenty-three percent of respondents reported experiencing verbal abuse, 17% experienced physical abuse, 10% experienced sexual abuse and 16% had witnessed domestic violence during their childhood. For every 100 adults in Wales, 47 had suffered at least one adverse childhood experience and 14 had suffered four or more (Public Health Wales, 2015).

1.4.3. The Impact of Complex Trauma

Children are highly resilient, even in the face of significant adversity. However, experiences of complex trauma can significantly impact a child's health, development and subsequent life outcomes. For example, extensive research has shown that experiences of early traumas, such as abuse and neglect, can significantly compromise a child's neurological, hormonal, immunological and nervous system development, creating impairments in physiological and executive functioning (e.g. Danese & McEwen, 2012; Perry, 2002; Perry, 2006; Schore, 2010; Siegel, 1999). Such adverse early experiences also impact on a child's emotional, social and cognitive development (Cook *et al.* 2005; Van der Kolk, 2005). For example, early traumas can impair a child's emotional and behavioural regulation ability and affect their belief systems and sense of self (Bowlby, 1969; Cloitre *et al.* 2005; Cook *et al.* 2005; Greenwald, 2015; Hartman & Burgess, 1993). This can have a significant impact on a child's self-esteem, impair

their social and academic functioning and diminish their sense of the future (Blaustein & Kinniburgh, 2010; Cook *et al.* 2005; Terr, 1991).

A review of research in the field found that 20%-63% of survivors of child maltreatment developed PTSD (Gabbay *et al.* 2004). In Copeland *et al.*'s (2007) study, although full-blown PTSD was rare in children who had experienced early traumas (less than 0.5%) approximately 20%-50% of the children who had been traumatised experienced other difficulties, including school problems and emotional and physical health difficulties. The authors concluded that prognosis after one lifetime trauma was generally favourable, but difficulties appear to increase with higher levels of trauma exposure.

The prominent, ongoing epidemiological 'Adverse Childhood Experiences' (ACE) study, conducted by Kaiser Permanente & the Center for Disease Control, has found a highly significant relationship between ACEs and later life depression, suicide attempts, domestic violence, alcoholism, cigarette smoking, drug abuse, obesity, physical inactivity, sexual promiscuity and sexually transmitted diseases. In addition, the more ACEs reported, the more likely a person is to develop other physical health conditions, such as cancer, heart disease, diabetes and liver disease. An equivalent Welsh study of ACEs also found that respondents who reported experiencing four or more adverse childhood experiences were four times more likely to be high-risk drinkers, six times more likely to be a smoker and 14 times more likely to have been a victim of violence in the last 12 months (Public Health Wales, 2015). A recent meta-analysis supports these results, identifying a causal relationship between early abuse and later life mental and physical health problems (Norman *et al.* 2012). However, it is important to note that the relationship between early traumas and later life outcomes is complex and that a number of other factors, such as socio-economic status, access to health care etc., may complicate this picture and potentially act as mediators and moderators in this relationship.

1.5 COMPLEX TRAUMA AND OFFENDING BEHAVIOUR

1.5.1. Prevalence Rates of Complex Trauma in the Youth Justice Population

Van der Kolk (2005, p.3.) stated that "people with childhood histories of trauma, abuse and neglect make up almost our entire criminal justice population". Although statistics show that the numbers of young people coming into contact with the YJS has reduced over the last 15 years, it is widely acknowledged that many of those who do end up in the YJS often present with complex difficulties and histories, including high rates of childhood traumas (YJB, 2015a).

Although estimates vary, the rates of exposure to early traumatic experiences in justice-involved youths appears substantial and are significantly higher than rates observed in community samples (Baglivio *et al.* 2014; Wolpaw & Ford, 2004). A study conducted in America found that over 90% of juvenile detainees reported having experienced a traumatic event at some point in their lifetime (Abram *et al.* 2004). In 2013, two more American studies of traumatic experiences in justice-involved youths were conducted (Abram *et al.* 2013; Dierkhising *et al.* 2013). They found that 62% reported experiencing exposure to traumatic events within the first 5 years of life and 92.5% of youths had experienced at least one trauma in their lives. Similar disturbing prevalence rates have been observed in Wales. A YJB Cymru (2012) report found that in young people displaying prolific offending behaviour, 48% had witnessed family violence, 55% had been abused or neglected, 62% were coming to terms with trauma and 79% had social services involvement.

1.5.2. The Association between Trauma and Offending

In 1989, Widom's pioneering study demonstrated a clear link between trauma and offending behaviour in 900 young people who had experienced childhood abuse. A substantial body of research, including those utilising prospective, longitudinal designs, have now replicated these early findings, demonstrating a strong association between early traumatic experiences and later offending behaviour (e.g. Ardino, 2011; Baglivio *et al.* 2015; Currie & Tekin, 2006; Malvaso *et al.* 2015; Maxfield & Widom, 1996; Smith *et al.* 2005; Smith *et al.* 2008; Stouthamer-Loeber *et al.* 2001). Furthermore,

accumulations of adverse childhood experiences, such as physical and sexual abuse, have been shown to increase the likelihood of young people engaging in offending behaviour (YJB, 2005a). The Welsh ACE survey found that, compared to people who had experienced no ACEs, people who had experienced four or more ACEs were 12 times more likely to have committed violence against another person in the last year and 20 times more likely to have been incarcerated at some point in their lifetime (Public Health Wales, 2015).

A limited number of studies' findings have not supported the link between complex trauma and offending behaviour and it is suggested that other behavioural and family variables may be able to explain this link (e.g. Henggeler *et al.* 1989; Jung *et al.* 2014). The majority of early life traumas occur in the home and, therefore, it is hard to disentangle the effects of other potential risk factors, such as parental alcoholism, mental health problems, etc. (Stouthamer-Loeber *et al.* 2001). However, some studies have controlled for such confounding variables and continue to demonstrate a clear link between trauma and offending (e.g. Baglivio *et al.* 2015; Currie & Tekin, 2006; Smith *et al.* 2005; Widom, 1989).

Early traumatic experiences may be a risk marker (e.g. something that potentially precedes offending), an indirect risk factor (e.g. increases the likelihood that other risk factors will occur) or it could be a direct risk factor (e.g. something causally associated with offending) (Romaine, 2011). It has been argued that the inconsistent results across studies and the difficulties with identifying causal pathways have meant that much of the literature to date has not been adequately translated into crime prevention policy (Malvaso *et al.* 2015). It is clear that the relationship between trauma and offending is a complex one, and a number of methodological flaws in existing research need to be addressed in order to confirm temporal order and gain a deeper understanding of *how* and *when* early adverse experiences affect later offending behaviour (Malvaso *et al.* 2015).

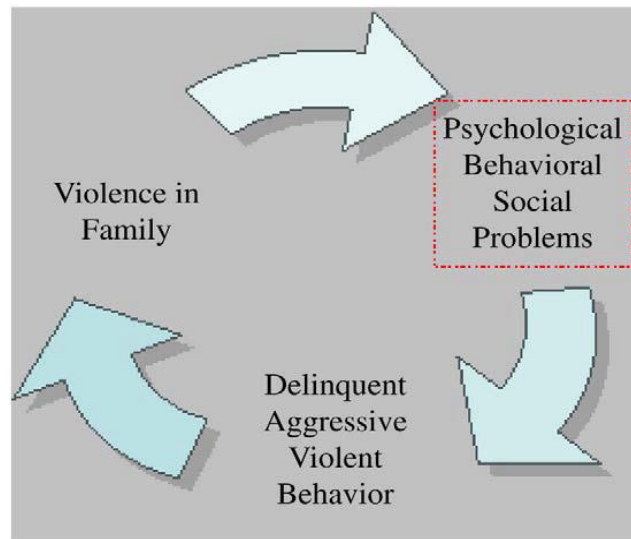
1.5.3. Theories Explaining the Trauma-Offending Link

Although the strength of the relationship between trauma and youth offending behaviour has been well documented, few studies have examined the underlying processes that might account for this link. Understanding these underlying processes is essential if successful interventions that help address the negative effects of trauma are to be developed (Quas *et al.* 2002).

In the last few years, partly due to the development of more sophisticated statistical methods, there has been a shift from research that focuses on the mere acknowledgement of trauma histories in justice-involved youths to research that examines *how* experiences of trauma can have an impact on offending behaviour (Greenwald, 2015; Malvaso *et al.* 2015). In order to elucidate the trauma-offending link, recent empirical studies have begun to explore the role of a number of potential mediating and moderating factors, such as negative affect, externalising behaviours, emotional regulation, peer relationships, attachment styles, parenting styles, substance abuse, running away from home, education and mental health problems (Becker, 2010; Bender, 2010; Egeland *et al.* 2002; Kerig & Becker, 2010; Kerig, 2012; Maschi, 2006; Maschi, Bradley & Morgen, 2008; Maschi *et al.* 2008; Salzinger *et al.* 2007; Tolan *et al.* 2002; Topitzes *et al.* 2011).

Theorists have also presented models that might explain the trauma-offending link. For example, Veysey (2003) suggests that young people who have experienced traumas may come into contact with the justice system through three different pathways: (a) physical survival strategies (i.e. defending themselves, running away), (b) psychological survival strategies (i.e. attributional biases, risk taking, emotional dysregulation), and/or (c) by modelling offending behaviour. Other extensively researched theories relate to the notion of the 'cycle of violence' and 'cycle of sexual abuse' (e.g. Curtis, 1963; Newcomb & Locke, 2001; Tolan *et al.* 2002; Widom, 1989). Some recent theories incorporate potential intervening variables into this cyclical model (Bender, 2010; See Figure 1.2, p.19 for an illustration of the cycle of violence).

Figure 1.2: Diagram depicting the cycle of violence and potential intervening variables. Taken from Bender (2010)

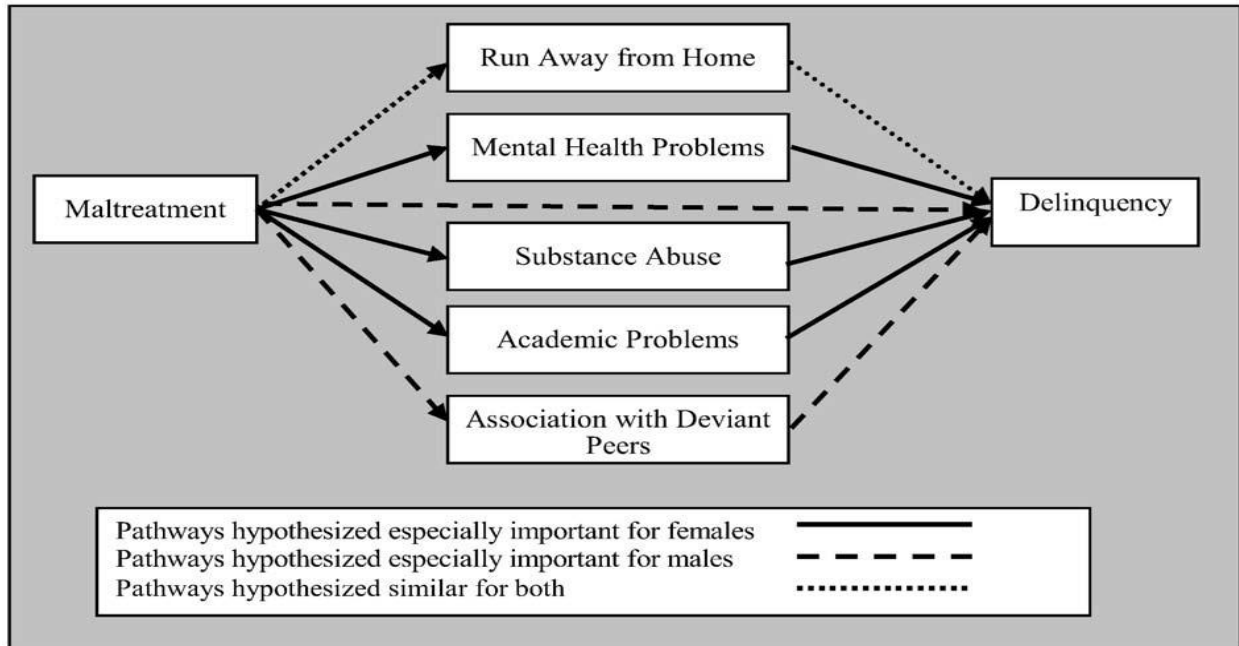


However, empirical support for the ‘cycle of abuse’ theory is mixed and it is not clear whether certain types of early traumatic experiences will necessarily lead to certain types of offending behaviour (e.g. Reckdenwald *et al.* 2013; Thornberry *et al.* 2012; Verrecchia *et al.* 2010). Bender (2010) proposes a pathway through which childhood maltreatment can lead to different types of offending behaviour via a number of intervening factors, including mental health problems, substance abuse, school difficulties, running away from home and negative peer influences, with a number of possible gender differences (see Figure 1.3, p.20). Other theorists have proposed gender-specific and race-specific pathways, which have received empirical support (e.g., Becker, 2010; Bender, 2010; Goodkind *et al.* 2013; Maschi *et al.* 2008; Topitzes *et al.* 2011; Tyler *et al.* 2008).

Some theorists posit that early traumas might disrupt social bonds (*Social bonding theory*; Hirschi 1969), increase negative emotional states and maladaptive coping strategies (*General strain theory*; Agnew, 1985; Maschi, Bradley & Morgen, 2008; *PTSD-offending models*; Ardino, 2012; Haapasalo & Pokela, 1999); provide a model for offending behaviour (*Social learning theory*; Bandura, 1977; Felson & Lane, 2009), reduce self-control (*Self-control theory*; Gottfredson & Hirschi, 1990) and reduce “human capital accumulation”, such as skills acquisition through education and training (*Economic theory*; Currie, & Tekin, 2006, p.5), which purportedly all increase the risk of

offending behaviour. However, support for such theories is mixed (e.g. Rebellon & van Gundy, 2005; Widom & Wilson, 2009).

Figure 1.3: Benders' (2010) proposed theoretical model for gender-specific pathways from maltreatment to offending behaviour



Antisocial, delinquent behaviours appear to be a developmental trait that can begin early in life for many young people who offend (e.g. Farrington, 1995; Loeber & Farrington, 2000). Due to the multiplicity and complexity of the trauma-offending pathway, developmental psychopathologists are calling for a more holistic, lifespan approach to research and theory to help explain this pathway, which integrates biological, psychological and social issues (Creeden, 2013; Dodge & Petit, 2003). It is argued that such theory-driven research is lacking in the field and is necessary to help identify mechanisms that might buffer or exacerbate the connection between trauma and youth offending behaviour (Maschi, Bradley & Morgen, 2008; Patterson *et al.* 1989).

1.6 Justice Staff Practices with Offenders who have Experienced Complex Traumas

Trauma-exposed youths may present with a number of challenging behaviours as a result of their experiences (e.g. emotional dysregulation, problem-solving deficits, hostile attribution bias, etc.), which may make them less responsive to punitive, justice-oriented approaches (Maschi & Schwalbe, 2012). Considering the high rates of trauma in the youth justice population, it is important to consider how the YJS identifies, supports and manages young people who have experienced such difficulties.

Psychologists, who are extensively trained in assessing and supporting young people who have experienced childhood traumas, are now employed in some parts of the YJS (Khan & Wilson, 2010). For example, Forensic Child and Adolescent Mental Health Services (FCAMHS) have been established in many areas, although provision varies greatly throughout the UK. These services help offer assessment and interventions to young people who offend, or pose a risk of offending. It is, for example, through this service that some South Wales YOTs receive input from Clinical Psychologists, who can provide a psychological, formulation-based approach to understanding and supporting these young people (Fox & Richie, 2015). However, considering the extensive impact of trauma on a young person's social, emotional and behavioural development, it is acknowledged that all staff who work with young people in the YJS need a level of understanding in this field, as it may impact on youth-staff relationships and staff decision-making processes (Ardino, 2012; Buffington *et al.* 2010; Kerig, 2013; Stevenson, 2009).

YOT staff generally identify a young person's difficulties through the use of screening and assessment tools and via information from children's services (Talbot, 2010). In 2006, a validated, structured assessment tool, called 'Asset' and subsequently 'AssetPlus', was developed for use in YOTs throughout England and Wales (YJB, 2014c, 2014d, 2014e). This tool is used to help inform intervention and sentence planning by identifying risk and protective factors, such as a history of abuse, which might have an impact on a young person's offending behaviour (Wilson & Hinks, 2011; YJB, 2014c). A recent study looking at the predictive validity of the Asset found that

there were certain areas that staff reportedly struggled to explore and address with young people, including 'family and personal relationships', such as histories of abuse. Staff cited limited skills, service limitations and poor partnerships as reasons for such difficulties (Wilson & Hinks, 2011). Supporting these results, a recent YOT practitioner-led consultation found that children and young people who presented with complex difficulties, such as those who experienced early traumas and attachment issues, posed additional challenges to services and were more likely to fall between service gaps (YJB 2012). A YJB report on staff practices with persistent offenders concluded that “there was no evidence of interventions that were planned as responses to clearly identified need”, including a young person’s history of abuse (YJB, 2005b, p.7). Consequently, a ‘one size fits all’ approach to intervention continues in many areas (Bateman, 2011). As a result, the YJB has identified the need to pilot and evaluate innovative projects that help better understand and address the needs of these young people with complex presentations (YJB, 2014b).

‘Trauma-informed care’ is a relatively recent development in offender treatment and rehabilitation (Ford *et al* 2007; Miller & Najavits, 2012). This approach involves accurately identifying trauma, training staff in the impact of trauma, adopting creative approaches to engagement, focusing on healing and minimising retraumatisation experiences (e.g. Miller & Najavits, 2012; Oudshoorn, 2015). The recently developed Wales-wide 'Enhanced Case Management Project' adopts such an approach. This psychology-led, multi-agency pilot project will involve training a limited number of YOT staff on the impact of early attachments and traumas on a young person’s ability to effectively engage in youth justice interventions. Interventions are then sequenced according to the young persons’ developmental and mental health need and focuses on building relationships, before cognitive, trauma-focused work can be effective (Skuse & Matthew, 2015).

1.6.1 Trauma Training for YOT Staff

It has been argued that an increase in trauma-informed youth justice services will help improve outcomes for young people and their families, reduce future health and correctional costs and create a more clinically responsible, therapeutic environment

(Ford *et al.* 2007; Ko *et al.* 2008; Miller & Najavits, 2012; MoJ, 2016). Many of the workers within YOTs have professional backgrounds within social work and probation. An element of training on childhood traumas is generally incorporated in these professions, especially the assessment of trauma for the purposes of child protection. Ad hoc training sessions, such as the 'Assessment Intervention Moving on' (AIM) Project, which helps workers assess for and understand sexually harmful behaviour in young people, raises staff awareness and skills in working with young people who have experienced early traumas. In addition, in 2014, the 'Beyond Youth Custody' project published the "*Young offenders and trauma: Experience and impact*" practitioners guide, which briefly outlines the potential impact of trauma in the youth justice population (Beyond Youth Custody, 2014).

However, studies have shown that staff who work with young offenders with complex difficulties, including trauma histories, feel they have limited skills in understanding and dealing with these difficulties and can feel 'overwhelmed' by reports of trauma (The National Child Traumatic Stress Network, 2009; Talbot, 2010; Wilson & Hinks, 2011; YJB, 2005b). Aside from the Enhanced Case Management Project, which is still in the pilot phase, specific training and support for developing YOT staff's understanding and skills in working with young people who have experienced early traumas is limited.

1.6.2 The Importance of YOT Staff Perceptions

YOT community probation work has been described as "the workhorse of the juvenile justice system", as the majority of young people who offend are placed on probation, rather than detained in custody (Vidal & Skeem, 2007, p.479). YOT workers use their detailed knowledge of the legal system and close working relationships with children's services to gain an in-depth insight into a young person's circumstances. They track young offenders, monitor risk, write pre-sentence reports, provide pre-court interventions, accompany young offenders to court, make detention decisions, plan interventions, challenge young offenders' attitudes and beliefs and support the young person's family (All Party Parliamentary Group for Children, 2010; MoJ & YJB, 2013; YJB, 2015b). YOT workers are required to build close working relationships with young people that combine care and elements of control (Vidal & Skeem, 2007). Due to the

mandatory nature of their work and the difficulties accessing alternatives services, YOT workers are, arguably, often the only service that is able to stay involved with vulnerable young people for a long period of time (Young Minds, 2013). In essence, YOT workers have the authority to significantly affect decision-making and service delivery for the young people that they support.

Due to the close working relationship that YOT staff build with young people and the impact that they have on their future, the way in which YOT staff perceive, treat and work with young people who have offended is critical. Attitudinal theory suggests that a person's beliefs, values, and attitudes affect their intentions, which will then determine their behaviour (Ajzen & Fishbein, 1977). It is likely that YOT workers have developed experience-based 'knowledge structures' and attitudes that guide their decisions and behaviours towards the young people they work with. Such attitudes and knowledge structures have been shown to bias "every step of the information processing sequence" (Olson & Zanna, 1993, p.129).

A report on social workers' practice in Local Authorities showed that social workers adopt a range of biases, which can affect their ability to make objective judgements. For example, they used the availability heuristic (judgments about probability based on how easy it is to think of examples), confirmation bias (looking for evidence that confirms pre-existing views) and judging cases on their relative rather than objective merits (Kirkman & Melrose, 2014). In addition, they found that social workers rarely had access to robust evidence on what might work in particular contexts, which compromised their current practice and the identification of better approaches. A YJB study found similar results with practitioners in the YJS, who appeared to derive their knowledge from "on the job" experience, rather than utilising the evidence-base in the field, and they perceived interventions which addressed a young person's social and developmental needs as 'soft' or 'old-fashioned' (YJB, 2005b, p.7). This will, ultimately, affect their treatment of the young people they work with.

Research has shown that a number of factors can affect justice staffs' attitudes and treatment of young offenders, including their experience, caseload, personal characteristics, etc. (Vidal & Skeem, 2007; See Systematic Review for a more detailed

overview of research). Some of the research into staff attitudes towards offenders who have experienced complex traumas has been positive, showing that knowledge of a young person's trauma history can increase probation officers' use of treatment-oriented, counselling approaches (Maschi & Schwalbe, 2012). In contrast, a recent review of the literature found that whilst layperson's perceptions of offenders who were abused as children yielded more sympathy and leniency, staff who work in the YJS (e.g. judges, probation workers) tended to be more punitive (Stevenson, 2009). To explain this finding, the author suggests that staff who work in this field observe many other factors in juveniles that often coincide with abuse, such as chaotic lifestyles, hostility, mental health problems etc., which staff may perceive as aggravating, rather than mitigating. Therefore, a more detailed understanding of YJS staff's knowledge and attitudes toward the population they work with is critical in order to help understand how they might treat or interact with young offenders who have experienced complex traumas.

1.7 Conclusion

Significant financial, societal and individual costs are associated with youth offending behaviour. Rates of complex traumas in the youth justice population are high, suggesting that such experiences may play an important role in the development of offending behaviour. The link between experiences of childhood traumas and offending behaviour is now well documented and a number of theories of offending have been proposed. Staff, such as YOT workers, who work closely with this vulnerable group must acquire an understanding of *how* experiences of trauma can affect a young person and their offending behaviour, as such experiences might impact on their relationship and subsequent decision-making strategies. However, the relationship between complex trauma and offending is complex and research in this field is inconsistent. Research has shown that staff do not always feel equipped to deal with young people who present with such complex difficulties and that training opportunities are limited. A more detailed understanding of their knowledge of the trauma-offending pathway, as well as their views on how they work with these young people is essential in order to identify future training needs and to improve our understanding of this population of justice-involved youths.

1.8 SYSTEMATIC REVIEW

1.8.1 Introduction

A comprehensive systematic review of the literature was conducted in order to provide an overview of the quality of research evidence in the field. The initial review question corresponded with the research question: “*What studies examine staff perceptions of the links between complex trauma and offending behaviour in the youth justice population?*”. However, this search returned no papers, and therefore alternative review questions were considered. Although staff perceptions of the *links* between trauma and offending is central to this study, the criteria were widened to consider all studies which have examined the way in which staff perceive and/or treat youth and adult offenders who have experienced a complex trauma in general, as this was deemed to be both clinically and theoretically important. Therefore, the final review question was as follows: “*What studies examine justice staff perceptions and/or treatment of offenders who have experienced complex traumas?*”

A literature review focusing on perceptions of offenders who were abused as children was published in 2009 (Stevenson, 2009). This paper presented a narrative overview of research in this field and included studies that examined justice staff, mock jurors and community members’ perceptions of offenders who were abused as children. This review highlighted some important differences in the perceptions and biases between staff who work in the field (e.g. judges) and those who do not (e.g. mock jurors, community members). This narrative review did not adopt a systematic approach to searching and reviewing the literature and only included studies that were published before 2008. Therefore, the current systematic review aims to update this initial narrative introduction to the topic, examine the quality of the evidence in the field and focus on studies which examine justice staff, not mock juror or community members’ perceptions of this population.

1.8.2 Method

1.8.2.1 Search Strategy

A search of the following electronic databases was completed on the 11th- 14th February 2016. An updated search was completed on 24th April 2016:

Applied Social Sciences Index and Abstracts (ASSIA), Cochrane Library, Education Resources Information Centre (ERIC), HeinOnline, PsychINFO, Published International Literature On Traumatic Stress (PILOTS), MedLine, Social Care Online, Social Services Abstracts and Sociological Abstracts.

1.8.2.2 Search Terms

Searches were conducted using the following search terms:

Abuse* OR maltreat* OR (trauma* NOT traumatic brain injury) OR neglect*

AND

Juvenile* OR delinquen* OR defendant* OR offend* OR prisoner*

AND

(prison* OR probation* OR justice* OR police* OR parole* OR custody OR social) adj2 (officer* OR personnel* OR staff* OR worker*) OR Officer* OR judges OR juror* OR mitigat* OR adjudicat* OR “Social work practitioner*”

1.8.2.3 Inclusion and Exclusion Criteria

Table 1.2: A list of inclusion and exclusion criteria used to identify relevant papers

Inclusion Criteria	Exclusion Criteria
Data driven studies (e.g. randomised and non-randomised controlled trials, longitudinal studies, qualitative studies etc.).	Non data-driven, theoretical papers.
Studies that directly measure justice staff’s perceptions or treatment of offenders who have experienced a complex trauma (not indirect measures such as court data).	Studies on prevalence rates of trauma and offending.
Only studies that consider offender’s childhood experiences of complex trauma (e.g. not domestic violence as an adult, abuse in prisons etc.)	Evaluation of services for offenders who have experienced complex traumas.
Adult and youth offenders.	Validation of assessment tools.
Abstracts in English.	Evaluation of staff training packages.
Peer and non-peer reviewed journals.	Offenders/family’s reports of staff perceptions/treatment of offenders.
	Single case studies.
	Papers not published in English.
	Unpublished studies/abstracts only.

1.8.2.4 Search Process

The search returned a total of 2161 titles, which were reviewed against the inclusion and exclusion criteria (see Appendix Three, p.183 for outcomes of the searches). Eight papers met the inclusion and exclusion criteria from these searches (see Figure 1.4, p.29 for a diagrammatic representation of the search process). A further two papers were identified from reference list searches of included papers and a search of Google Scholar. A final total of 10 studies were included for review.

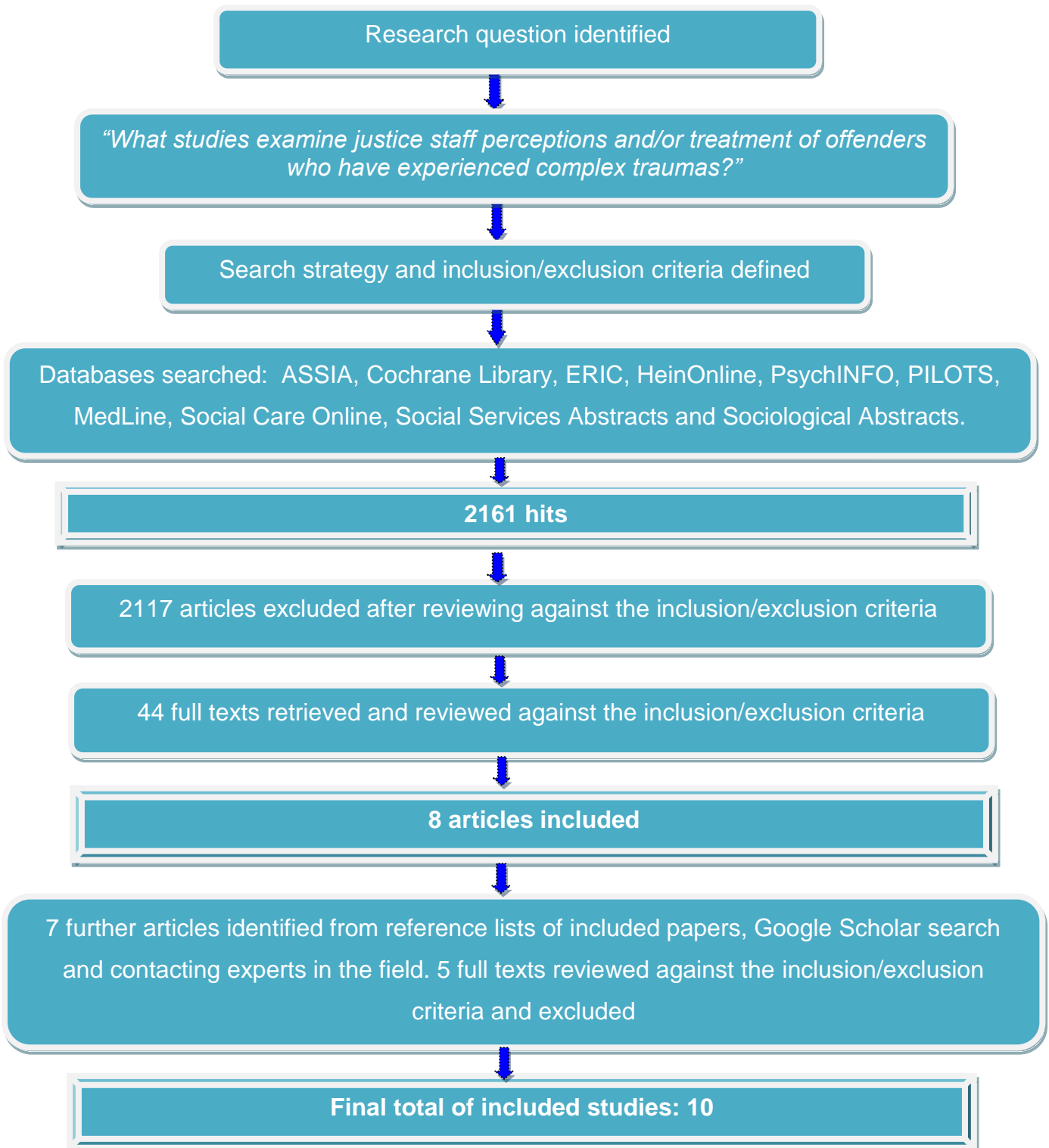
1.8.3 Assessing the Quality of the Included Papers

The widely adopted and well-established 'Critical Appraisal Skills Programme' (CASP, 2013) quality assessment checklist for qualitative studies was used to guide the quality assessment of the qualitative papers (Taylor *et al.* 2004). A modified version of the CASP checklists, incorporating questions from the 'Graphic Appraisal Tool for Epidemiological' studies (GATE; Jackson *et al.* 2006) and the 'Specialist Unit for Review Evidence' (SURE, 2013) checklists were used to guide the assessment of the quality of the experimental and non-experimental observational studies. A scoring system was devised in order to weight the quality of evidence and all papers were independently rated by another trainee:

- A score of 2 = 'present/addressed'
- A score of 1 = 'partially present/addressed'
- A score of 0 = 'not present/addressed'
- N/A = 'Not applicable'

The final score was converted into a percentage, which represents the overall quality of the paper and this score can aid comparison across studies and methodologies. However, caution is required when using these scores to compare across study designs due to the differing criteria and relative weight placed on different levels of evidence (Centre for Evidence-Based Medicines, 2009). The total percentage quality assessment score for each paper is presented in Table 1.3, p.30-33, along with a brief summary of the studies' designs and results. A full breakdown of the quality assessment scores for each paper is presented in Appendix Four (p.184-186). A narrative description of the quality of the research is presented in section 1.8.6 on p.34.

Figure 1.4: A diagrammatic representation of the search process



1.8.4 Results

Table 1.3: Summary of included studies

Author and Origin	Aim	Participants	Method (design, data collection and analysis)	Relevant findings	Quality Assessment Score (%)
QUANTITATIVE – EXPERIMENTAL					
Vidal, S., & Skeem, J. L. (2007). - USA	To examine the effects of psychopathy, ethnicity, and child abuse history of a juvenile offender on probation officers' perceptions of and recommendations and supervision strategies for offenders.	204 Juvenile Probation Officers	<i>Experimental/observational design.</i> Officers were randomly given one of eight vignettes in which a young offenders' psychopathy, ethnicity or abuse (unstable upbringing, with frequent emotional and physical abuse) were manipulated. Officers then answered questions to describe their construal of the case, their case recommendations, and their likely approach to supervising the offender. MANOVAs were conducted to determine whether and how the eight groups differed across linear combinations of the dependent variables.	The 'abuse' manipulation increased ratings on the likelihood of future dangerousness, $F(1,195) = 22.91, p < .001$ (partial $\eta^2 = .11$), recommendations for secure residential placement $F(1,189) = 90.63, p < .0001$ (partial $\eta^2 = .32; \eta = .53, p < .01$) and psychological services $F(1,189) = 3.08, p < .05$ (partial $\eta^2 = .02; \eta = .16, p < .05$). Participants in the 'abuse' manipulation were more likely to expect supervision difficulties $F(1,191) = 26.50, p < .0001$ (partial $\eta^2 = .12$) but also adopt a care-oriented approach $F(1,191) = 3.80, p < .05$ (partial $\eta^2 = .02$). 'Abuse' increased the likelihood of perceiving difficulties establishing effective professional relationships, but also 'going the extra mile'.	65%
Hanson, R.K., & Slater, S. (1993). - Canada	To identify the extent to which different reasons for sexual offending against children could influence therapists and probation officers attributions of responsibility and how this might relate to sentencing recommendations.	58 probation/parole officers and 32 therapists involved in the treatment of sexual abuse victims. Some had experience in treating child sexual offenders as well.	<i>Experimental/observational design.</i> Participants completed a questionnaire describing nine hypothetical accounts of a man charged with sexual assault against a 9yr old. The accounts included different 'reasons' for the offence (e.g. being possessed by the devil, being abused as a child). Participants rated the 'believability' of accounts and 'offender responsibility' and asked what sentence they would deem appropriate. Within subjects repeated measures ANOVA and hierarchical linear models were used to analyse the data.	On average, probation officers found the accounts more believable and attributed less responsibility than therapists. The offender's history of sexual abuse as a child was the second most believable reason for the offending behaviour (Mean = 5.4). Participants rated the 'history of sexual abuse' reason as achieving least responsibility (Mean = 5.39). Participants viewed being sexually abused as a child as a credible explanation for later child abuse perpetration.	50%

Chapter 1: Introduction

Author and Origin	Aim	Participants	Method (design, data collection and analysis)	Relevant findings	Quality Assessment Score (%)
QUANTITATIVE – NON-EXPERIMENTAL					
Maschi, T. & Schwalbe, C.S. (2012). USA	To identify probation officers' knowledge of trauma and stressful life events among youths on their caseloads and how this knowledge impacts on their practice strategies	308 Probation Officers	<i>Quantitative survey design.</i> Respondents randomly selected an index juvenile from their caseloads who met the study criteria. Respondents then completed a survey of the youth's psychosocial characteristics (including trauma), offence history etc., and their probation approaches in the preceding three-month period. Structural equation models were used to examine the relationship between probation strategies, trauma and stressful life events.	Nineteen percent of the youths were reported as having been exposed to at least one type of trauma. Probation Officers' knowledge of cumulative exposure to trauma was associated with treatment-oriented probation and counselling approaches.	75%
D'Angelo, J. M. (2007). - USA	To find out whether judicial attitudes toward trying juvenile offenders as adults are influenced by the characteristics of juvenile offenders such as sex, education status, child maltreatment, socio-economic status etc.	445 juvenile court judges	<i>Quantitative survey design.</i> Judges who volunteered to participate were given a survey with a series of non-threatening statements to identify how their attitudes about an offender's likelihood of rehabilitation (and therefore chances of being transferred to adult court) were influenced by legal factors (i.e., abuse history, age of juvenile offender etc) and non-legal factors (family structure, education status etc). They were also asked if type and severity of abuse influenced likelihood of rehabilitation.	Approximately 81% of judges agreed that juvenile offenders who have not been abused are more 'treatable' than those who have been abused. The more severe the abuse the less likely it is for judges to think that juvenile offenders can be rehabilitated. 47% of judges thought the type of abuse is more important, 53% thought the severity of abuse is more important in determining an offender's treatability.	58%
Bumby, K. M., & Maddox, M. C. (1999). - USA	To examine judges' knowledge and opinions about sexual offender-related issues	42 trial judges	<i>Quantitative survey design.</i> Judges who volunteered for the study were given a 54-item questionnaire, the Sex Offender Survey-Judges Version (SOS-J), which measured their attitudes and opinions regarding issues related to sexual offenders. Items assessed knowledge and beliefs about the offenders; attitudes toward sentencing, release, and treatment; and opinions regarding offender-related legislation.	67.5% of judges agreed with the statement 'one of the main reasons sex offenders abuse others is because they were molested themselves'. Judges appeared to have a strong belief in a <i>causal</i> relationship between aetiological factors, such as history of childhood sexual victimisation, and later offending behaviour.	50%

Chapter 1: Introduction

Author and Origin	Aim	Participants	Method (design, data collection and analysis)	Relevant findings	Quality Assessment Score (%)
Garvey, S.P. (1998). - USA	To examine what factors jurors consider mitigating or aggravating when making their sentencing decisions.	A random sample of Jurors who sat on 41 South Carolina capital murder cases.	<i>Quantitative survey design.</i> Data was gathered as part of the 'Capital Jury project'. 153 live interviews were completed, using a 51 page survey instrument designed for the study. This survey asked jurors questions about the defendant, the victim, jurors' deliberations etc., as well as their views on the criminal justice process. The survey asked jurors how they would react, not how they think they <i>should</i> react according to the law.	A third of the jurors (37%) reported that they would assign some mitigating weight to the fact that a defendant had been seriously abused as a child. Therefore, nearly two thirds would assign it no weight. This suggests societal responsibility for shaping a defendant's character played some role in influencing jurors' decisions but the notion of individual responsibility played a larger role.	50%
QUALITATIVE AND MIXED METHODS					
Purvis, M., Ward, T. & Devilly, G.G. (2003). - Australia	To examine Community Correction Officers' (CCO's) attributions for sexual offending against children.	65 female and 20 male Community Corrections Officers	<i>Mixed Methods design.</i> Participants completed the '4-Attributional Dimensions Scale' (4-ADS; Benson, 1989) which assessed their attributions using open and closed questions. Participants first wrote what they believed were the cause(s) for why men sexually offend against children and then rated their reason(s) across attributional dimensions: (a) internality, (b) stability, (c) controllability and (d) globality. Step one analyses utilised a Grounded Theory methodology to abstract the reasons provided by participants. Step two used these categories in chi-square tests, to determine whether CCO gender interacted with each category.	48 initial categories describing reasons for offending were identified and collapsed into 8 broader categories, including 'Developmental issues'. Reasons included in the 'Developmental issues' category included the offender's upbringing and past abuse (sexual/physical/emotional) in his formative years etc. Step two: 'Developmental issues' was one of two most frequently referenced categories (47 times each). No other directional hypotheses were supported.	Qualitative – 75% Quantitative - 64%
Belknap, J., Lynch, S. & DeHart, D. (2015). - USA	To study jail staff's perceptions of mental health, trauma, substance abuse, and structural difficulties in female detainees and how these factors affected their interactions	37 staff from the nine jails, including officers, sergeants, nurses, psychologists, psychiatrists, social workers.	<i>Qualitative methodology.</i> Individual interviews and focus groups were conducted. Staff were asked to describe their thoughts about what led women to jail, their mental health status, whether women's trauma experiences are related to the types of crimes they commit etc. Data was thematically coded.	One key theme in the data emerged pertaining to staff' perception that trauma is a significant risk factor for women entering the justice system. The most frequently referenced forms of trauma that they perceived to be linked with women's crimes was physical and sexual child abuse and neglect.	65%

Chapter 1: Introduction

Author and Origin	Aim	Participants	Method (design, data collection and analysis)	Relevant findings	Quality Assessment Score (%)
Lea, S., Auburn, T., & Kibblewhite, K. (1999). - UK	To investigate attitudes and perceptions of professionals and paraprofessionals working with sex offenders and to explore the main issues that working with sex offenders raises for them.	23 professional and paraprofessionals working with serious sex offenders. 10 police officers, 2 assistant psychologists, 6 probation officers, 4 prison officers, and 1 social worker took part.	<i>Qualitative methodology.</i> Participants were interviewed using a semi-structured interview schedule and categories relating to staff's perceptions were identified through thematic analysis.	Participants reported that the "troubled backgrounds" from which many offenders come can account for their violent sexual offending. 61% of participants mentioned that sex offenders themselves had frequently been the victims of abuse, albeit not necessarily sexual abuse. 39% linked these experiences to the failure of offenders to engage in "ordinary" relationships as they had not learnt how to relate to others.	75%
Baines, M., & Alder, C. (1996). - Australia	To identify whether the assumption that 'girls are more difficult to work with' is shared by workers who interact closely with 'troublesome' youth and to examine youth workers explanations for this judgement.	19 workers from services working with juveniles who were or had been in contact with the juvenile justice system.	<i>Qualitative methodology.</i> In-depth interviews with youth workers in the field of juvenile justice and related community programmes in Australia were conducted. Thematic analysis was used to identify themes and patterns in the data.	Workers found young women's behaviour as "more difficult" than young men. A significant number of workers assumed that their female clients had been sexually abused, even if it had not been disclosed. Prior sexual abuse was used to explain young women's aggressive behaviour, sexual activity, drug use, lack of hygiene, ineffective relationships and more. These women were not always viewed sympathetically by workers who used negatively connoted phrases such as "manipulative". Awareness of sexual abuse in this population may be a double-edged sword. Workers often cited a lack of qualifications or experience as reasons for the lack of confidence in working with these women.	65%

1.8.5 Summary of Included Papers

The 10 included papers focused on justice staff perceptions of real and hypothetical cases of offenders who have experienced complex traumas and how such perceptions may impact on their subsequent treatment of these offenders. Four studies focused on justice staff views of young offenders (Baines & Alder, 1996; D'Angelo, 2007; Maschi & Schwalbe, 2012; Vidal & Skeem, 2007) and six studies focused on adult offenders (Belknap *et al.* 2015; Bumby & Maddox, 1999; Garvey, 1998; Hanson & Slater, 1993; Lea *et al.* 1999; Purvis *et al.* 2003). In the adult offender papers, four of the papers focused specifically on sexual offenders (Bumby & Maddox, 1999; Hanson & Slater, 1993; Lea *et al.* 1999; Purvis *et al.* 2003). Five papers included all types of offending behaviour (Baines & Alder, 1996; Belknap *et al.* 2015; D'Angelo, 2007; Maschi & Schwalbe, 2012; Vidal & Skeem, 2007) and one paper focused on murder trials (Garvey, 1998). Researchers recruited probation officers (Baines & Alder, 1996; Hanson & Slater, 1993; Lea *et al.* 1999; Purvis *et al.* 2003; Maschi & Schwalbe, 2012; Vidal & Skeem, 2007), prison staff (Belknap *et al.* 2015), jurors (Garvey, 1998), judges (Bumby & Maddox, 1999; D'Angelo, 2007) and paraprofessionals, such as assistant psychologists (Baines & Alder, 1996; Belknap *et al.* 2015; Hanson & Slater, 1993; Lea *et al.* 1999) to participate in their studies. Only four of the included studies were conducted in the last 10 years and the vast majority were conducted in the USA (Belknap *et al.* 2015; Bumby & Maddox, 1999; D'Angelo, 2007; Garvey, 1998; Maschi & Schwalbe, 2012; Vidal & Skeem, 2007). Only one study was conducted in the UK (Lea *et al.* 1999).

1.8.6 Narrative Review of the Quality of Included Papers

1.8.6.1 Research Value

All papers were judged to have contributed unique findings to the literature base. Some studies provided information in areas where little is known (Baines & Alder, 1996; Belknap *et al.* 2015; Lea *et al.* 1999; Purvis *et al.* 2003). Other studies provided data that supported a number of factors that might affect justice staff perceptions, including offenders' trauma history (e.g. D'Angelo, 2007; Hanson &

Slater, 1993). However, considering the following limitations, it is not possible to conclude that these papers offer valuable findings to the literature base.

1.8.6.2 Aim, Design and Methodology

All studies provided clear details on the research aims, participants and outcomes. Only two studies adopted an experimental design, which used case vignettes to manipulate conditions (Hanson & Slater, 1993; Vidal & Skeem, 2007). Vidal & Skeem's (2007) study provided information on manipulation checks for the independent variables but only limited information on randomisation and blinding. Hanson & Slater's (1993) study also provided detailed information on the independent variable but randomisation and blinding was not necessary, as all participants were given the same vignette and survey. These authors provided no information on whether the outcome measures were validated.

Other studies adopted a quantitative methodology using surveys for data collection (Bumby & Maddox, 1999; D'Angelo, 2007; Garvey, 1998; Maschi & Schwalbe, 2012; Purvis *et al.* 2003). All of these studies provided only partial information on how outcomes were accurately measured to minimise bias. Only one study provided sufficient information on the validation of their outcome measures (Maschi & Schwalbe, 2012). There was potential for hindsight bias, social desirability bias and/or collusion with other participants in all of these studies.

Four studies adopted a qualitative methodology, predominantly using thematic analysis as a means of analysing and interpreting the data (Baines & Alder, 1996; Belknap *et al.* 2015; Lea *et al.* 1999). One study used a mixed methods approach, utilising a Grounded Theory methodology (Purvis *et al.* 2003). None of the qualitative studies reported sufficient information on how the researcher's own position might have influenced the research process. Only three papers presented sufficient rationale for the type of methodology utilised in the study (Baines & Alder, 1996; Lea *et al.* 1999; Purvis *et al.* 2003). Only limited information on ethical considerations were presented in these papers.

1.8.6.3 Sample

The majority of papers were deemed to have sufficient numbers of participants for their adopted methodology, although power calculations were not provided in any papers and none of the qualitative papers provided details on saturation. All papers provided information on how and where participants were recruited from, although the depth of this information varied. Some papers merely described the location of recruitment (Baines & Alder, 1996; Garvey, 1998; Vidal & Skeem, 2007), whilst others provided details on the procedures for recruitment (Belknap *et al.* 2015; Bumby & Maddox, 1999; D'Angelo, 2007; Hanson & Slater, 1993; Lea *et al.* 1999; Maschi & Schwalbe, 2012; Purvis *et al.* 2003). Six papers commented on the limitations of the generalisability of their results (Belknap *et al.* 2015; D'Angelo, 2007; Garvey, 1998; Lea *et al.* 1999; Maschi & Schwalbe, 2012).

1.8.6.4 Data Analysis

Data analysis methods were described in all of the included papers. Appropriate statistical methods were used to analyse the results in the experimental studies and estimates of effect sizes were given (Hanson & Slater, 1993; Vidal & Skeem, 2007). Although study limitations were identified in both, there was insufficient information on potential confounders. Two of the quantitative, survey based studies provided descriptive statistics, which was deemed to be partially appropriate for those studies (Bumby & Maddox, 1999; D'Angelo, 2007). Others reported appropriate inferential statistics (Garvey, 1998; Maschi & Schwalbe, 2012; Purvis *et al.* 2003). Only one study described controlling for certain extraneous variables in order to improve internal validity (Maschi & Schwalbe, 2012).

Of the qualitative studies, only two studies provided sufficient data to support their findings (Baines & Alder, 1996; Belknap *et al.* 2015) and one paper provided no details on the process of data analysis (Lea *et al.* 1999). None of the qualitative papers examined how the researcher's own role might have affected the data analysis process.

1.8.6.5 Other Limitations

Although experimental designs are considered a more robust level of evidence, the authors of the two experimental studies acknowledge that the findings are from hypothetical rather than real scenarios, and therefore may not reflect what occurs in real justice settings (D'Angelo, 2007; Vidal & Skeem, 2007).

Many of the studies focused on justice staff's perceptions of and attitudes towards offenders. However, it is acknowledged by some of the authors that attitudes do not necessarily determine an individual's decisions or behaviours. Some participants in these studies may have felt the need to conform to their organisation's philosophy or to provide answers that were deemed to be appropriate (e.g. social desirability bias). The accuracy of many of the survey responses relied on participants' memories, which may have been influenced by recency effects of memorable young people they had worked with (hindsight bias). In addition, it may be difficult for participants to truly articulate what influences their thinking or perceptions of these offenders.

As a result of the above quality analysis, all papers were deemed to be of medium quality using a 50-80% banding.

1.8.7 Narrative Review of Study Findings

This section summarises four main themes that were identified in the findings from the 10 papers included in the systematic review. The findings will be synthesised with consideration made to the limitations in the quality of the papers. It is important to note that none of the studies were deemed to be of high quality. All the papers were rated medium quality and a number of these studies are limited in the degree to which they are generalisable, due to their methodological limitations. Therefore, caution is required when drawing conclusions from these findings.

1.8.7.1 The 'Cycle of Abuse'

Studies found that staff perceived that childhood victimisation, to some extent, explained a person's abusive acts in later life, particularly in relation to the 'cycle of sexual abuse' (Bumby & Maddox, 1999; Hanson & Slater, 1993; Lea *et al.* 1999; Purvis *et al.* 2003). For example, Bumby & Maddox (1999) found that 67.5% of

judges agreed with the statement “one of the main reasons sex offenders abuse others is because they were molested themselves”, suggesting a strong belief in a *causal* relationship between child sexual victimisation and later sexual offending. Hanson & Slater (1993, p.54) found similar results, suggesting that the “transition from abused to abuser has such strong intuitive appeal that it persists despite only limited ... support”. Other studies found that participants judged a variety of early traumatic experiences, such as physical, sexual and emotional abuse, as potential explanations for later sexual offending, as well as many other difficulties, such as drug use, lack of hygiene, sexual activity and difficult relationships (Baines & Alder, 1996; Purvis *et al.* 2003). One study found that some justice staff believe that the abusive behaviours offenders learn in their childhoods are implicitly reinforced by the justice system and wider social norms, such as light sentences, negative stereotypes of women, etc. (Lea *et al.* 1999). However, these papers provided limited information on how their outcomes were accurately measured to minimise bias (Bumby & Maddox, 1999; Hanson & Slater, 1993; Purvis *et al.*, 2003). Therefore, factors such as social desirability bias and hindsight bias might have affected the results obtained. In addition, Lea *et al.*'s (1999) paper provided insufficient information on how their data was analysed and none of these qualitative papers provided sufficient information on the bracketing processes that were used to mitigate the potential impact of the researchers' preconceptions on the research process (Baines & Alder, 1996; Lea *et al.*, 1999; Purvis *et al.*, 2003; Tufford & Newman, 2012). Therefore, it is difficult to determine how the researcher's own interpretations might have affected the data collection and analysis process and consequently, the presentation of their results.

Other potential mechanisms that might further clarify the link between trauma and offending behaviour were identified by participants in only one paper (Belknap *et al.* 2015). In this study, in addition to the cycle of abuse theory, justice workers commented on how some (female) offenders might turn to drugs as a means of escaping from the traumatic experiences and symptoms, and suggested that the substance abuse then leads to later offending behaviour. Belknap *et al.* (2015) also reported that some staff struggled with the “chicken-egg” issue, uncertain as to whether mental illness, trauma or substance abuse came first in a person's life

trajectory. However, it is important to note that Belknap *et al's* (2015) paper provided only limited information on the impact of the researcher's own opinions and perceptions on data collection and analysis and limited data to support their findings, therefore, further investigation is required.

1.8.7.2 The Positive and Negative Impact of Trauma History on Perceptions of Offenders

A number of the studies found that staff's knowledge of an offender's trauma history negatively changed their attitudes and behaviours towards the offender. For example, Baines & Alder (1996) found that female offenders who had a history of abuse were not always viewed sympathetically by workers, who described them as manipulative and challenging. They concluded that an awareness of sexual abuse in this population may be a "double-edged sword". D'Angelo (2007) and Vidal & Skeem (2007) found that youth justice workers perceived young offenders who experienced early traumas as less 'treatable', more dangerous and less likely to adhere to probation conditions. Vidal & Skeem (2007) also found that probation workers were more likely to recommend secure residential placements for these young people. However, the authors suggest that this may be demonstrating workers' concern for the young person's need for safety and rehabilitation, in addition to public protection concerns. A secure placement may be considered a "safe haven" for youths who have experienced abuse at home (Vidal & Skeem, 2007, p. 493).

Some of the studies found that justice staff had more sympathy for young people who had experienced early traumas and, therefore, were more likely to adopt a care-oriented approach, to "go the extra mile" and to refer them for psychological support (Maschi & Schwalbe, 2012; Vidal & Skeem, 2007). Some jurors were also less likely to vote for a death penalty in a murder trial if the offender had a history of abuse (Garvey, 1998). It was argued that some justice staff hold compassionate and informed views about offenders who had experienced traumas (Belknap *et al.* 2015).

It is important to note, however, that Vidal & Skeem's (2007) paper did not provide sufficient information on how participants were recruited, randomised and blinded. Moreover, the majority of these papers provided only limited information on the

validation of their outcome measures and information on how they controlled for extraneous variables in order to improve internal validity (D'Angelo, 2007; Garvey, 1998; Vidal & Skeem, 2007). Baines & Alder (1996) provided insufficient information on the researcher's opinions and perceptions and the data analysis process was judged to be insufficiently rigorous. Therefore, there is a potential for bias within these papers and further research is needed to support their findings.

1.8.7.3 Relationship Difficulties

Four studies found that staff perceived offenders with histories of trauma as more difficult to build relationships with (Baines & Alder, 1996; Belknap *et al.* 2015; Lea *et al.* 1999; Vidal & Skeem, 2007). For example, Vidal & Skeem (2007) found that probation officers were more likely to anticipate difficulties supervising and establishing a good working relationship with young offenders who have been abused compared to their non-abused counterparts. Thirty-nine percent of participants in Lea *et al.*'s (1999) study believed that the difficulties these young people have in developing 'ordinary' relationships is a consequence of their abuse histories, as they felt that such experiences disrupted offenders' opportunity to learn how to relate to other people.

As previously noted, Baines & Alder's (1996) paper, Lea *et al.*'s (1999) paper and Belknap *et al.*'s (2015) paper provided only limited information on the impact of the researcher's own opinions and perceptions on the data collection and analysis process and limited data to support their findings. Vidal & Skeem's (2007) paper provided only limited information on how participants were recruited, randomised and blinded and on how their outcome measures were validated in order to improve internal validity. Therefore, caution is required when drawing conclusions from these results, as there is a risk of bias within these studies.

1.8.7.4 Attributions of Responsibility

A number of studies touched on the subject of attributions of responsibility for crime (Hanson & Slater, 1993; Garvey, 1998; Purvis *et al.* 2003). Although inconsistent, previous research has shown that 'external' attributions for a person's criminal behaviour, which help reduce perceived responsibility for the crime, are considered

to be more acceptable to participants than internal attributions (e.g. Coates & Wade, 2004; Quinsey & Cyr, 1986). Hanson & Slater's (1993) study supported this theory, finding that certain external attributions for crime, such as a history of sexual abuse in childhood, led participants to view an (imagined) sexual offender as more honest, more believable, less responsible and, therefore, less deserving of punishment. In murder cases, Garvey (1998) also found that a third of jurors would assign some mitigating weight to the fact that the defendant had been seriously abused as a child. However, this meant that nearly two thirds would assign it no weight, suggesting that although parental and societal responsibility for shaping a defendant's character played some role in influencing jurors' decisions, individual responsibility played a larger role.

These papers provided only limited information on how their outcomes were accurately measured to minimise bias (Garvey, 1998; Hanson & Slater, 1993; Purvis *et al*, 2003). Within the qualitative component of Purvis *et al*'s (2003) paper, insufficient information was provided on how the researcher's preconceptions were bracketed and how any preconceptions might have affected the data collection and analysis process. Therefore, there is potential for bias within all of these papers.

1.8.8 Summary and Implications

In summary, there is some evidence that justice staff's perceptions are, to some degree, influenced by an offender's history of childhood traumas. However, the results are mixed and the limitations identified within these papers means that no definitive conclusions can be drawn. However, it appeared that some staff drew on well-known but relatively parsimonious models, such as the 'cycle of abuse', to help explain offenders' behaviour. One study showed that staff were able to provide more detailed explanations of the trauma-offending pathway (Belknap *et al*. 2015). Some studies found that histories of abuse in offenders yielded sympathetic, compassionate responses, which created a more care-oriented approach to treatment. Consequently, the need for youth justice systems that adopt a trauma-informed approach to service delivery was recommended (Belknap *et al*. 2015; Maschi & Schwalbe, 2012; Vidal & Skeem, 2007). Other studies found that knowledge of abuse histories led staff to view these offenders as more challenging,

dangerous and 'untreatable', which resulted in more punitive decisions. However, as stated, such results could reflect an underlying belief that these offenders require greater support and long-term input, which is potentially more easily obtained in longer term, secure services. Alternatively, as suggested in Stevenson's (2009) review, confounding factors that often covary with abuse histories, such as chaotic family lifestyles, mental health problems, etc., mean that staff might view these offenders as more challenging, hostile and unpredictable, potentially mediating the link between abuse history and punitive treatment.

Although the papers within this review present interesting findings in relation to staff perceptions of offenders who have been abused, this review highlights the lack of strong evidence in the field. The quality of the study design and reporting within these papers was often low or medium and no studies achieved a 'high' overall quality rating score. The evidence base consists predominantly of non-experimental studies that have a number of limitations (e.g. generalisability, bias, etc.). Therefore, no definitive conclusions can be made regarding the impact that knowledge of trauma histories have on staff perceptions of offenders. However, this review does offer the reader some interesting insights into staff perceptions and identifies a number of areas for future research.

1.8.9 Implications for Future Research

Many of the studies highlighted the lack of research in justice staff's perceptions of offenders who have experienced traumas. It is argued that further research in this field will help improve our understanding of the complexities involved in staff attitudes and behaviours. It will also be important to further examine the types of theories and evidence staff draw on to explain offending behaviour and how such knowledge is integrated into practice. This will help ensure a robust evidence base that can inform current practice. It might also identify additional mechanisms that could be explored in research examining the links between trauma and offending.

The authors of the papers in this review often discussed the need for further research to help generalise their results to other populations, including other offender populations (e.g. male, female, etc.) and other staff populations (e.g. probation

officers, etc.). Some authors also discussed the artificiality of their studies, stressing the need for more 'real world' explorations of staff attitudes, beliefs and behaviours towards these young people. However, many of the studies utilised quantitative survey designs, which restricted the amount and content of the views they were able to obtain. Therefore, further good quality qualitative research could help to provide more detailed, rich data on justice staff perceptions of offenders who have been abused. For example, Belknap *et al's* (2015) study could be replicated with more rigorous data collection and analysis processes and could include more specific questions relating to the impact of knowledge of trauma histories on staff's perceptions. Further experimental quantitative research will be helpful in identifying how knowledge of trauma histories in offenders can affect staff beliefs, attitudes and behaviours towards these offenders. This could be achieved by replicating Maschi & Schwalbe's (2012) study and including a control group of staff who randomly select an index juvenile from their caseloads who do not have a history of trauma. This will help to provide further support to the findings offered by the papers within this review.

Finally, the large majority of studies were conducted in the USA. Due to the differences in health care and legal systems (e.g. firearms and alcohol laws) and possible political and cultural differences, further research in the UK is required.

1.9 STUDY AIMS AND RATIONALE

Child welfare research examining the impact of trauma has, historically, developed very separately to juvenile justice and criminology research (Bender, 2010). Developmental theorists have argued that the study of offending behaviour has become "a collection of studies rather than a coherent discipline" (Dodge & Petit, 2003). As a result, a diverse array of factors in both the welfare and justice fields continue to be examined without adequate integration or theoretical direction (Maschi *et al.* 2008). Although a significant number of studies have demonstrated a link between complex trauma and offending behaviour, many of them have methodological weaknesses and only a few of these have examined the potential mechanisms that account for this link (Malvaso *et al.* 2015). Research in this field is still in its infancy and many questions remain unanswered.

YOT staff are in a privileged position to work closely with this vulnerable group of young people, which may allow them to gain a unique insight into their lives and shed new light on the trauma-offending pathway. They also have the ability to significantly influence that young person's future. Therefore, an understanding of their perceptions of this cohort is crucial. To the best of the researcher's knowledge, no studies have adopted a qualitative methodology to explore YOT staff perceptions of the links between complex trauma and offending behaviour. A qualitative approach might identify issues that have escaped the confines of quantitative methods. Therefore, the main aims of this study are:

- a. To gain a rich and detailed understanding of YOT staff's knowledge and perceptions of the mechanisms that link trauma and offending behaviour in the youth justice population.
- b. To identify how YOT staff have made sense of this complex field and whether their current knowledge of trauma-offending pathways matches the existing evidence base.
- c. To identify and explore whether staff have developed any misperceptions about potential trauma-offending pathways.

It is hoped that these findings will enhance our understanding of staff's perceptions of the mechanisms through which trauma can affect offending behaviour. This can help contribute to our understanding of those youths who are potentially more at risk of engaging in offending behaviour. It can also help to inform future research, as well as staff training needs, and provide vital information to help foster a more psychological, trauma-informed approach to working with young offenders who have experienced a trauma.

2 CHAPTER TWO: METHODOLOGY

2.1 Overview of the Chapter

This chapter will present details of the methods used to conduct this research project and help ensure the credibility of the data. A qualitative methodological approach was utilised in this research project. The principles of the qualitative methodology 'Constructivist Grounded Theory' were used to guide the collection and analysis of data gathered from semi-structured interviews with 10 YOT workers from three YOTs in a region of South Wales and the findings were thematically analysed to identify themes and categories. This chapter will outline the rationale for adopting this methodology.

2.2 QUALITATIVE RESEARCH

2.2.1.1 Qualitative Research Paradigm

The term 'qualitative research' refers to both the techniques used to collect and analyse data and the wider framework or paradigm used for conducting such research. Qualitative research is considered to have different ontological, epistemological and methodological assumptions to quantitative research.

2.2.1.2 Ontology

Ontology, a branch of philosophy and metaphysics, refers to the beliefs about the world and what can be known about it (Willig, 2013). If adopting an ontological position of 'Realism', one believes that there is one external reality that exists independently of a person. Conversely, the position of 'Relativism' suggests that realities are multiple and constantly changing because they are socially constructed (Guba & Lincoln, 1994; Snape & Spencer, 2003).

2.2.1.3 Epistemology

Linked closely to ontology is 'epistemology', a branch of philosophy concerned with the theory of knowledge, which examines 'how' and 'what' we can know (Willig, 2001). The epistemological framework of 'Positivism' (objectivism) suggests that reality is fixed and directly measurable and, therefore, aims to remove all contextual factors in order to observe and understand the phenomena under study. Conversely, 'Constructionism' (subjectivism) suggests that because reality is socially constructed

and multiple it can only be accessed via the human mind (Crotty, 1998; Guba & Lincoln, 1994; Snape & Spencer, 2003).

2.2.1.4 Methods and Methodology

'Methods' are the tools and techniques researchers use to collect data. 'Methodology', a theoretical perspective, links our philosophical standpoint and the methods we use to collect data (Willig, 2013).

2.2.2 Qualitative Methodologies

Quantitative research stresses the need for objectivity and generalisability and assumes the existence of an external world that can be measured and analysed by passive observers in an unbiased way (Rubin & Rubin, 2011). Although it can be difficult to define 'qualitative methodology' due to its multiplicity and heterogeneity, qualitative methodologies are generally considered to involve inductive research processes that reject the positivist epistemology (Henwood & Pigeon, 1994; Rubin & Rubin, 2011).

Qualitative research often adopts the view that reality is potentially multiple and constantly changing and such realities can only be indirectly understood through the interpretations of people (Denzin & Lincoln, 1994). Therefore, qualitative research aims to capture individual experiences and searches for meanings and understanding, rather than examining universal laws of cause and effect, as in quantitative methods. Qualitative methodologies aim to achieve this by analysing words instead of numbers, as language allows access rich or 'thick' data (Willig, 2013). Qualitative methodologies frequently acknowledge that research is a subjective process and the experiences, histories and assumptions that a researcher brings to the process are valued. It can be argued that qualitative research is also a more 'naturally' occurring data collection method, which tries to make sense of data in the context from which it came (Silverman, 2000).

Due to the focus on human experiences and meaning making, it is argued that qualitative research is better able to examine the complexities and subtleties of human experience that quantitative methodologies can miss (Hersen, 2009). This

helps to address the important question of 'why' rather than 'how much' and 'when', as in quantitative research. Therefore, in qualitative research, data is usually gathered from fewer participants because of the need to focus on experiences rather than numbers.

However, qualitative researchers face ongoing criticisms that their methodologies are unsystematic and anecdotal and, therefore, the generalisability of their findings is limited. Qualitative researchers have also countered criticisms that the quality of qualitative research is highly dependent on the skills and knowledge of the researcher and the process of data collection and analysis is highly susceptible to researcher bias (Denzin, 2009; Norris, 1997).

2.2.2.1 Thematic Analysis

Thematic analysis (TA) is a qualitative method used to collect, analyse and report patterns or 'themes' within data (Braun & Clarke, 2006). TA predominantly organises and describes data in rich detail but sometimes goes beyond this, offering interpretations of the data (Braun & Clarke, 2006). TA is a flexible and useful research methodology and it has been argued that it is compatible with many other essentialist and constructionist paradigms, such as Grounded Theory (Braun & Clarke, 2006). Although TA has a number of advantages, especially for novice qualitative researchers, it is argued that TAs' flexibility and broadness mean that it can be interpreted in a variety of ways, which make it difficult to identify which aspects of the data to focus on (Braun & Clarke, 2006; Guest *et al.* 2012). Therefore, combining TA with the principles from other methodologies, such as Grounded Theory, can offer a more structured, systematic means of collecting and analysing data (Chapman *et al.* 2015; Charmaz, 2006; Curtis & Curtis, 2011).

2.2.2.2 Grounded Theory

In order to counter some of the criticisms of qualitative research, Glaser and Strauss developed the qualitative methodology 'Grounded Theory' (Glaser & Strauss, 1967). This approach was considered to offer a more systematic yet flexible guide to collecting and analysing qualitative data (Charmaz, 2006). According to Glaser, it is important to understand Grounded Theory as a package of research methods, which includes "...data collection, coding and analysing through memoing, theoretical

sampling and sorting to writing, using the constant comparative method" (Glaser 1998, p.12).

2.2.2.3 Constructivist Grounded Theory

Since the 1960's, a number of variations of Grounded Theory have been developed and debated. Unlike classic Grounded Theory, recent developments adopt a 'constructivist' position (Mills *et al.* 2008). The 'Constructivist' research paradigm adopts the view that no single objective reality exists and, instead, asserts that "realities are social constructions of the mind, and that there exist as many such constructions as there are individuals" (Guba & Lincoln, 1989, p.43). 'Constructivist Grounded Theory', pioneered by Kathy Charmaz (2000), emphasises the active role of the researcher in the data collection and analysis process. Charmaz asserts that the researcher and participant co-construct the data in their interactions, which, consequently, impacts on the "meanings that the researcher observes and defines" (Charmaz, 1995, p.35). Therefore, it is important in Constructivist Grounded Theory for researchers to outline their personal and professional backgrounds and experiences in order to help the reader to understand how the researcher may have impacted on the construction and analysis of the data (Charmaz, 2006).

2.2.3 Rationale for Adopting Thematic Analysis drawing on Constructivist Grounded Theory Principles

The primary aim of this study is to explore the perceptions of individual workers within the YOS to try to gain new understandings and insights into their perceptions of the links between trauma and offending behaviour. A qualitative, constructivist approach to data collection and analysis will help provide rich, co-constructed data and allow for a more detailed exploration of staff perceptions in this field. This study also aims to help begin a process of conceptualisation in an area where little is currently known, as opposed to testing out hypotheses based on existing theory. (Hussein *et al.* 2014). Therefore, a number of key Grounded Theory principles will be drawn on in order to complement the thematic analysis. These key principles include theoretical sampling, memo-writing, coding and constant comparison.

2.2.4 Quality Assurance

As with all methodological approaches, it is acknowledged that thematic analysis is open to the possibility of error (Elliot & Lazenbatt, 2005). For example, the researcher might misinterpret the data, thus threatening the accuracy of the emerging themes. In quantitative research, explicit assessment criteria, which are accepted standards for 'best research practice', are used to help judge whether a piece of research is of good quality, such as the criteria of validity and reliability. However, there is continuing debate surrounding the use of 'criteria' to assess the quality of qualitative research (Hammersley, 2007). For example, Smith (1984) suggests that assessment criteria are incompatible with the basic philosophical assumptions of qualitative research. However, Elliott *et al.* (1999) state that criteria that help to assess how well research questions are answered can help legitimise qualitative research, ensure the ongoing quality of the research and provide a more effective way of reviewing studies. Therefore, after analysing numerous sources, they published a set of seven principles which can be used to guide quality assessment in qualitative research. These criteria are presented below with details on how each criterion has been addressed by the Researcher:

a. Owning One's Perspective

This criterion states that authors should present their theoretical orientations and personal values, assumptions and biases prior to and during the research process. This helps readers to understand the researcher and how their beliefs, values and experiences may have impacted on their interpretations of the data.

Details about the researcher's and supervisors' positions, values, assumptions and interests can be found on p.52. The researcher also kept a reflective diary throughout the research process in order to allow emerging thoughts, ideas and assumptions about the research to be available to readers (see Appendix Twelve, p.202 for reflective diary excerpts). In addition, the issue of subjectivity is addressed in Grounded Theory through the research method of 'memoing' (Elliott & Lazenbatt, 2005). Memoing helps control distortions during analysis by helping to highlight the researcher's personal biases and assumptions and therefore enables the interpretative process to become more transparent (Elliott & Lazenbatt, 2005).

b. Situating the Sample

The authors should provide relevant details about the participants in order to help the reader understand the situations in which the data was gathered and how these findings might be relevant to other contexts. Relevant demographic information, such as professional background and length of service, relating to the participants in the qualitative interviews is provided in section 2.2.9.4, p.61.

c. Grounding in examples

Examples of quotes from interviews should be provided to help illustrate how the data was analysed and how any subsequent conclusions and theories were derived as a result. Example quotes help the reader understand the fit between the data and the researcher's interpretations and also allows the reader to explore possible alternatives.

Excerpts from all transcripts are provided throughout the Results chapter.

d. Providing credibility checks

Researchers can use a number of methods to help them assess the credibility of emerging categories and themes, such as checking interpretations with the original participants, multiple analysts, 'triangulation' etc. (Elliott *et al.* 1999). In this study, the Clinical and Academic Supervisors and a fellow trainee reviewed the categories, themes and interpretations in order to provide an extra layer of scrutiny. In addition, the final diagrammatic and narrative summary of the key themes and categories were sent to one of the original participants who expressed a keen interest in viewing the developing themes.

In addition, the Grounded Theory approach itself has a number of intrinsic credibility checks, such as theoretical sampling and constant comparative analyses (Elliott & Lazenbatt, 2005; Silverman, 1993). These methods help the researcher identify and scrutinise emerging concepts with new participants as well as helping to obtain greater richness and depth in the data (Charmaz, 2006).

e. Coherence

This principle suggests that interpretations of the data should be presented in a way that ensures it is coherent to the reader and provides a 'data-based narrative' (Elliott *et al.* 1999, p.223). However, variations in the data should be preserved.

A coherent, integrated account of staff perceptions of the links between trauma and offending behaviour is presented in a narrative and diagrammatic form in the 'Results' chapter (p.67). Variations and differences among participants are also highlighted. The researcher also presented the final diagrammatic representation of the themes and categories to a Forensic Clinical Psychologist and Social Worker, who both work in this field, to identify whether they considered the themes to reflect their clinical practice.

f. Accomplishing general vs. specific research tasks

This principle suggests that the researcher should outline when and where the research is intended to offer a *general* understanding of the phenomena under study, using a range of informants or a more *specific* account, focusing on a few instances or a single case. Any limitations of the generalisability of results should be identified (Elliott *et al.* 1999).

This study ultimately aims to provide a general account of staff perceptions of the link between complex trauma and offending behaviour in the youth justice population. However, specific accounts and variations in the data were analysed and incorporated into the final results section. The results from the qualitative interviews can only be extrapolated within the YOTs involved in this study. Although the findings may be of relevance to other YOTs across the UK, they cannot be generalised directly to other teams due to the limited sample size and geographical spread of the participants involved. Further information on such limitations will be discussed in the 'Discussion' chapter (p.117).

g. Resonating with readers

This principle suggests that the findings presented in a study should accurately represent the subject matter and resonate with the reader by expanding their

understanding and appreciation of the field. As far as possible, the aim of this study was to accurately represent YOT staff perceptions of the link between trauma and offending behaviour and to help expand readers' understanding of this field. The Academic and Clinical Supervisors read each chapter to ensure that interpretations were an accurate representation of the subject matter and resonated with them clinically, professionally and personally.

2.2.5 Subjectivity and Reflexivity

Qualitative researchers acknowledge that data collection and analysis are grounded in 'subjectivity' (Morrow, 2005). However, qualitative researchers sometimes work to limit the influence of subjectivity by making their assumptions and biases explicit (Morrow, 2005). This involves becoming 'reflexive', meaning that the researcher takes steps to help them become aware of how and when their experiences and beliefs may impact on the research process (Alvesson & Skoldberg, 2000). In order to help support the researcher's reflexivity, a reflective journal was kept and memos were created throughout the data analysis stage, which helped the researcher explore their existing and emerging opinions and ideas throughout the research process (See Appendix Twelve, p.202 and Appendix Thirteen, p.203). In addition, Results chapter was reviewed by the Academic and Clinical Supervisors to help reduce potential biases in the write-up of the data, such as an over-representation of one participant's views (Ahern, 1999).

2.2.6 Researcher's and Supervisors' Positions

In addition to keeping a diary and writing memos, it is considered important for the researcher to provide the reader with details on their own experiences and beliefs in order to help them identify the potential impact these might have on the interpretation and synthesis of the data:

a. Researcher

This research was conducted by a white, English, female Trainee Clinical Psychologist as part of her Doctorate in Clinical Psychology. The researcher has not worked within YOS before and has had little experience working more generally with

young people. However, she has previous experience in the trauma field, working on Post-Traumatic Stress Disorder (PTSD) quantitative research projects in Cardiff. In addition, she also worked for the third sector organisation 'Victim Support', which involved supporting victims of crime. In some situations during this work, the Researcher noticed the difficulties individuals and organisations had in drawing distinctions between victims and perpetrators. She also noticed the complexities involved in the criminal justice system and the issues staff experience in balancing welfare and justice responsibilities. The Researcher also noticed how experiences of trauma can impact on individuals in very different ways, including influencing people's mental health, desire for revenge and increased anger, as well as improving people's resilience and capacity for forgiveness.

The Researchers' interest and enthusiasm for helping improve our understanding of the impact of traumatic events led her to pursue this research topic. She is keen to expand her understanding of trauma and has a particular interest in supporting the welfare needs of people who have been affected by traumatic events. These experiences and interests may affect the impartiality of the researcher.

b. The Academic Supervisor

The Academic Supervisor for the project is a white, male, Consultant Clinical Psychologist in his sixties who worked as the Clinical Research Director for the South Wales Doctoral Training Programme in Clinical Psychology, a post he had held for twelve years. His clinical experience is mostly in the adult mental health field and he has not worked with young offenders. He has supervised over 60 doctorates across a wide range of topics and has examined a similar number (these include both clinical doctorates and PhDs). His own research has covered a broad field and has included violent offending and family dynamics. This research, and the research supervision, has employed qualitative and quantitative methodologies in approximately equal measure.

c. The Clinical Supervisor

The gatekeeper for this project was the Clinical Supervisor for the research. The Clinical Psychologist works within the tier three forensic CAMHS service. They meet

with the team on a monthly basis to provide consultation and formulation input. The Clinical Supervisor was interested in learning more about the service context to inform her consultations and future service development. She was aware of the commonly held perception within the teams that there is a link between trauma and offending, but also aware of the dearth of robust research on this topic. The Clinical Supervisor has been trained and supervised in models of attachment and trauma, and takes a social constructivist view of distress and difficulties, which may have influenced her interpretation of the data, as well as the researcher's interpretation and understanding of the data and the service context.

The Clinical Supervisor provided an introduction to the team managers who supported access to the participants. Participants were recruited via email, and it is unclear what influence the team managers had on who volunteered to take part in the research. Therefore, there is potential for selection bias in the sample of participants (Ahern, 1999).

2.2.7 Qualitative Research Design

2.2.7.1 Overview

A qualitative research design was adopted to help explore staff perceptions of the link between complex trauma and offending behaviour in the youth justice population. The researcher conducted semi-structured interviews with 10 YOT workers across three YOTs in a region of South Wales. Participants who expressed interest in the field were invited to take part in a one-hour interview with the researcher at a location of their choice. A semi-structured interview schedule was developed and used to guide the interview process, although the participants were free to direct the interview. The interviews were recorded and transcribed by the researcher. The transcripts were thematically analysed, drawing on Constructivist Grounded Theory principles (Braun & Clarke, 2006; Charmaz, 2006).

2.2.7.2 Service Context

Each local authority in England and Wales has a local Youth Offending Team (YOT). Each YOT consists of workers from social services, police, education, probation,

housing and health. In the particular area of study, there is one day a week of Clinical Psychology input across three YOTs. The local health board also funds a full time Clinical Nurse Specialist post for each YOT. This comprehensive team of specialist staff conduct assessments and support young people who have offended or are at risk of offending.

Within each YOT there are case managers and support workers, as well as specialist posts. Case managers manage their own caseloads of young people who have offended and maintain case responsibility for these young people. They complete the initial assessments and provide on-going support and input to all young offenders. Other specialist posts, such as 'Intensive Supervision and Surveillance' workers, also provide intensive assessment and support to young people who have offended, although they do not hold overall case responsibility.

In the YOTs used for recruitment in this study, each team had one YOT manager and 2-3 service managers who report to the YOT manager. Each service manager manages different areas and teams. Although the YOT managers are overseen by the Head of Children's Services in each Local Authority, each manager can act autonomously. Therefore, these managers were able to give permission for their staff to be involved in this research project (See Appendix Six, p.190).

2.2.7.3 Definition of Complex Trauma

After a literature search was completed, it was agreed with the supervisors that there was no existing clear, concise and consistent definition of 'Complex Trauma' that could be used within this study. Much of the literature discussed Complex PTSD, 'Dissociative subtype' PTSD or 'Type II' PTSD, which outlined the types of adverse events (e.g. child sexual abuse) and the types of responses (e.g. PTSD symptoms) people might experience (e.g. APA, 2015; Ford & Courtis, 2009; WHO, 1993). However, after discussion with the supervisors, it was agreed that, for the purposes of this study, the definition had to describe the types of *traumatic events* or *stressors* that children might experience that could reasonably fall within the umbrella term 'Complex Trauma'. Details of the types of *responses* or *sequelae* to such events (e.g. mental illness, violence, etc.) would not be included as offending behaviour is

viewed as one of many potential responses to trauma, and, therefore, forms part of the rationale for this study. In addition, it was agreed that the YOT workers may not always know whether the young person had a diagnosis of PTSD or other difficulties as a result of the trauma. However, they would often be aware of the types of adverse childhood events that the young person had experienced after completing the Asset assessments.

The literature did not appear to outline any consistent and concise 'Complex Trauma' criteria that focussed purely on the types of adverse events/stressors. Therefore, utilising criteria identified from multiple sources (see Appendix Two, p.182 for example definitions) the researcher developed her own definition, which could be utilised in this study. It was noted that the development of this definition touched on a number of current key issues within the traumatic stress literature, including the ongoing debate around the use of specific *events* versus *responses* to define a diagnosis of PTSD (Brewin *et al.* 2013; Cloitre *et al.* 2013; Friedman, 2014; Roberts *et al.*, 2012).

Once a definition had been developed, it was emailed to the Psychology team in the local Child and Family Psychology Service. It was also circulated to three other Psychologists who specialise in the trauma and forensic fields to elicit their feedback. The recommendations from Psychologists were integrated, where possible, and a final definition was agreed upon with the supervisors (See Appendix Two, p.182 for final definition). The final definition was considered adequate at providing enough detail to define the concept of 'Complex Trauma', without providing too much detail, which might confuse participants.

2.2.7.4 Interview Schedule Construction

The interviews in this project utilised a semi-structured approach, using stem questions to guide the process (see Appendix Five, p.187 for full interview schedule). These interview questions were developed using the literature base and via a number of avenues of consultation. After the researcher developed the initial interview schedule, it was then discussed and agreed with the Clinical and Academic Supervisors. This revised copy of the schedule was then emailed to the

representative on the YJB, a Trainee Forensic Psychologist and a Clinical Psychologist within the Forensic CAMHS team.

The interview schedule was used as a guide but participants were able to steer the direction of the interview, as the Grounded Theory approach suggests that interviews should be guided by the participants (Glaser & Strauss, 1967). This flexible approach reduces potential researcher bias and also helps remain true to the participant's experiences and understanding of the topic (Legard *et al.* 2003). A key aspect of the Constructivist Grounded Theory approach is the adaptation of questions during the process as a result of constant comparative analysis (Charmaz, 2006). Therefore, the interview schedule was amended throughout the study in order to reflect this process (see Appendix Five, p.187 for interview questions and revisions).

2.2.7.5 Service User Involvement

The interview schedule, draft survey and a poster summarising the research project were sent to the 'Media Academy Cardiff' (MAC). MAC are a not for profit voluntary organisation who support children and young people not in traditional forms of education and/or who are at risk of entering the criminal justice system. The information was sent to two youth panels in the organisation. After discussion, the panels informed the Researcher that they were not able to comment on the research proposal as they did not feel the subject matter was familiar or of enough relevance to them. They suggested that the information should be circulated to staff members who work in the field. As a result, the information was discussed in a Forensic CAMHS team to gain additional feedback.

2.2.8 Research Governance

2.2.8.1 Ethical Approval

This research project did not aim to recruit participants from the National Health Service (NHS), therefore, the researcher did not have to obtain ethical approval from the National Research Ethics Service (NRES). The researcher discussed research governance processes with the YJB representative, who confirmed that no official approvals process was in place within the Youth Justice system. However, YOT

manager support and permission would be required to proceed. The researcher sought permission from each YOT manager prior to approaching any staff within the YOTs.

The researcher submitted this study to the Cardiff University School of Psychology Research Ethics Committee to obtain ethical approval. The research proposal was submitted to the school ethics committee on the 27th January 2015. The ethics committee identified the following issues and after revisions were made, ethical approval was granted on 24th March 2015 (study reference EC.15.02.10.4074R, see Appendix Seven, p.192):

a. Concern over the identification of young people during the interviews:

Following this feedback, a letter was circulated to YOT managers highlighting that staff will be asked to discuss cases in general terms and withhold specific details of cases to ensure any information presented is anonymous. This was added to the information sheet and the following sentence was included in the interview schedule:

“Please ensure that during this interview any information about specific cases is discussed in general, so that no-one can be recognised by mentioning specific facts, such as the date and area of the offence, victims involved etc”

It was also made clear that if a participant began to share information that the interviewer believed could threaten a person’s anonymity, the interviewer would ask the participant to stop and request that they discuss information more generally. Supervision would also be used to help scrutinise transcripts of interviews to ensure that no information presented in the write-up could lead to identification.

b. How will the data be held? How can participants withdraw?

Following this feedback, the Ethics Committee were informed that in the qualitative interviews each participant would be assigned a participant code and pseudonyms would be used throughout the write-up. Participant codes would be stored separately to participants’ real names and used in any necessary correspondence. Only the Principal Researcher would have access to both participants’ names and codes. If a participant wished to withdraw, they were advised to contact the researcher or

supervisors using their participant code, which could then be used by the Principal Researcher to track and withdraw their data.

c. Request for a Gatekeeper Letter

The Ethics Committee requested a copy of the gatekeeper letter and a response from the YOT managers to confirm their support for the study (see Appendix Six, p.190).

2.2.8.2 Consent and Confidentiality

Upon receipt of expressions of interest in the research from YOT staff, the researcher emailed participants' information and consent forms (see Appendices Eight, Nine and Ten, p.193-200 for information sheets, consent forms and debrief information). The information sheet outlined the study in more detail, provided them with information on risks, benefits and confidentiality, detailed the research process and highlighted how they could withdraw at a later date. Prior to starting the interviews, issues regarding confidentiality and consent were explained to the participants again and they were assured that information would remain anonymous in the write-up.

To ensure that confidentiality was preserved, all participants were assigned pseudonyms, which were used throughout the final write-up (see Table 2.1, p.61). The names of the teams are given as YOT A, B and C and neither participants nor teams are referred to in the order in which the interviews took place. Any personal identifiable information (e.g. client information, teams, locations, etc.) was removed from the final transcriptions.

2.2.9 Participants

Ten participants were recruited from YOTs in three different local authority areas in South Wales.

2.2.9.1 Inclusion Criteria:

YOT workers were allowed to participate in this study if they had worked for the YOS for over 18 months and held their own caseloads. YOT workers could come from a

variety of professional backgrounds, such as social work, probation, police and youth work.

2.2.9.2 Exclusion Criteria:

YOT workers who did not hold their own caseloads were not allowed to take part (e.g. support staff). In addition, it was agreed that no psychologists or service managers should take part in this study. This is predominantly because psychologists and service managers do not hold their own caseloads and do not work with the young people as closely as case managers and specialist staff. In addition, it was agreed that psychologists might approach the interview questions in a very different way, because of their training and knowledge on the impact of trauma. It was considered to be more relevant and valuable to gather views from 'generic' YOT staff who were not specially trained in this field.

2.2.9.3 Theoretical Sampling

Charmaz (2006) describes 'theoretical sampling' as a Grounded Theory strategy that helps the researcher refine the emerging themes by sampling new participants who might help develop the properties of identified categories until no new properties emerge. This sampling strategy was adopted in this research project. Initial interviews were conducted with social workers from YOTs. Initial analysis began to identify categories relating to biological, psychological and social factors. The social workers were able to provide rich data in relation to the social factors, potentially because of their professional training. Therefore, participants with different backgrounds (e.g. probation, youth work) were later selected in order to help further develop other categories and refine the emerging themes.

2.2.9.4 Demographic Information

Ten YOT workers from three teams, who met the inclusion and exclusion criteria, were interviewed in total. There was a relatively even spread of participants across the teams. Table 2.1 provides information on the ten participants who took part in this study. The majority of the participants were female (70%) and had a social work background (60%). The remaining participants had professional backgrounds in youth work and probation. The mean number of years' experience in YOS was 10

years. YOTs A and B are located in semi-urban areas and YOT C is located in an urban area in South Wales.

Table 2.1: Demographic information for the workers who participated in the qualitative interviews.

Participant	Pseudonym	Gender	Job role	Professional Background	YOT
1	Mark	Male	Senior YOT Officer	Social Work	B
2	Jane	Female	Senior YOT Officer	Probation	B
3	Susan	Female	Restorative Approach Worker	Social Work	A
4	Angela	Female	Senior YOT Officer	Social Work	C
5	Andrew	Male	Senior YOT Officer	Social Work	B
6	Emily	Female	Senior YOT Officer	Probation	A
7	Leah	Female	Reducing Offending with Looked after Children Officer	Youth work	C
8	Lucy	Female	Diversion Officer	Youth work	B
9	Daniel	Male	Senior YOT Officer	Social Work	A
10	Claire	Female	Senior YOT Officer	Social Work	C

2.2.10 Procedure

2.2.10.1 Recruitment

The researcher initially attended the Forensic CAMHS Team meeting to promote the study, answer questions and gain feedback. Representatives in that meeting (service managers, clinical nurse specialists, etc.) then informed their YOT managers that the researcher would contact them to ask for permission to approach staff members within their teams. After gaining consent to approach staff from the YOT managers, the service managers were then approached and all agreed to support recruitment within their teams. The researcher emailed or met with all nine service managers, who agreed to circulate a recruitment poster among their staff to help promote the study. Staff who were interested in the study then emailed expressions of interest to the researcher directly or via their managers. All participants were then contacted by email or phone by the researcher and provided with an information sheet and consent form. Dates and locations of the interviews were arranged with the staff members at their convenience.

2.2.10.2 Interview Procedure

All participants requested to be interviewed in a private room at their work base. However, the researcher offered alternative locations should they wish to be interviewed elsewhere. The researcher tried to ensure the rooms were private and the interviews were not interrupted. However, being interviewed at their place of work may have increased participants' concerns regarding confidentiality.

Prior to starting the interview, the researcher discussed the information sheet, answered any questions and asked participants to sign the consent form if they agreed to proceed. The researcher spent some time talking to the participants prior to starting the recording, which helped to put participants at ease and minimise any preconceptions around power imbalances in the interview. The researcher informed participants that she had not worked in the YOS but was interested in the field and their views on the research topic. A detailed definition of complex trauma was then discussed with participants to ensure that they understood the focus of the interview. A diagram was constructed after interview one to help the researcher communicate the need to focus on mechanisms that might explain the link between trauma and offending (See Appendix Eleven, p.201 for diagram aid). Participants were also asked to estimate what percentage of their caseload of young people they believed had experienced a complex trauma. This rating was often referred to within the interview to help participants consider potential differences between young people who had experienced a complex trauma with those who had not.

Initial questions were general, asking participants about their professional background and experience in the YOS. Questions more specifically relating to the research topic were then explored. Prompt questions, such as "can you tell me more about that?" were used to explore participants' views in more depth. Finally, participants were asked if they had any other general comments to add. The interview was then concluded and the participants were debriefed. Any issues that were raised for the participants were discussed and information on supervisors' contact details were provided to the participant.

Interviews took place between May 2015 and October 2015. The interviews ranged from 58 minutes to 94 minutes with a mean interview time of 72 minutes. An intensive interviewing process was used with all participants to help identify their theories and opinions relating to the links between trauma and offending (Seidman, 2013). The researcher used their active listening skills to help gain rapport with the participants (Rogers, 1959). This helped participants explore difficult topics and it is hoped that it improved participants' willingness to be open and honest about some of their perceptions and, arguably, controversial judgements relating to this client group. The researcher paid close attention to verbal and non-verbal communications throughout the interview. The researcher also asked for clarification when they were unsure of certain words, phrases and acronyms used by the participants. This helped to identify potential areas for further exploration.

2.2.10.3 Data Management

Two digital Dictaphones were used to record all of the interviews. The Researcher then transcribed these recordings verbatim using 'ExpressScribe' software. If the researcher believed that a third party might be identified through the transcriptions (e.g. through the use of their gender, crime details etc.), then gender-neutral terms were utilised and other identifiable information was either changed or removed. Transcriptions were transferred to a USB and stored securely in a locked cabinet.

The researcher used Microsoft Word and Excel as data management tools and to aid the coding process (See Appendix Thirteen, p.203 for coding examples). WEFT-QDA, a computer-assisted qualitative data analysis software package, was also used to help with the initial categorisation of transcripts. The researcher then used Microsoft Word to collate all the data in the final stages.

2.2.11 Data Analysis

2.2.11.1 Transcription

All recordings were transcribed within one week of each interview. The researcher did not utilise any automatic transcription software and did not pay for someone else to transcribe the material. This helped ensure confidentiality and allowed the researcher to become immersed in the data (Charmaz, 2003). This process also

helped the researcher to begin forming ideas on categorisation by constantly comparing and contrasting each recording, following Grounded Theory principles (Charmaz, 2006).

2.2.11.2 Constructivist Grounded Theory Analysis Principles

The key principles of Grounded Theory, including coding, memo-writing, categorisation and comparative analysis, were utilised in the analysis of all transcriptions (Charmaz, 2006; Glaser & Strauss, 1967):

a. Coding:

Coding is a key process in Grounded Theory used by researchers to help define what they see in the data (Charmaz, 2006). Whilst reading through the transcripts, the researcher placed codes next to sections of the transcript in order to encapsulate what is being communicated in that piece of data (See Appendix Thirteen, p.203 for coding examples). The researcher coded using the words of the participants, which helped preserve the data's authenticity (Willig, 2013). These codes 'emerged' from the data and helped the researcher identify new leads, ideas and questions.

b. Memo-writing:

Charmaz (2006, p.72) considers 'memo-writing' as a "pivotal intermediate step between data collection and writing draft papers". During the line-by-line analysis, coding and categorisation of data, the researcher wrote memos when they had a reflection, idea or query relating to the data. These memos were used to help improve reflexivity, inform future interviews and facilitate the coding and categorisation process (See Appendix Thirteen, p.203 for example memo).

c. Constant Comparison:

Grounded Theory utilises a constant comparative method of data analysis (Glaser & Strauss, 1967). In order to help make analytic distinctions, the researcher constantly moved between the coding and categorisation phases comparing each level of analytic work. Statements and codes within and across transcripts were constantly compared to help identify and explore emerging themes and patterns (Glaser & Strauss, 1967). This process involved listening to recordings and reading transcripts numerous times to become 'immersed' in the data (Charmaz, 2003). Tentative

emerging categories and themes were identified and used to inform subsequent interviews. This constant comparative process helped ensure any emerging themes remained grounded in the data and also helped the researcher identify variations in participants' responses. Negative case analysis, a "process of revising hypotheses with hindsight" was used to help identify and account for exceptions to the emerging categories and themes (Lincoln & Guba, 1985, p.309).

d. Category Formation:

In Grounded Theory, 'categorisation' is an analytical step that involves identifying and grouping codes that the researcher believes have specific significance and potentially indicate certain patterns or themes in the data (Charmaz, 2006). This helps raise the analytical process from a descriptive to a more abstract level. This process was based on the researcher's perceptions of the frequency and/or significance of the concepts.

e. Triangulation

"Investigator triangulation" was used throughout the data collection and analysis stages, whereby the emerging ideas, themes and potential categories were discussed with the Academic and Clinical Supervisors (Guion *et al.* 2011). A fellow trainee, a clinical psychologist and a social worker who were independent of the research project, and one of the YOT workers who participated in the interviews, were invited to comment on the emerging themes and categories to help assess the credibility and 'fit' of these themes.

f. Saturation

Charmaz (2006, p.189) states that theoretical saturation refers to the "point at which gathering more data about a theoretical category reveals no new properties nor yields any further theoretical insights... ". This is not the same as observing repetition in data, rather continuing until no new properties of the patterns/concepts emerge (Glaser, 2001). The Researcher discussed the emerging patterns and themes with the supervisors and a decision to cease data collection was made after interview 10, when it appeared that no new properties were emerging.

3 CHAPTER THREE: RESULTS

3.1 Overview of the Chapter

This chapter presents the key themes identified in the data obtained from 10 interviews with Youth Offending Team (YOT) workers. Quotes are presented to further illustrate the main themes, core categories, categories and sub-categories identified in the data.

3.2 QUALITATIVE RESEARCH

Semi-structured interviews were completed with 10 YOT workers in one region of South Wales. Analysis of the data, drawing on Constructivist Grounded Theory principles, identified three key themes, 10 core categories, 16 categories and 43 sub-categories. For ease of reading, **THEMES** are highlighted in capitals, underlined and in bold lettering; **CORE CATEGORIES** are in bold capitals; CATEGORIES are in capitals and sub-categories are underlined in lower case italics.

It is important to note that all quotes presented in this chapter relate to participants' discussions concerning young people who have experienced complex trauma. Any general comments about the youth justice population, including those who have not experienced trauma, have been excluded, unless they are deemed relevant to the research question (e.g. when making comparisons between trauma-exposed and non-trauma exposed young offenders).

3.2.1 A Narrative Overview of the Themes

3.2.1.1 THEME ONE: STAFF'S BELIEFS ABOUT THE MECHANISMS LINKING TRAUMA AND OFFENDING

This theme relates to potential mechanisms that participants believed helped to explain the link between complex trauma and offending behaviour in the Youth Justice population. These factors fall into five core categories, **THE STRENGTH OF THE RELATIONSHIP, BIOLOGICAL, PSYCHOLOGICAL** and **SOCIAL** factors and **SUBSTANCE MISUSE**. Each core category includes a number of categories and sub-categories:

a. **THE STRENGTH OF THE RELATIONSHIP:**

This core category relates to participants descriptions of the strength of the relationship between experiences of complex trauma and later engagement in offending behaviour.

b. **BIOLOGICAL:** This core category has one category:

i. ATYPICAL VERSUS TYPICAL DEVELOPMENT:

This category presents participants' perceptions of the developmental trajectory of young people who have experienced a trauma. This includes the impact of trauma on their *Brain Development*, *Learning and Communication Difficulties* and *'Normal' Teenage Behaviour* and describes how these factors might relate to offending behaviour.

c. **PSYCHOLOGICAL:** This core category has three categories:

i. EMOTIONAL DIFFICULTIES:

This category presents participants' perceptions of the impact of trauma on a young person's emotional well-being and how these factors can influence offending behaviour. The six sub-categories in this category are *Mental Health Issues*, *Emotional Dysregulation*, *Empathy*, *Unmet Emotional Needs*, *Control* and *Cry for Help vs Enjoyment of Offending*.

ii. BELIEF SYSTEMS:

This category presents three sub-categories, which highlight participants' understanding of the impact of trauma on a young person's beliefs about

themselves, the world and other people and how such belief systems can influence offending behaviour. The sub-categories are Identity, Self-Esteem and Beliefs about the World and Others.

iii. GENDER DIFFERENCES:

This category highlights participants' perceptions of gender differences in this population, both in terms of the impact of trauma and their later offending behaviour. The two sub-categories in this category are Externalising vs Internalising Emotions and Vulnerability.

d. **SOCIAL:** This core category includes three categories:

i. PEERS:

This category presents participants' understanding of the role of peers in relation to the trauma-offending pathway. The two sub-categories in this category are Social Skills and A Sense of Belonging.

ii. PARENTS/CARERS:

This category highlights participants' understanding of the role of parents and carers in relation to the trauma-offending pathway. The four sub-categories in this category are Dysfunctional Relationships (Attachment), Parenting Ability, Learned Behaviour and Lack of Stability and Consistency.

iii. WIDER ENVIRONMENT AND SOCIETY:

This category presents six sub-categories, which outline participants' understanding of the role of society and a young person's wider environment in relation to the trauma-offending pathway. The six sub-categories in this category are Nothing to Invest In, Education, Unmet Basic Social Needs, Labels, Relationship with Authority and Custody.

e. **SUBSTANCE MISUSE:**

This core category highlights how participants viewed the role of substance misuse as particularly important when considering the trauma-offending pathway. This core category contains two categories: THE PSYCHOLOGICAL IMPACT OF SUBSTANCE MISUSE and THE SOCIAL IMPACT OF SUBSTANCE MISUSE.

3.2.1.2 THEME TWO: EXITS FROM OFFENDING

This theme focuses on key factors that participants identified as important in helping young people who have experienced a complex trauma to stop or reduce their offending behaviour. These factors also fall into the three core categories of **BIOLOGICAL**, **PSYCHOLOGICAL** and **SOCIAL**. Within each core category there are a number of categories and sub-categories:

a. BIOLOGICAL: This core category has one category:

i. **MATURATION:**

This category presents participants' views on the natural progression out of offending behaviour for some young people who have experienced a trauma.

b. PSYCHOLOGICAL: This core category has two categories:

i. **A SENSE OF PURPOSE:**

This category describes how participants viewed gaining a 'sense of purpose' in life as important in helping these young people stop or reduce their offending.

ii. **INTERNAL RESOURCES:**

This category describes how participants viewed the development of self-belief and insight as important factors in helping these young people move away from offending behaviour.

c. SOCIAL: This core category has two categories:

i. **POSITIVE, CONSISTENT RELATIONSHIPS:**

This category identifies how participants' perceived the role of a positive and consistent relationship as important in helping these young people to stop or reduce their offending behaviour.

ii. **WIDER ENVIRONMENT AND SOCIETY:**

This category presents two sub-categories, which highlight how certain environmental and societal factors can help reduce young people's engagement in

offending behaviour. These sub-categories are Removal from Environment and Cultural/Societal Change.

3.2.1.3 THEME THREE: THE ROLE OF THE YOS AND OTHER SERVICES

This theme focuses on key factors relating to participants' views on the role of the YOS and other services in helping support young people who have experienced a complex trauma. This includes the benefits of the work, the challenges that the YOS face and the relationships that the YOS have with other services. This theme also highlights potential areas for intervention identified by participants. This theme has two core categories; **THE ROLE OF THE YOS** and **OTHER SERVICES AND SOCIETY**. Within each core category there are a number of categories and sub-categories.

a. THE ROLE OF THE YOS: This core category has two categories:

i. THE BENEFITS OF YOS:

This category presents three sub-categories, which describe participants' perceptions of the benefits of the YOS for young people who have experienced a trauma. These sub-categories are Teaching Empathy, Positive, Consistent Relationships and Helping Meet Basic Needs.

ii. CHALLENGES TO YOS WORK:

This category highlights a number of challenges to YOS work, as outlined by the participants in these interviews. The four sub-categories within this category are Barriers to Support, Discordant Perceptions of the Young People, Balancing Welfare and Justice Roles and Adapting to Meet Need.

b. OTHER SERVICES AND SOCIETY: This core category has two categories:

i. THE ROLE OF OTHER SERVICES:

This category presents participants' views relating to the roles of other services in supporting young offenders who have experienced a trauma, including tensions with Child and Adolescent Mental Health Services (CAMHS) and Social Services.

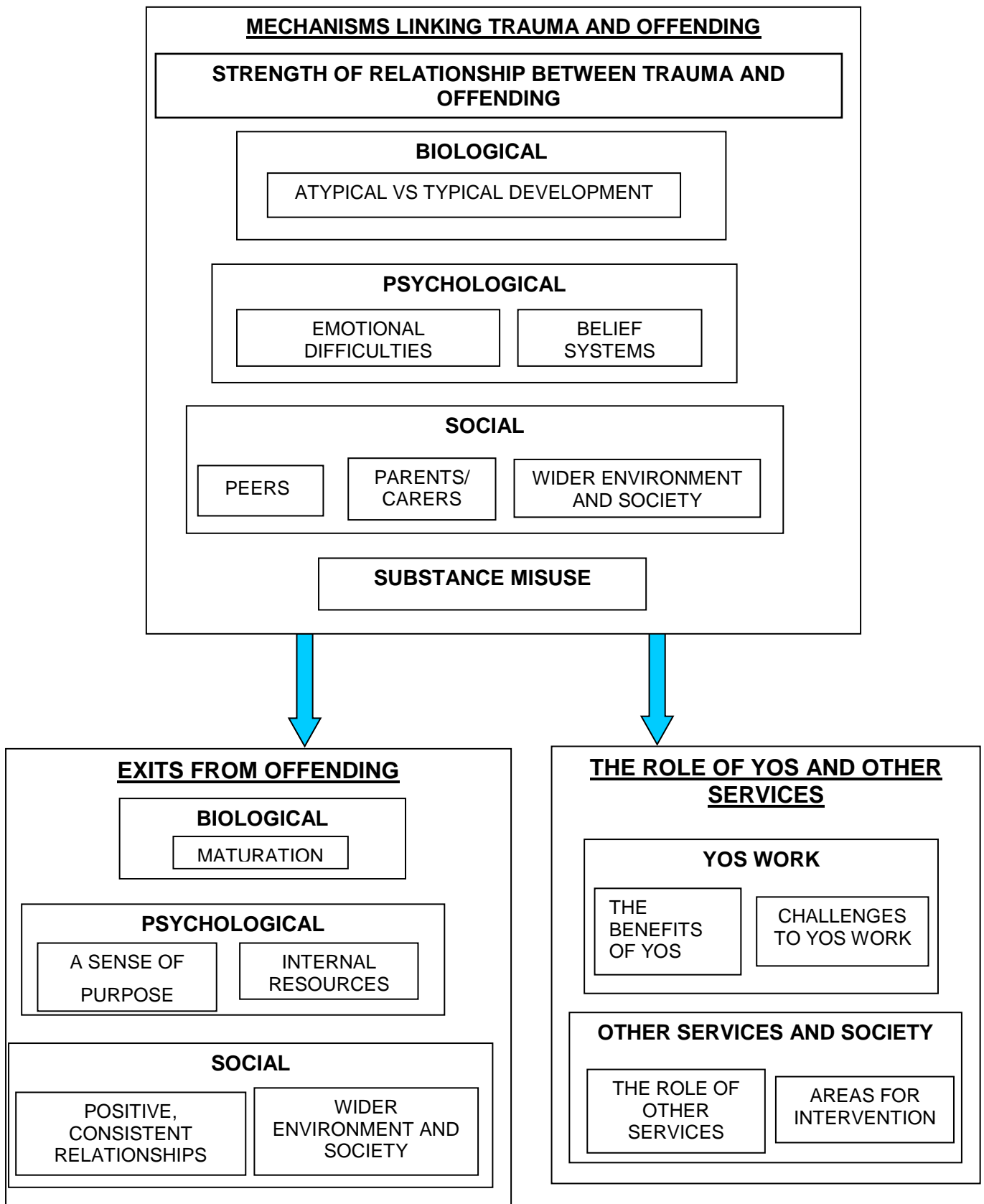
ii. AREAS FOR INTERVENTION:

This category presents four sub-categories, which identify a number of potential areas for intervention, as outlined by the participants in these interviews. These sub-categories are Earlier Intervention, Training of YOS Staff, The Role of Psychology and Social and Systemic Barriers.

A narrative summary using direct quotes from the interviews will be presented to describe the above outlined **THEMES**, **CORE CATEGORIES**, CATEGORIES and *subcategories* and the interaction between these items.

A diagrammatic representation of the key **THEMES** and **CORE CATEGORIES**, is presented in Figure 3.1, p.72. The diagram helps illustrate staff's beliefs about the links between trauma and offending behaviour in the youth justice population. A diagrammatic representation of each of **THEME** will also be presented within the results section in Figures 3.2, 3.3 and 3.4.

Figure 3.1: Diagrammatic illustration of the key themes and categories



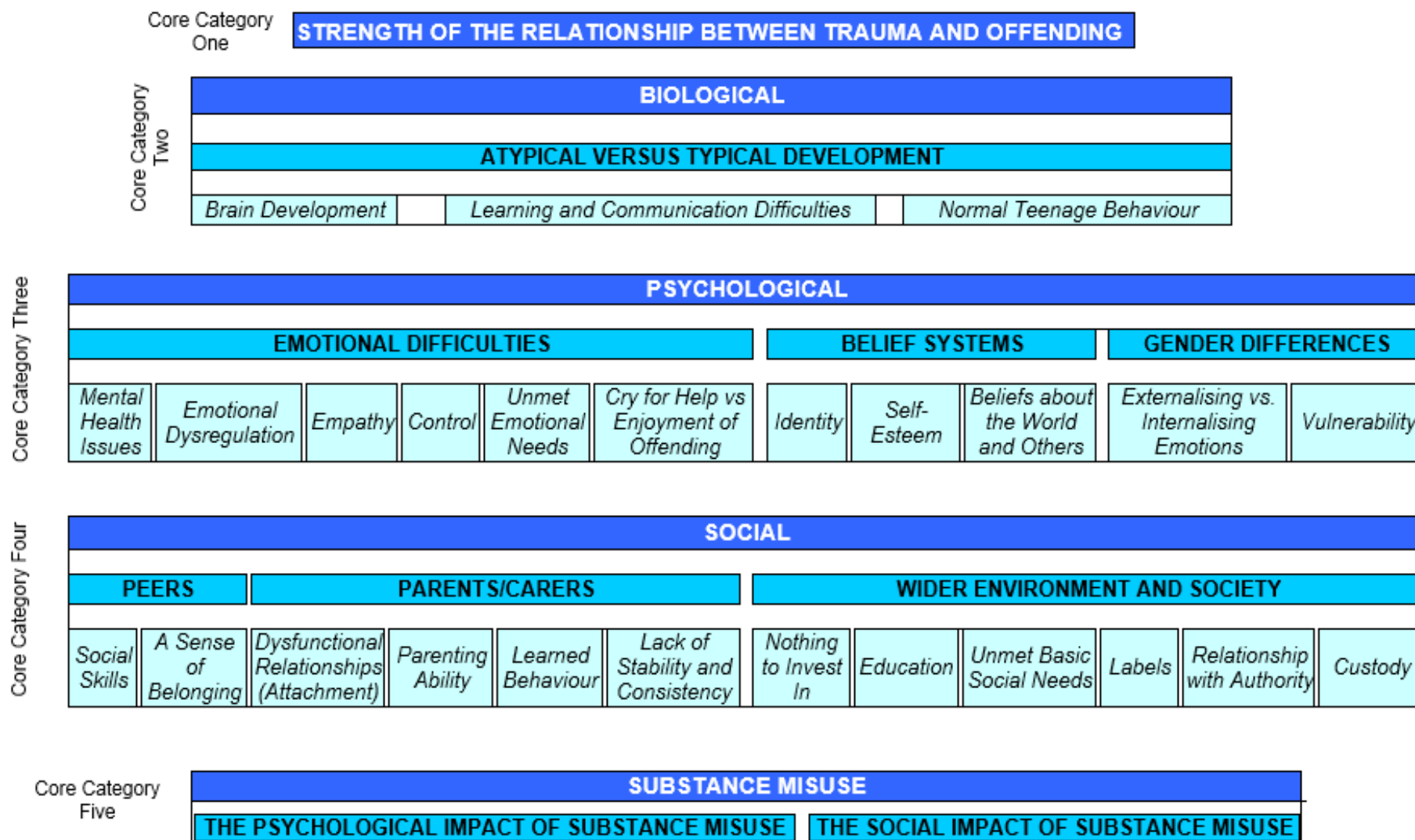
3.3 Presentation of Results

3.4 Theme One: STAFF'S BELIEFS ABOUT THE MECHANISMS LINKING TRAUMA AND OFFENDING

This theme encapsulates the mechanisms that participants believed potentially linked trauma and offending behaviours. Participants discussed **THE STRENGTH OF THE RELATIONSHIP** between trauma and offending. They also discussed how **BIOLOGICAL, PSYCHOLOGICAL** and **SOCIAL** factors and **SUBSTANCE MISUSE** might help to account for the relationship between experiences of trauma and offending behaviour.

A diagrammatic overview of theme one can be seen in Figure 3.2, p.74.

Figure 3.2: Diagrammatic illustration of theme one: **MECHANISMS LINKING TRAUMA AND OFFENDING**



3.4.1. Core Category One: THE STRENGTH OF THE RELATIONSHIP

This core category presents quotes from participants about their perceptions of **THE STRENGTH OF THE RELATIONSHIP** between experiences of complex trauma and offending behaviour in the youth justice population.

Some participants felt that the link between complex trauma and later offending behaviour was very clear and very strong.

Susan: "I mean, yeah, I've put 100% on the thing because I believe that ... it's the trauma that they've all been through".

Daniel: "I think it was wholly responsible for his behaviour".

When discussing certain cases, some participants expressed uncertainty about the links between trauma and offending, stating that it was sometimes too complex to understand.

Andrew: "it can be difficult sometimes to sort of ... understand why a young person is behaving in a particular way ..."

Emily: "I think, actually, we don't know what's behind all that ... and also that there's so much we don't really understand."

3.4.2. Core Category Two: BIOLOGICAL

In relation to the **BIOLOGICAL** factors linking trauma and offending, participants discussed how trauma might impact on a young person's ATYPICAL VS TYPICAL DEVELOPMENT.

3.4.2.1 Category One: ATYPICAL VS TYPICAL DEVELOPMENT

Participants discussed how they believed experiences of trauma can impact on a child's developmental trajectory and how such difficulties might lead to later offending behaviour. There are three sub-categories within this category, including the physical impact on a child's Brain Development and the development of Learning and Communication Difficulties. Some participants also highlighted how some of these young people's behaviours are part of the normal development trajectory for someone

who has experienced a trauma, and should, therefore, be viewed as Normal Teenage Behaviour.

3.4.2.1.1 Sub-category One: Brain Development

Two participants described their understanding of how early experiences of complex trauma can inhibit the physical development of a child's brain.

Mark: "What happens with trauma is ... basically trauma inhibits the development of the brain like to a way where it doesn't develop normally, so all the synapses don't go together and ... you know it just absolutely messes it up".

Susan: "Their brain, the way it develops ... how it changes, it's rewiring".

These participants then described how they believed this disruption to development can impact on other factors, such as empathy and executive functioning, which could increase the likelihood of offending behaviour.

Susan: "With the amygdala ... I know with psychopaths that it's smaller, so the scale of empathy ... it's like a spectrum scale. I think trauma can ... make that shrink".

Mark: "... he just couldn't function ... he was that damaged psychologically from the trauma he experienced early doors that there was no reasoning, no executive functioning in the boy ... Yeah it affects memory and everything."

3.4.2.1.2 Sub-category Two: Learning and Communication Difficulties

A number of participants described how some young people who have experienced complex traumas appear to develop learning and communication difficulties.

Emily: "Some of them I work with have got speech and language difficulties, sort of learning disability".

Claire: "Official labelled learning difficulties, no, but I think there is a lot of focus on speech, language and communication"

Lucy: "They have limited intelligence as well, you know ... you see other (non-trauma exposed) kids who are a bit more intelligent".

Many participants highlighted how language and communication difficulties might impact on offending behaviour because of the young person's difficulties in being able to express themselves.

Jane: "... he has these speech and language communication difficulties so he really struggles to express himself adequately, so in a situation like that where

you want to talk through things, he can't, so he does it through punching and hitting out”.

Susan: “She couldn’t express herself, verbally, then she would, um, attack”.

One participant highlighted how young people with physical or intellectual disabilities might be more likely to be caught by the police because of their difficulties, and therefore be more likely to become involved in youth justice services.

Jane: “They are in their little group, you know, just young people hanging out, but then something happens, the police come and literally all the others successfully run away and then these two are like “oh no” and poor Jack can't run away, he literally can't carry himself very well”.

3.4.2.1.3 Sub-category Three: ‘Normal’ Teenage Behaviour

One participant viewed some of the offending behaviour that these young people engage in as ‘normal’ teenage behaviour.

Jane: “Yeah some of that, I think, is normal teenage behaviour ... it's just unthinking behaviour, which is just teenage behaviour”.

This view was supported by other participants who, when discussing potential ‘exits from offending’, suggested that many young offenders who have experienced a trauma often ‘grow out of’ the offending behaviour (see section 3.5.1.1, p.101). This suggests that some participants view offending behaviour as part of the natural trajectory for some of these young people. However, one participant did not perceive offending as ‘normal’ teenage behaviour.

Angela: “I think pushing boundaries is teenage behaviour but when these young people are ... making threats, etc. I don’t see that as teenage behaviour at all”.

3.4.3. Core Category Three: PSYCHOLOGICAL

This core category presents the **PSYCHOLOGICAL** factors that participants believed were relevant in helping explain the trauma-offending link. Participants discussed how experiences of complex trauma might increase a young person’s **EMOTIONAL DIFFICULTIES** and how these difficulties might then impact on offending behaviour. Participants also discussed how experiences of trauma could impact on a young person’s **BELIEF SYSTEMS**. Key **GENDER DIFFERENCES** were also identified.

3.4.3.1 Category One: EMOTIONAL DIFFICULTIES

Participants believed that experiences of trauma can impact on a young person's emotional well-being and that these difficulties might be linked to later offending behaviour. There are six sub-categories within this core category that highlight these key factors. These are *Mental Health Issues*, *Emotional Regulation*, *Empathy*, *Unmet Basic Emotional Needs*, *Control*, and *Cry for Help versus Enjoyment of Offending*.

3.4.3.1.1 Sub-category One: Mental Health Issues

A number of participants suggested that experiences of complex trauma might lead to certain mental health difficulties, such as paranoia, anxiety, flashbacks and self-injury. They described how such difficulties appear to be related to offending behaviour, such as violence or possession of a weapon. A number of participants felt that high levels of anxiety often preceded offending behaviour.

Susan “ ... when I have got to go and see a young person who's had an incident, common assault or criminal damage, when you look at what happened before, it's because their anxiety is high ...”

Andrew: “When he's scared or he's fearful, he will sort of shout and scream and make all sorts of threats”.

Claire: “He was also cutting himself a lot and then that meant that he was carrying a knife and he would be done for possession of a bladed article in public, which is a criminal offence”.

However, participants rarely mentioned specific mental health diagnoses, with the exception of Schizophrenia, Personality Disorders and Post Traumatic Stress Disorder.

Lucy: “... there's family histories of schizophrenia and stuff like that ...”

Andrew: “Well there was one lad that I worked with who ... he probably had Post Traumatic Stress Disorder”.

3.4.3.1.2 Sub-category Two: Emotional Dysregulation

Another factor frequently cited by participants when discussing the trauma-offending pathway is the issue of emotional regulation and a young person's 'internal controls'. Participants mentioned how young people who have experienced traumas often have difficulties regulating, controlling and understanding their emotions, which can result in unpredictable behaviour, impulsivity and violence.

Daniel: "Yeah no regulation of emotions at all".

Jane: "... their coping skills are probably not as good because, again ... that emotional dysregulation, so a little thing will happen and they'll just give up or kick off".

Some participants discussed how traumatic experiences might impact on emotional regulation and result in a young person becoming 'hypervigilant'.

Lucy: "... if you get a kid whose early environment is predictable, whatever it is, it's predictable. That's one thing and it's bad. But if you get unpredictable sort of random aggression or violence or anything else, for a kid that's ... 'hypervigilant'. They're alert because they are not sure ... what are mum and dad going to be like today? One day everything's great and the next minute, chaos, you know".

Andrew: "I think he's always constantly in fight or flight mode. I think he's sort of ... he's hyper alert ... because he can switch really, really quickly ...".

One participant suggested that some young people who have experienced sexual abuse might have difficulty regulating their emotions because they were not taught how to appropriately manage or understand their emotions.

Jane: "When children are sexually abused they are quite often told this is a loving thing "I love you, this is why I am doing this to you" ... They are getting these incredibly mixed messages. Then when they become teenagers and have their own sexual feelings they don't understand how to deal with that properly and safely and well. They think sex is love".

Some participants believed that young people who have difficulties regulating their emotions can become impulsive. It was suggested that many of these young people will 'live for the moment', which can lead to offending behaviour.

Lucy: "If ... you've got to be hypervigilant ... it makes you a bit more probably impulsive and less likely to worry about the consequences and ... when someone offers them any kind of drug they're "yeah I'll take that, have a bit of that". Yeah then obviously committed quite serious offences without really planning it".

Participants also suggested that some young people who have experienced a trauma might struggle to cope with silent or calm environments and may, subsequently, engage in offending behaviour to cope with difficult feelings.

Daniel: "I think there is maybe an expectation that something is going to happen ... if it's quiet, something is going to kick off. 'Maybe if I kick off', it's a

self-fulfilling prophecy ... He couldn't cope with the calm. He had to do something".

Mark: "Silence for him was just pain and agony and anguish ... so he lived his life ... otherwise you start thinking too much and that's never a good thing for somebody who has experienced trauma because that just takes you down".

3.4.3.1.3 Sub-category Three: Empathy

A number of participants suggested that experiences of trauma might affect a young person's level of empathy.

Andrew: "... lack of empathy, total disregard for the victims of any offences "they all deserved it"".

Susan: "Yeah low levels of empathy. Very low levels of empathy".

Many participants felt that this 'selfish attitude' was understandable, considering the nature of the young person's early traumatic experiences.

Andrew: "... he's got to have a selfish attitude. He's living day to day (yeah) he's got no-one looking after him ...".

Daniel: "... it's all about "what can I get from this" but then if you've got to fight for your meal and you weren't first to the table and you didn't get your meal, you would think 'I'm getting in there first'".

Many participants commented on how low levels of empathy might lead to offending behaviour. They suggested that these young people might be less likely to care about what they do to other people or believe that their behaviour is in self-defence.

Andrew: "If I didn't do it, they'd do it to me' so it's that sort of victim type ... shifting the responsibility from himself and placing it onto the victim, which is quite common".

Angela: "There's no loyalty to anybody because they are going to be expecting people to not be there for them because they've not had anybody be there for them".

Conversely, one participant highlighted how experiences of complex trauma can result in higher levels of empathy.

Jane: "He's not someone who wants to harm other people, he's very conscious of that, you know. He was one to always treat people well ... because of his experiences".

3.4.3.1.4 Sub-category Four: Unmet Emotional Needs

A number of participants commented on how young people who have experienced a complex trauma often have unmet basic emotional needs.

Mark: "If you don't get attachment as a basic human need of love, of security, warmth, you know. There are just four little basic needs right. What do we know about trauma? What do we know about abuse? Is that they [the basic needs] are gone".

Jane: "... they haven't got the strong emotional base that you need in life, you know".

Many participants discussed how offending behaviour might help meet these basic needs, such as gaining an identity, a sense of belonging, increased control and improved self-esteem (see BELIEF SYSTEMS, PEERS and Control categories for further details). One participant was not able to articulate how, but they believed that offending behaviour was able to meet the emotional needs of one young person they were working with.

Emily: "... whatever that piece inside him that needs to be fulfilled, the only way that he's able to do that is through the offending".

3.4.3.1.5 Sub-category Five: Control

Some participants commented on how young people who have experienced traumas may have an increased need for control, as a result of their experiences. This need to regain control might be fulfilled through offending behaviour.

Jane: "One of the things you quite often hear ... people who like driving stolen cars fast, is that it's an area where they have control, they feel in control when they are doing it".

Leah: "...possibly it's control of their lives. That [offending] is the only bit they can control in their lives, which way they go to a certain extent".

One participant felt that these young people are trying to regain a sense of balance and continuity in their lives.

Angela: "I don't think it's control. I think they're lost and trying to regain balance is what they are trying to do ... I think it's ... trying to get some continuity and regularity and that's what they are trying to do".

3.4.3.1.6 Sub-category Six: Cry for Help vs Enjoyment of Offending

Some participants felt that many young people's engagement in offending behaviour was a 'cry for help'.

Claire: "In custody then she disclosed she'd been abused by her uncle on a regular basis, sexually abused, and so she was making those calls as a kind of like 'help, someone come and help'".

Leah: "Their life is so chaotic at home, possibly, and they just want to be helped".

Lucy: "... she's making noise, making events happen so people will notice it".

Some participants felt that offending behaviour helped young people to escape from their traumatic environments.

Emily: "... it could have been an escapism for him with all the kind of things he was witnessing in the house with the, um, alcohol and the violence".

Conversely, other participants queried whether some young people actively engaged in offending behaviour because they enjoyed it, rather than as a means of escape or a cry for help.

Jane: "... for him, he loves the thrill and that is one of the few people I know who get the sort of thrill from it. ... But in my experience that is actually quite rare".

3.4.3.2 Category Two: BELIEF SYSTEMS

Participants described how the impact of trauma might affect a young person's beliefs about themselves, others and the world and how these beliefs might be linked to later offending behaviour. There are three sub-categories within this core category: Identity, Self-esteem, and Beliefs about the World and Others.

3.4.3.2.1 Sub-category One: Identity

One participant highlighted how experiences of complex trauma could affect a young person's sense of identity. They explained how these young people might not perceive themselves to be part of their family or part of their regular peer groups.

Emily: "I don't think he really knows where he fits into that family. ... he never saw himself as a kind of regular kid, so for him going to school and being around people who wanted to sit down and learn and be more academic, it never was part of his sort of culture, if you like".

Participants then identified how these young people may regain their sense of identity through association with antisocial peers (see PEERS category, p.86 for more detail) or by creating their own sense of identity through offending behaviour.

Andrew: "he wouldn't be disrespected, he wouldn't back down, he couldn't back down, he couldn't lose face in front of his mates. That was his, well, his entire identity was built around aggression and being ... the hard lad".

Jane: "I suppose right at the beginning I should have said identity, again all these lads ... so for example in London ... there are massive, massive gang problems, that's all about identity and seeking an identity in a criminal way".

Other participants mentioned how some young people might adopt an 'abuser' identity in order to protect themselves from becoming a victim.

Lucy: "They associate, identify with the abuser ... Yeah, you know, it's powerful isn't it? Otherwise, who else are you going to identify with, the victim? A position of weakness isn't it".

3.4.3.2.2 Sub-category Two: Self-esteem

Many participants perceived young people who have experienced a complex trauma as having lower levels of self-esteem and self-worth.

Emily: "I think the common thing is that, um, just a disregard for themselves really".

Lucy: "Your sense of self is going to be damaged, isn't it (by trauma)? You know you're not going to feel positive about yourself, maybe, you know".

Some participants highlighted how it must be difficult for these young people to 'love themselves' if they have not experienced such love from their families/carers.

Jane: "... he would be like 'I don't give a shit' you know "nobody loves me so why should I love me" you know. 'My parents have done this to me'".

Leah: "Some, who have had abusive ... do they feel valued themselves? Do they feel accepted in the world. 'Because that's happened to me, do I deserve to be here?'".

A number of participants suggested that because these young people have no regard for themselves, they may become more likely to engage in offending behaviour because they will have less regard for others.

Andrew: "Why should he worry about somebody else because no-one's ever sort of ... while he was young nobody cared about him so why should he care about others?".

Two participants believed that engaging in offending behaviour may be a way for these young people to help increase their self-esteem because they were 'good at it'.

Jane: "... yeah and they get their esteem from offending. ... they are quite good at offending, so then they become known within their group for 'oh he's got no fear, he'll go and do this, you see what he's done now'".

Participants also suggested that these young people may have less fear of potential consequences and a belief that they have 'nothing to lose'.

Emily: "... the experience of trauma and then seeing young people who ... don't seem to have any care about themselves, it's all about ... risks. They don't seem to have anything to lose".

Claire: "I think it's just people don't care what happens to them or what they do and they haven't got the self-control because who's going to be upset by what they do?".

One participant believed that some young people who have experienced complex traumas may have higher levels of self-esteem, but that this is 'rarer'. They suggest that this presentation may also be linked to higher risk and potentially sexual offending.

Jane: "Some of the way they sometimes deal with that is to be really cocky or egotistical about it. It's much rarer ... They are perhaps people we perceive to be more dangerous offenders and perhaps you might see that in sexual offending a bit more".

3.4.3.2.3 Sub-category Three: Beliefs about the World and Others

Some participants described how experiences of trauma can impact on a young person's beliefs about the world and other people.

Mark: "So if you've got that [trauma] in an early experience in life, what's going to be your outtake on life? It's going to be one of a cold hearted, hard world where everything is a threat".

Andrew: "... they'd talk about the illuminati and stuff and it was ... it's just spooky, scary you know ... they didn't believe it, but he did. He strongly believed it".

One participant described how a young person's belief systems might be affected by their social environment.

Angela: "I believe that's tied in with your network ... if he had all that and had one uncle or grandfather or somebody saying "you know all of that happened but that's not right and you're better than that". So to be hearing that 'you are better than that, you're better than that' changes that worldview ... The young

people we are dealing with, because they don't have those support mechanisms, the places that they are going to go to for that knowledge is going to be very negative, especially social media".

3.4.3.3 Category Three: GENDER DIFFERENCES

A number of participants highlighted the role of gender in relation to the psychological impact of trauma and offending behaviour. There are two sub-categories within this category: 'Externalising' versus 'Internalising' Emotions and Vulnerability.

3.4.3.3.1 Sub-category one: 'Externalising' versus 'Internalising' Emotions

A number of participants suggested that boys may be more likely to 'externalise' their emotions (e.g. punching), leading to more violent crimes, whereas girls would more often 'internalise' their emotions (e.g. self-esteem issues), leading to different types of offending behaviour.

Andrew: "Some will sort of project it and will smash the house up or they will assault somebody or ... shout and scream or abscond, but others then will sort of internalise it. Their ... self-harm sort of comes in ... Probably in my experience I think the males would project and the females would tend to internalise it a bit more, I think".

However, two participants mentioned how this pattern can change and that girls can present as more 'vocal'. They considered this sort of presentation in girls as a potential 'cry for help'.

Leah: "Um, I think boys ... they just get their head down to do it but girls ... sometimes there seems to be a lot more issues with girls ... They are a bit more open, girls, they are quite vocal. Boys aren't so much vocal I think, and that's a big difference".

Jane: "Yeah those girls ... they can be quite prolific and quite brazen, you know. But there's a tension. There's a crying out for help, you know, it's ... 'I'm out of control help me'".

However, one participant felt that there were no significant gender differences, especially in high-risk offenders.

Angela: "From where I'm standing I'm not sensing an awful lot of (gender) difference ... Yeah, I'm wondering when it gets into the higher risk element ... there probably isn't a difference".

One participant commented on how different presentations in males and females are perceived and dealt with differently in the justice system, possibly as a result of cultural values. Violent behaviour in males is considered to be more acceptable.

Andrew: "I don't know, culturally it could be more accepted ... there's always been that bias, particularly in court ... that if the young girls are there and they're fighting, there's this finger wagging but if there's lads involved then there's almost a 'oh they're lads'"

3.4.3.3.2 Sub-category Two: Vulnerability

Some participants believed that girls are more likely to seek emotional security than boys, which might make them more vulnerable to exploitation.

Daniel: "Girls just seem to cling on to the first sign of any emotional security they can get from anybody. With anybody they form a relationship with ... it's just craving, you know, that security and ... emotional warmth. I don't see that so much in the boys, funny enough"

Jane: "They [girls] have nearly all got sexualised behaviours that are concerning, you know, and that's related to self-esteem ... Again, what has happened in their background to be behaving like this ... they'll be sleeping with all sorts of men, you know"

3.4.4 Core Category Four: SOCIAL

This core category presents the **SOCIAL** factors that participants identified as potentially relevant in helping to explain the trauma-offending pathway. Participants discussed how experiences of complex trauma might affect a young person's PEER relationships. Participants also discussed the important role of PARENTS/CARERS and the WIDER ENVIRONMENT AND SOCIETY.

3.4.4.1 Category One: PEERS

Many participants believed that experiences of complex trauma can, in a number of ways, affect a young person's peer relationships and that these relationships can influence engagement in offending behaviour. There are two sub-categories within this category: *Social Skills* and *A Sense of Belonging*.

It is important to note that a number of participants commented on the strength of the relationship between peers and a young person's engagement in offending behaviour.

Leah: "I think peers is a big part of their life. Peer pressures, peer influences ... um, yeah peers is a big, big thing, yeah".

Jane: "I think, well, peer influence really, isn't it?"

3.4.4.1.1 Sub-category One: Social Skills

Three participants discussed how experiences of trauma can impair the development of appropriate social skills, which can, subsequently, affect a young person's peer relationships, leading to exclusion.

Mark: "... that's the biggest thing of trauma is the fact you struggle with relationships with people, you don't get social cues ... so when me and you are talking to people like that ... we are like 'they're weird' and you turn your back on them and then it's rejection and isolation and it keeps going ... Their social skills, the way they interact, is not there. And that's why they struggle because they can't maintain relationships with people".

Andrew: "It's how a toddler would react ... they obviously haven't got an understanding of social norms and how their behaviour is perceived by others".

Participants mentioned how some young people who have experienced complex traumas might adopt a 'manipulative' social style in order to obtain what they want or need.

Daniel: "It's often hearing the word "no", hearing something that you don't want to hear and you don't know how to manage that. You don't know how to manage negotiation and ... it's 'I'll get what I want regardless'".

Susan: "Yeah, it's not real. Yeah, not real social interaction ... it can be quite manipulative, yeah".

3.4.4.1.2 Sub-category Two: A Sense of Belonging

As a result of the young person's difficulties in developing relationships, participants described the key role isolation plays in linking experiences of complex trauma with offending behaviour.

Mark: "Oh, isolation is everything. I think it's the biggest factor of anything, I'd imagine".

Jane: "I think it is a familiar pattern in that if you are someone who has had no boundaries you are not very pleasant to be with, with regular children, and you become isolated".

A number of participants commented on the importance of 'belonging' and the need for these isolated young people to feel accepted and 'part of something'.

Mark: "... what does LAC and people who have experienced a lot of trauma need? They need a sense of belonging, don't they? They need a sense of reciprocal people that will look after them, to feel something, to feel connected to people, like ... it's a human need, isn't it? If you don't belong to something then you'll search for something to belong to".

Leah: "Yeah, for me the mechanism is acceptance. It's quite a strong one for me I think".

Some participants described how this desire for acceptance leads these young people to associate with other young people who have experienced similar, difficult backgrounds.

Emily: "His early relationships left him with a really big void ... There didn't seem to be anybody that could fill that, so his relationships, when he started looking outside the family, were all towards people who were sort of like-minded ...".

Susan: "They group together, these abused children. They don't quite see it like that, they're just their friends, but they are all abused in some way".

Some participants felt that the desire to be part of a group might result in young people engaging in offending behaviour because of a pressure to gain 'street cred' and acceptance.

Susan: "A lot of, um, young people I meet might offend to join in with the other people who feel they're not a part of society. To be part of a group".

Leah: "Yeah, and street cred. Yeah ... street cred is being accepted, isn't it? You've got the street cred so they accept you".

Using a mountain metaphor, one participant described how associating with other young people who are 'riskier' can explain the escalation of offending in some young people because of their desire to be accepted.

Angela: "... that's where he gets this 'I'm the lad, I'm important' ... that's validated by people that are probably potentially more risky than he already is. And ... it just escalates ... And now you conquered this mountain, let's try that one and the next one will be a little bit more".

Participants believed that it might be difficult for young people to separate themselves from these groups because it becomes 'easy' and familiar.

Emily: "... the attraction of his peers ... who were also there waiting for him, to draw him back into the same old behaviours ... it's easy".

However, some participants believed that young people who do not obtain a sense of belonging might engage in offending behaviour because they have 'nothing to lose'.

Daniel: "I think if you're not a part of something then you're isolated, aren't you? And if you're isolated, then ... you've got nothing to lose really".

Susan: "Yeah they express that they are not part of it [society] so they will destroy it".

Two participants mentioned how pursuing a sense of belonging and acceptance might also make such young people vulnerable to exploitation.

Lucy: "He'd get in trouble then because he'd gravitate towards anybody who would give him affection ... and they would use him for stuff, you know".

3.4.4.2 Category Two: PARENTS/CARERS

Participants described how PARENTS/CARERS might influence the link between complex trauma and offending behaviour. There are four sub-categories within this category: Dysfunctional Relationships (Attachment), Parenting Ability, Learned Behaviour and Lack of Stability and Consistency.

3.4.4.2.1 Sub-category One: Dysfunctional Relationships (Attachment)

A number of participants commented on the impact of trauma on a young person's attachment relationship with their parents.

Mark: "If you look at neglect, you look at any sort of trauma, then it's attachment, isn't it?"

Andrew: "... it's like a disorganised attachment with his mother ... she's everything, but then they argue constantly. It's one of the most bizarre relationships I've ever seen between a son and a mother because she'll ... throw in little comments just to raise his anger, just to wind him up again".

Participants described how these young people still feel the need to engage with their parents, even though it can lead to rejection, which can trigger offending behaviour.

Daniel: "... he desperately wants a relationship and he will go round family members on a weekly basis and be rejected".

Lucy: "She was going to school, there was no offending ... and then her mother turned up, who ... she rejected as a baby and that was it. She went chaos. Total chaos. And then they turn to drugs and all the rest of it".

3.4.4.2.2 Sub-category Two: Parenting Ability

A number of participants highlighted how experiences of complex trauma might interrupt a parent's ability to help their child develop certain key skills, such as empathy and emotional regulation, which, as discussed earlier in this chapter, may increase the likelihood of offending behaviour.

Susan: "... it's almost like it's knocked out of them ... the majority of these children their parents don't teach them to be empathic. So you know, 'oh be kind to the dog, smooth the dog' 'oh baby that's lovely'. So I don't think they're taught that from an early age, to be ... um, part of society".

Mark: "If you haven't been emotional regulated with the attunement of your parents ... the caregiver, the loving feeling, then you're not going to have that, so that affects your emotional awareness ...".

Routines and boundaries were also considered to be important and can be significantly affected by experiences of trauma. Not having such boundaries means that a child may not have learnt how to control their behaviour or learnt right from wrong, which was seen as contributing to later offending behaviour.

Jane: "He can't control his behaviour because he's never had any boundaries ... Again, if you haven't had someone help you, teach you right from wrong from an early age, it's very hard to put that in".

Andrew: "... so right from wrong and consequences and consistency and boundaries and all things that young people need ... and crave. I don't think he had those ... when he was in the previous placement where there were strict and clear boundaries ... he didn't abscond, his behaviour was good".

3.4.4.2.3 Sub-category Three: Learned Behaviour

Participants highlighted the role of learned behaviour in helping explain the trauma-offending pathway. The 'cycle of abuse' theory was never directly referred to. However, one participant stressed the generational aspect of abuse and offending.

Daniel: "... it's generational, generational, generational".

It was suggested that some young people's offending behaviours, such as violence, might be a result of seeing their parents/carers being violent.

Andrew: "... to an extent, it's like learned behaviour - how to react to things and I think for him in particular there is an element that is learned behaviour".

Mark: "... we learn near enough everything from the environment. Especially in the early experiences ... The people who influence you, the people who are closest to you are the ones you will basically be like".

Angela: "... he's been groomed in the process because of the exposure ... he has learned how to do something ... and then he has been upping the ante".

However, one participant suggested that not all offending behaviour can be explained by learned behaviour.

Susan: "But with her I don't think it is learned behaviour".

Participants then described how young people may perceive certain aspects of a criminal lifestyle as 'normal', because of their early traumatic experiences.

Lucy: "... obviously physical abuse, you're more like, I guess you desensitise ... I would guess, you know, think that's normal ... If someone hits you, if you're upset with someone, hit them".

Emily: "... his stepfather would be around a lot of people who were, um, doing heroin, lots of drugs and it became very normal for this lad ... sort of normalising certain behaviours".

3.4.4.2.4 Sub-category Four: Lack of Stability and Consistency

A key theme a number of participants highlighted is that often these young people will have been brought up in 'chaotic' environments and end up in care. This means they may not have experienced sufficient stability and consistency in their lives.

Andrew: "The parenting capacity of his mother was extremely poor because of her substance misuse and ... mental health issues ... I think there was just a lack of consistency in the upbringing".

Claire: "...the girl has been living in foster care and different places and nothing has been consistent in her life, basically".

As a result of this lack of stability, it was suggested that these young people are unable to form secure attachments to people or places and, therefore, live a transient lifestyle.

Jane: "If you move from placement to placement ... then a children's home where you've got 20 different staff working with you, who loves you? ... We forget we treat these children, not on purpose, but they're just sort of cogs in a wheel".

Andrew: "... they bounce around a lot, they never form attachments with any of the sort of members of staff and no-one can really get a handle on the behaviour".

Lucy: "I think being kicked out of your house when you are young, I think he didn't expect to be living anywhere for long".

3.4.4.3 Category Three: WIDER ENVIRONMENT AND SOCIETY

This category illustrates how participants perceived the WIDER ENVIRONMENT AND SOCIETY to impact on the link between complex trauma and offending behaviour. There are six sub-categories within this category: Nothing to Invest In, Education, Unmet Basic Needs, Labels, Relationship with Authority and Custody.

3.4.4.3.1 Sub-category One: Nothing to Invest In

As a result of inconsistent care and not having a 'stable base' in their childhood, a number of participants perceived these young people to have fewer aspirations and 'nothing to invest in'.

Angela: "Hopelessness would be a good word. They see no future and they certainly have no belief that they are anything or that they can be anything because nobody has told them that they can ... so there's, I would imagine, a lot of despair and not caring".

Emily: "... he doesn't feel that there is anything there for him in the community. I don't think that he feels that he's got anything to really invest in or to come out to".

Some participants felt that, as a result of having nothing to invest in, these young people may be more likely to engage in offending behaviour.

Claire: "They don't see much of a future for themselves so it's like well "who cares if I don't get a job, I'm not going to get a job anyway" ... they can't see actually how it [crime] is going to make their life any worse".

Mark: "Who's the worst enemy than somebody who has got nothing to lose, like? If you've got nothing to lose, then that's never a good position to be in ... And that's where people ... do horrendous crimes, like".

3.4.4.3.2 Sub-category Two: Education

A number of participants described how experiences of complex trauma can inhibit a young person's ability to engage in education.

Jane: "... say you are being sexually abused at home, obviously you're behaviour, you're not going to be yourself, you're not going to be a child who is thriving in school".

Mark: "Well, basically the theory in research around us says education is an escape of poverty. But what if you have had a background that doesn't allow you to have an education, or you experience trauma that doesn't give you the mental capacity to educate yourself?".

Participants highlighted how disengagement from education may lead to offending behaviour because of the impact on a young person's aspirations, the lack of structured time, the association with anti-social peers and the relationship that subsequently develops with the police.

Emily: "[No education means] lack of structure ... lack of positive peers, lots of unstructured free time, hanging around, umm ... and then of course you get the relationship with the police ...".

Lucy: "Well it's lack of stability, not being occupied then, isn't it, daily structures and that aren't there and we noticed that when he ... was at most risk of offending".

3.4.4.3.3 Sub-category Three: Unmet Basic Social Needs

Participants highlighted a number of 'basic social needs' that are often unmet in young people who experience complex traumas. This includes needs such as warmth, safety and, particularly, accommodation. A number of participants referenced Maslow's (1943) hierarchy of needs when discussing this population.

Leah: "Unfortunately quite a lot of young people we work with haven't got a safe place".

Daniel: "it's like food and water and a nice warm place to sleep. It's basic ... and I think you've never had it, you want it".

Mark: "If we look at the hierarchy of needs and Maslow, you know. If you are struggling on that bottom layer all the time there is no chance of fulfilment to the next layer, you're not going to be very happy. What does unhappiness do to individuals? They take their unhappiness out on the next person".

Two participants described the importance of a young person's environment and culture in their early life, especially poverty. There was a suggestion that certain social environments will have increased levels of complex trauma and offending behaviour.

Andrew: "They go hand in hand/ large council estates and poverty, deprivation, unemployment, substance misuse, and all the rest of it then ... I think there was probably a higher percentage of ... neglect and ... emotional abuse ... with the kids in XXXX".

Mark: "Yeah 80-90% (of YPs in YOS). Poverty is a massive factor".

Some participants suggested that if young people do not have their basic needs met, especially in deprived areas, they will try to meet these needs through offending.

Mark: "... you only have to have a look at statistics on offending and what sort of offending is out there ... most of it is about money ... With money you can buy drugs, or you can buy alcohol, you can buy things that will actually make you happy and escape, you know, the shitty life that you actually have".

Leah: "... it could be because of the area ... deprived neighbourhood. Perhaps because they haven't got anything to do ... so they think "oh yeah" (commit crime)".

3.4.4.3.4 Sub-category Four: Labels

Some participants suggested that young people who have experienced traumas might have frequently been told that they are 'bad people'. These participants felt that these young people may eventually adopt such labels and become the person they believe their parents and society expects them to be.

Jane: "... you think he's a little shit and that's why he behaves like this in the first place because everyone thinks he's a little shit, you know".

Mark: "... these sorts of children are hearing ... 'you're bad, you've done something wrong, your behaviour's this, you're that' and that just gets ingrained in you ... until you get to the point you think 'well this is me anyway I'm just going to go out and offend'".

Susan: "So ... and then they internalise it and then they become, you know, whatever label society's given to them".

Alternatively, they may be targeted as a result of such labels.

Claire: "... he's become targeted in his community because he got labelled ... he's had all sorts of things going on and people keep making false allegations. He can't do anything without, um, being pinpointed".

Andrew: "Some of it's because of his family name I think ... he gets a bit of a raw deal from the police because he's high profile".

3.4.4.3.5 Sub-category Five: Relationship with Authority

A number of participants commented on the turbulent relationships many of these young people develop with authority, especially with the police. Some participants suggested that young people, especially those who grew up in an environment where authority figures are perceived as negative, will treat their relationship with the police and the justice system as 'a game'.

Emily: "For him, it's always been a bit of a game. Um, the police aren't there to protect or ... to help you in anyway, they are there ... to get around, to outsmart, umm, and I would think that again that's a lot of the messages he'd had from his family".

Claire: "But I think that also comes from a lot of these videogames ... You are out there, you are the one trying to escape being caught by the police"

One participant suggested that negative perceptions of authority figures might be related to childhood experiences of violence from an authority figure.

Andrew: "I think because, when he was growing up ... Dad was sort of the dominant figure and, I don't know, maybe it's the association between dad being the authority figure in the house and how he ... sort of dished out his authority I suppose, sort of ... domestic violence"

Some participants mentioned that these negative relationships with authority can become a vicious cycle.

Jane: "... once you're known to the police they are on you and any little bit of behaviour ... all sorts of other young people and adults might display, you might get arrested and taken to court for"

One participant believed that the justice system might increase a young person's challenging behaviour as a result of its restrictive approach.

Angela: "So, because somebody has come into a system, it is probably more likely that they will have more problems because we have tied them down. So "You've got to do this this and this as part of the order". That's not how these young people work"

3.4.4.3.6 Sub-category Six: Custody

A number of participants commented on the beneficial role of custody in helping fulfil certain needs, such as stability, safety, boundaries and a sense of belonging and purpose.

Emily: "... when he's in prison everything is taken care of for him. He's around people that he ... associates with or assimilates with ... He has all his needs met, actually ..."

Leah: "That's why some people enjoy prison because they like the structure. They get 3 meals a day, they get ... a bed and it's just really sad. you know ... some of them just want somewhere to be safe"

Some participants believed that custody meeting these needs can increase the likelihood of re-offending, especially if the young person's ongoing environment is traumatic.

Mark: "So they come out of prison, they've got no accommodation ... Or they have a shitty room that stinks where nobody in sight is ever going to give a shit"

about them. You know, if that's not trauma for you, what the hell is? So they prefer to just go back to jail ... That's where the recidivism comes from, yeah".

Jane: "Unfortunately, he's been incarcerated pretty much since he was about 14, he's grown up in prison and he can't cope on the outside".

However, some participants believed that custody was not an appropriate place for young people who had experienced a trauma.

Susan: "I don't think custody is the right place for somebody who suffered um ... enough really ...".

Mark: "I don't think young people should be locked up, personally like. What's the point?"

3.4.5 Core Category Five: SUBSTANCE MISUSE

Nine of the 10 participants discussed the significant role of substance misuse when discussing potential mechanisms that link trauma and offending. There are two categories within this core category: THE PSYCHOLOGICAL IMPACT OF SUBSTANCE MISUSE and THE SOCIAL IMPACT OF SUBSTANCE MISUSE.

It is important to note that a number of the participants commented on the strength of the relationship between trauma, substance misuse and offending, especially in relation to boys and prolific offending.

Jane: "Yeah substance misuse would be 90%, especially for the higher end of offending it would be 90% ... so yeah ... his distressed behaviour is what led to him offending and it was because of his substance use really was the mechanism".

Emily: "The link to, um, substance misuse is really high".

Mark: "The ones who are the most the prolific offenders ... have all been massive trauma, massive substance misuse. Always".

Leah: "We have had quite a lot with boys, perhaps a lot of it is drugs which is ... not so much with girls".

3.4.5.1 Category One: THE PSYCHOLOGICAL IMPACT OF SUBSTANCE MISUSE

A number of participants discussed how young people who have experienced traumas might use substances to help 'self-medicate' in order to block out difficult memories and emotions.

Andrew: "... lots of it, I think, is self-medication. I think it's a way for them to retreat into their own little world or for them to forget about things".

Susan: "I mean a lot of the young people we work with, it's drugs. It's an emotional anaesthetic. If they take drugs it blocks out everything".

Many participants felt that experiences of trauma can make a young person more susceptible to addiction.

Jane: "...lots of people across social spectrums use substances, but the ones who it becomes problematic for are the ones who have got those cracks in their DNA, their emotional DNA, that then explodes".

Participants then identified routes into offending as a result of substance misuse. They suggested that young people who misuse substances can become more reckless and impulsive, which may lead to offending behaviour.

Lucy: "... if you're on a drug, you're less likely at that moment, less able to think clearly, you know".

Emily: "... he said "oh I'd have done anything ... whether it'd involve you know picking up something and hitting them, I'd have done anything, um, to get away" and he said 'I know it's not right, I know it's not very good' but he said 'when I'm off my head that's what I will do'".

Two participants also highlighted how young people, after using substances, will experience a 'comedown' characterised by increased irritability, anxiety, etc, which can increase the likelihood of them engaging in offending behaviour.

Jane: "When you are coming down from drugs you are so irritable, and it's like you've got the worst hangover in the world, you know. That's when we see a lot of difficult behaviours".

Andrew: "... this (offending) was the after effect of the come down, plus his anxiety plus his fear".

3.4.5.2 Category Two: THE SOCIAL IMPACT OF SUBSTANCE MISUSE

A number of social factors were identified by participants in relation to substance misuse. One participant suggested that some young people will seek out certain peer groups in order to find drugs to help them manage their emotions.

Jane: "I also think if you've had a trauma you might seek out that peer group more as well ... As a teenager you kind of know who is using drugs and who isn't, don't you? ... So they might actively seek that out because they are trying to wrestle those feelings".

One participant commented on the impact of parental substance misuse in normalising such behaviour.

Lucy: "... if you've witnessed your parents doing it you are more likely to, you know, think it's normal to smoke or whatever, take whatever, get drunk, you know".

Many participants mentioned that young people who misuse substances will require money to support their drug use, which can lead to offending behaviour.

Claire: "Then there's the stealing to finance the drugs".

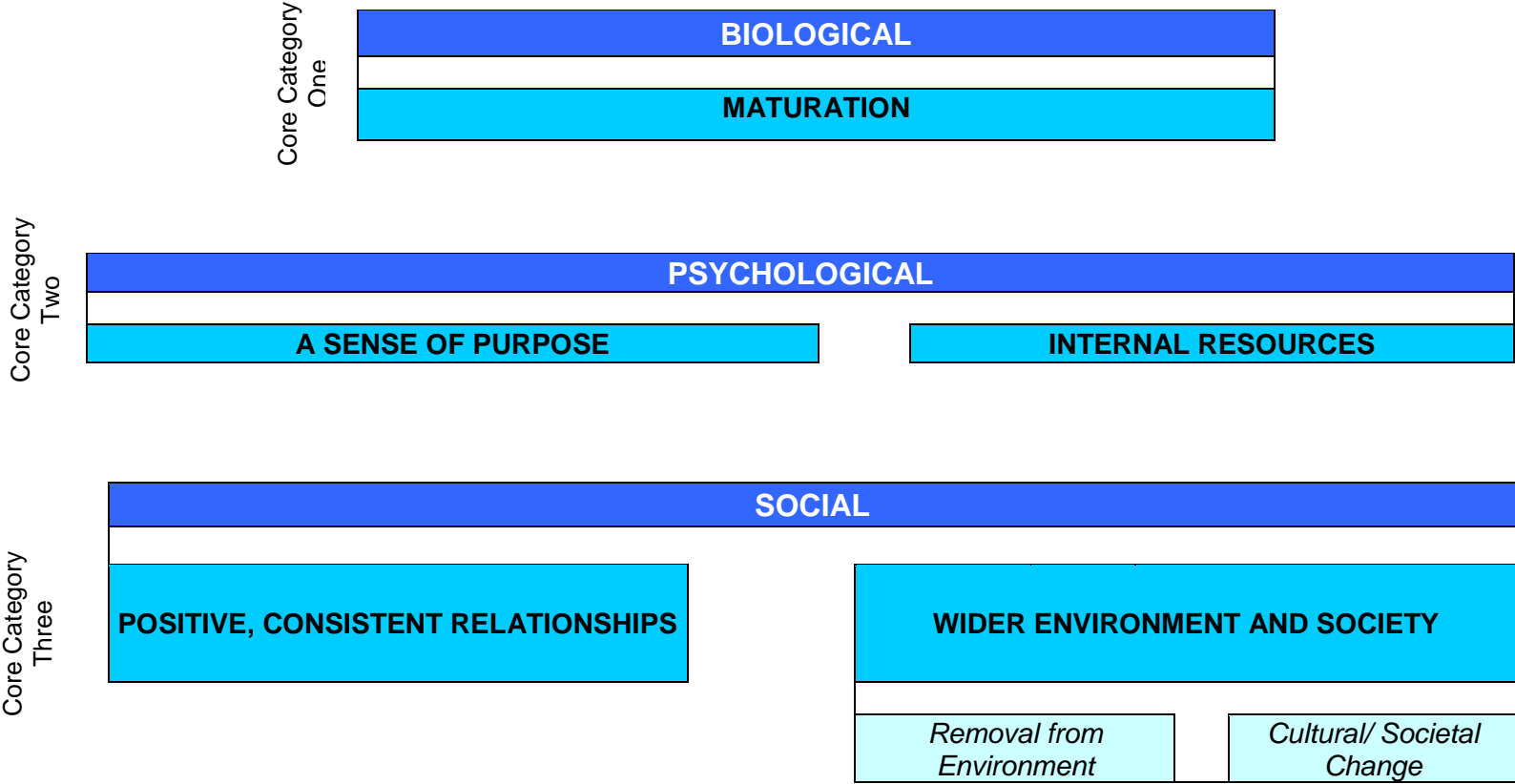
Jane: "... the non-dwelling burglary would have been the more straightforward burglary – 'we want some money for drugs'".

3.5 Theme Two: **EXITS FROM OFFENDING**

This theme presents participants' ideas regarding potential **EXITS FROM OFFENDING** for young people who have experienced a complex trauma. Participants discussed how certain **BIOLOGICAL**, **PSYCHOLOGICAL** and **SOCIAL** factors might help these young people reduce or stop their offending behaviour.

A diagrammatic overview of theme one can be seen below in Figure 3.3, p.100.

Figure 3.3: Diagrammatic illustration of theme two: **EXITS FROM OFFENDING**



3.5.1. Core Category One: BIOLOGICAL

This core category illustrates how participants perceived certain biological factors to be important when discussing potential exits from offending for these young people. There is one category, MATURATION, within this core category.

3.5.1.1 Category One: MATURATION

A number of participants discussed how some of the young people who have experienced complex traumas appear to 'grow out of' their offending behaviour.

Lucy: "... well, some kids do grow out of it, they obviously don't grow out of the trauma (no) but they grow out of the petty crime thing".

It was suggested that, with maturity, young people might learn key skills or learn to accept support, which they can then use to help reduce their offending behaviour.

Mark: "... and I've seen young people just grow up, mind (yeah). Yeah they just 15, 16 'I can emotionally regulate myself, I can't be arsed with that'".

Emily: "... but then, at that point, their maturity, they're ready to then accept some of the help".

One participant also mentioned how some of these young people may fear adult offending services, which in turn, reduces their offending behaviour.

Leah: "... and at 18 on the criminal side it totally changes as well. A lot of young people are scared of adult prison ... Very different to juvvie. I think sometimes that is a reality. They are scared; don't want to go there. like 'I don't actually want this anymore, this is boring'".

3.5.2. Core Category Two: PSYCHOLOGICAL

This core category illustrates how certain psychological factors may help these young people to exit offending. There are two categories within this core category: HAVING A SENSE OF PURPOSE and INTERNAL RESOURCES.

3.5.3.1 Category One: A SENSE OF PURPOSE

A number of participants described how some young people they had worked with had reduced their offending behaviour because they had found a 'purpose in life', whether that was through employment, education or a hobby. Having a purpose is seen as helping to give young people structure, aspirations and improved self-esteem.

Leah: "Purpose in life, where they feel like "I am worth it"... I had one young person that has had a pretty horrific life ... and then suddenly he got interested in sport and that was it. Amazing, you know".

Mark: "Employment steadies people ... We come back to the first layer of stability, having somewhere to live, material comforts ... The same way as education is another way out of it and or a hobby or an interest ... anything like that".

Lucy: "I've seen a few kids ... whose life is fairly chaotic ... but they get to school every day and that becomes an important thing to them, you know. Where they go and the adults are predictable ... people are positive of them, there's a lot of positive activities ... and they keep going, you know, and it's important".

One participant commented on how acceptance can play a key role in obtaining a new sense of purpose.

Leah: "Yeah ... I think he's been accepted in that group, he's been accepted, everyone knows he could be a very good sportsman and I think he's been accepted in that team".

Another participant commented on how restorative justice approaches can help improve a young person's sense of belonging and purpose.

Susan: "... paying back to society could be looked at differently, which sometimes can be a really good thing. They feel like they're giving back and then once again being part of society".

3.5.3.2 Category Two: INTERNAL RESOURCES

Participants described how the development of self-belief and insight are important factors in helping to reduce offending behaviour.

Susan: "Yeah, it probably goes back to self-belief, you know. If they believe in themselves, you know. They will go on to not offend".

Emily: "Um, some of it will be, I don't know that, at some point able to re-define themselves and see themselves in a different way and I think a lot of that is down to their own internal sort of resources really, that ability".

One participant mentioned how a greater understanding and acceptance of their own sexual identity was important in helping reduce offending behaviour.

Emily: "... for others it's been an acceptance of their ... sexual identity".

3.5.4 Core Category Three: SOCIAL

This core category illustrates how staff perceived certain social factors as helping young people who have experienced traumas to exit offending. There are two categories: POSITIVE, CONSISTENT RELATIONSHIPS and the WIDER ENVIRONMENT AND SOCIETY.

3.5.4.1 Category One: POSITIVE, CONSISTENT RELATIONSHIPS

When discussing young people who do not offend, many participants believed that having one positive relationship helped negate the impact of trauma.

Angela: "If there is somebody there that's supporting the child, the trauma isn't as traumatic".

Leah: "Yeah, having support and a strong network around you are really big things".

When discussing what might help reduce offending, the majority of participants discussed the importance of securing a stable, consistent, positive relationship, for young people who have experienced traumas. Participants believed that the need to feel loved and wanted in a secure relationship is a basic human need.

Andrew: "Yeah just someone to care, that's all they want. What anybody wants, someone who gives a shit about them so they don't feel alone".

Daniel: "... and it's going to take a lot of work and people who really understand what they're doing and they're in it for the long game and not going to throw the towel in".

Lucy: "Stabilising adult ... Well, I think that's pretty essential though. If you haven't got that ... so that's a requirement isn't it?"

These positive relationships, whether they are with adults, boyfriends/girlfriends or friends, were considered to help reduce offending behaviour because these people can support the young person, help improve their self-esteem and the young person will not want to 'let them down'.

Andrew: "There will be knock backs in some kids, won't there, but if you've got a stable environment you are going to appreciate that knock back a bit better aren't you? Because someone will be behind your shoulder saying 'It'll be alright mate, I can explain what happened to you so next time you can deal with it differently'".

Emily: "... and the type of relationships ... that then feeds into their feelings of self-worth ... that they're worth investing in".

Mark: "That's what I think, like, because, you know, when you develop relationships with people you don't want to let them down. . "Oh I don't want to do that because I'm going to let this guy down who has put effort into me who has, you know, took me under his wing".

3.5.4.2 Category Two: WIDER ENVIRONMENT AND SOCIETY

This category has two sub-categories: Removal from Environment and Culture/Societal Change.

3.5.4.2.1 Sub-category One: Removal from Environment

A number of participants believed that removing a young person from their existing 'anti-social' environment is essential in helping reduce their offending behaviour because many of these young people are 'unable to stop themselves' without external intervention.

Emily: "... he was actually moved out of the area into a foster placement out of area, um, and he was really grateful for that. He had a good insight into what was happening and he realised it he couldn't stop himself while he was here".

Claire: "With a lot of young people, we say they just need to be out of the county, away from that environment".

A number of participants described how custody can help with rehabilitation, as it can remove them from their anti-social environments and provide them with stability and structure. It can also help by stopping substance misuse.

Jane: "... but when they are in prison they are not using substances, they are highly motivated to change and we know how long we've got them for".

Emily: "Sometimes the only way you can start doing anything, any constructive kind of work for them is when they are in custody, when they're stopped".

3.5.4.2.2 Sub-category Two: Culture/Societal Change

Participants believed that in order to help young people who have experienced a trauma reduce offending, wider societal issues need to be addressed. This relates to perceptions of abuse, the availability of resources and attitudes towards the police.

Daniel: "I think that to stop this coming through it's got to be change as a society really, you've got generations of abuse ... I think if you are not working at it as a society I think you are just fighting against the tide".

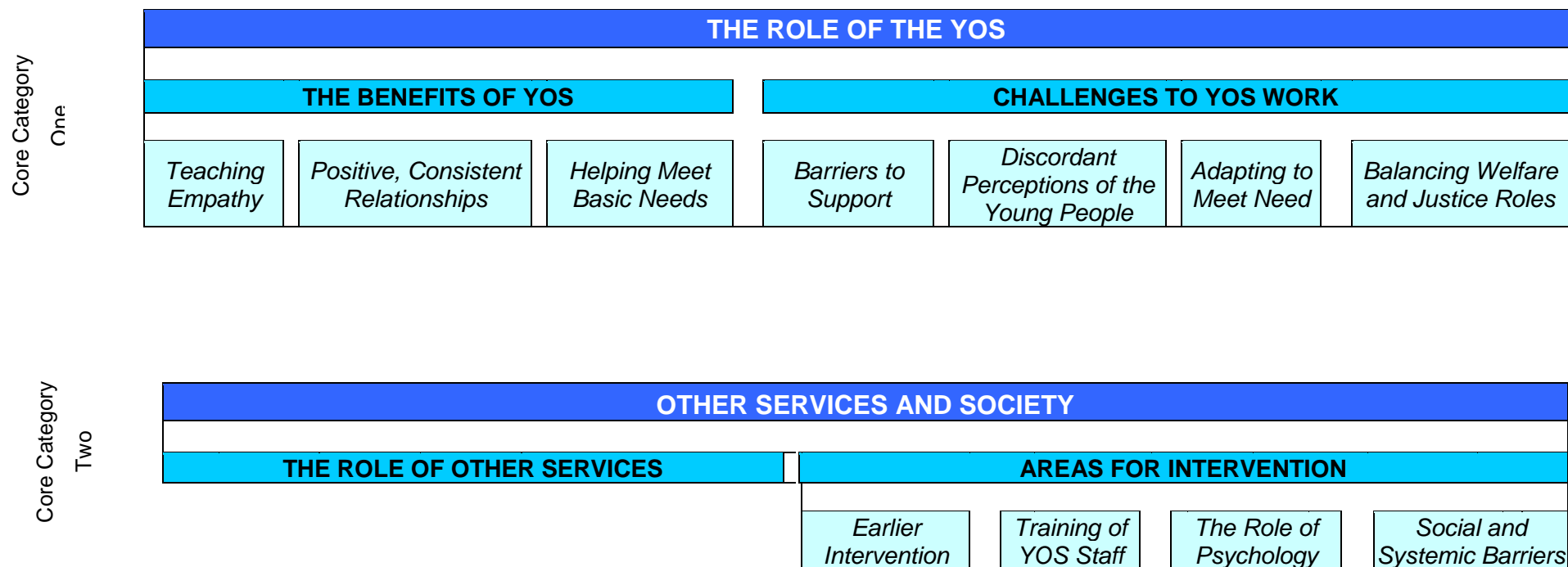
Mark: "Yeah, you can't fulfil the need ... There's nothing there, hardly anything. No recreational opportunities, no social activities for young people. There's no jobs for young people".

3.6 Theme Three: THE ROLE OF YOS AND OTHER SERVICES

This theme outlines participants' perceptions of **THE ROLE OF THE YOS AND OTHER SERVICES** in helping support these young offenders who have experienced a complex trauma. Participants discussed **THE ROLE OF THE YOS**, including **THE BENEFITS OF THE YOS** and the **CHALLENGES TO THE WORK** in YOS. Participants also discussed the role of **OTHER SERVICES AND SOCIETY** in helping support these young people. This includes **THE ROLE OF OTHER SERVICES** and potential **AREAS FOR INTERVENTION** described by the participants.

A diagrammatic overview of theme three is presented in Figure 3.4, p.107.

Figure 3.4: Diagrammatic illustration of theme three: **THE ROLE OF YOS AND OTHER SERVICES**



3.6.1 Core Category One: THE ROLE OF THE YOS

This category illustrates participants' beliefs about THE BENEFITS OF THE YOS, as well as some of the CHALLENGES TO THE WORK.

3.6.1.1 Category One: THE BENEFITS OF THE YOS

Participants identified a number of benefits of the YOS in terms of supporting young people who have experienced complex trauma. Within this category, there are three sub-categories: Teaching Empathy, Positive, Consistent Relationships and Helping Meet Basic Needs.

3.6.1.1.1 Sub-category One: Teaching Empathy

A number of participants discussed their role in helping to 'teach' young people to empathise and understand the consequences of their behaviour. However, some participants believed that it is not possible to teach such a skill.

Mark: "... in youth offending we always say 'oh we've got to teach him empathy' well, I'm on the fence with that. Can you teach empathy or is empathy developed? I think it's developed ... By reciprocal relationships with people and having people around you that care about you".

Daniel: "... you can't force empathy and you can't wait for it to happen, you've got to try and work through it the best way you can".

3.6.1.1.2 Sub-category Two: Positive, Consistent Relationships

Participants believed that it is important for YOT workers to build positive, consistent working relationships with the young person in which they can offer advice and support.

Jane: "... we can be that consistent adult and we can tell them that they are nice people and that they are not little shits. We can tell them that 'we think you can get a job' and help them get a job".

Mark: "I always find that the best work you'll ever do is when you can strike up a relationship with a young person and show you care. They want people to care ... If you look at any Looked After Child and ask them what's the biggest thing ... 'I just want somebody to care'".

A number of participants commented on how these young people may try to push them away but emphasise that remaining consistent and boundaried is important.

Claire: "Yeah, we are there for them no matter what they do, we are always there and we are there regularly. We have to see them more frequently than their social worker does. We are consistently boundaried, 'you do this you know everything is fine, you don't do this then there's a warning'".

Leah: "Some young people don't want to leave us ... Because we are so intensive, I think, and they know we are here every day, you know, they don't have that in their life. It's a routine".

One participant commented on how they felt it was important to model this type of positive, consistent relationship in order to help the young person to change their behaviour.

Angela: "... you can see that person has learnt and changed their behaviour, they have modified, they can model it on us, they can question and challenge us, but there's some stability that actually somebody likes me, somebody trusts me, somebody is invested in me, somebody cares".

A number of participants mentioned that, where possible, their work involves helping support families and carers to build positive, consistent relationships with their child.

Lucy: "We spend half the time with the parents trying to sort of keep them supported ... because if they can keep it going ... that rejection isn't going to happen".

Angela: "My role in those cases has been to give mum her power back and teach her how she has to behave and it's up to her to take it".

3.6.1.1.3 Sub-category Three: Helping Meet Basic Needs

Some participants believed that an important part of their work with these young people was helping them to get their basic emotional and social needs met.

Emily: "I think if you can't get some of the basic needs met you cannot work on any of the other bits ... so you know to get somebody stable enough".

Jane: "... people have very high expectations of them but they don't have the building blocks to do some of those things, so you've got to help them develop those building blocks before you can expect them to change".

3.6.1.2 Category Two: CHALLENGES TO THE WORK

This category outlines the challenges that participants believed the YOS face in terms of supporting these vulnerable young people. Within this category there are four sub-categories: Barriers to Support, Discordant Perceptions of the Young People, Balancing Welfare and Justice Roles and Adapting to Meet Need.

3.6.1.2.1 *Sub-category One: Barriers to Support*

Many participants identified a number of barriers to their work with young people who have experienced a complex trauma. Firstly, they identified how difficult it can be to support change when 'prosocial' lifestyles and attitudes are unfamiliar.

Emily: "... he said 'but I've never tried doing the normal life, you know getting up in the morning, going to work, coming home' ... It's too unfamiliar ... it's easier to keep doing the things that you're doing and that you know".

Mark: "... that's what's missed in youth offending is that you think you can go in .. 'oh see you next week, see you in two week's time'. They just look at you like you are somebody else like. You are not even from that world ... So they are not going to listen to you".

Some participants also believed that a young person's difficulties with emotional regulation created a potential barrier to their work.

Claire: "... he would try and frustrate situations and the sessions, so you couldn't actually do any meaningful work with him ... very much a barrier. You couldn't get through".

Andrew: "It's not because he doesn't want to see us, it's not because he's trying to be obstructive ... pretty much he can't help himself, that's how he reacts to things".

Two participants mentioned how these young people might experience difficulties in working with the YOS because of their understandable mistrust of adults.

Claire: "I know that his trauma was his uncle would lock him in the shed and play 'XXXX' ... so I think the idea of an adult containing him was ... frightening".

Lucy: "I went to see him once and he would stand by the door.....He can't even sit down with an adult ... they don't really trust adults. You know, they, um, haven't really got any reason to like you or get on with you or work with you, why should they, you know?"

The final barrier to their work involved supporting young people to stop misusing substances, especially if they are being used to help 'numb' difficult emotions.

Susan: "Yeah, so it [drugs] blocks it out and then we've got to say to them 'we're asking you, you've had this blocked out period where you've felt great you know, there was no remembering who I am and why I've got no place in society' ... and then we've got to say 'right stop doing that now and ...' So it's hard".

3.6.1.2.2 *Sub-category Two: Discordant Perceptions of the Young People*

Many participants commented on how much they liked these young people and how they had developed many positive attributes, especially considering their traumatic experiences.

Emily: "... their resilience ... that never ceases to amaze me".

Andrew: "He was lovely, lovely, lovely, really nice kid. Genuine, caring".

Jane: "He's really an amazing lad".

This appeared to make it difficult for participants to sometimes understand the severity of the young person's crimes.

Daniel: "... very eloquent, read a lot, very charming, very softly spoken, very, very polite ... Yeah, didn't expect what he was capable of".

Claire: "He could be the loveliest person but then just flip and, um, become quite aggressive".

One participant commented on how this 'likeable' presentation in these young people might be related to the culture in Wales, compared to other areas of the UK.

Angela: "You would find a lot of difference in the attitudes here because, as high risk as this young person, he's not nasty, rude, disrespectful or horrible ... that attitude of 'I want this and I'm going to get it' I haven't seen here".

3.6.1.2.3 *Sub-category Three: Balancing Welfare and Justice Roles*

Participants often discussed their frustration with feeling unable to meet many of the welfare needs of these young people because of their justice roles and responsibilities.

Emily: "... you know, at times, it's a really difficult role because you've got the vulnerability welfare of the young person against, you know, the policing, the having to re-breach people, write reports that say they're high risk".

Claire: "... let them learn from their mistakes instead of labelling them and suddenly they've got a criminal record and it's going to affect their future".

However, one participant believed that this can change depending on location and that Wales may have a more welfare-oriented attitude compared to other areas of the UK.

Angela: "... that geographical dynamic of what's expected in different areas is one of the beautiful things about this area. There is a strong ethical base, the workers, the commitment, the attitudes are really powerful ... Elsewhere ... in the bigger areas ... they've learnt to completely detach and say ok I've done this it's on the

record, tick, tick, tick. Over here people are still fighting for them. So that's actually beautiful for me. Really good, really positive".

3.6.1.2.4 Sub-category Four: Adapting to Meet Need

Participants believed that the YOS struggle to meet the needs of the young people they work with.

Lucy: "You can't give them anger management for a couple of weeks, thank you very much good bye ... if your whole personality is sort of bit skewed ... the managers they think we can just turn up, do a bit of anger management and sorted ... and I can't do it with somebody who has been traumatised from birth... "

Angela: "... they will breakdown, they will cry, they will share almost their darkest deepest secrets. But that's where it stays, the work doesn't actually get carried out elsewhere, so when we do the ... interventions it's actually not connected to their needs and their actual risk, it's connected to the offence that they committed".

Many of the participants appeared to understand the vulnerability and welfare needs of young people who had experienced trauma and, therefore, often 'adapted the rules' and made 'allowances'.

Claire: "Probably I think you always have that in the back of your mind, so when they kick off or get upset, you would make allowances".

Andrew: "... we make allowances for him because his behaviour is so erratic. Whereas other young people would be probably in breach".

However, one participant felt that she needed to treat every young person she works with the same.

Susan: "The same ... yeah because they need that, they need to be treated the same".

Some participants felt that young people who had experienced traumas were more 'complex' and unpredictable and therefore required the YOS workers to be on 'top form'.

Lucy: "They definitely need us to be on our kind of top form, really ... if people have been neglected and abused by adults, I always feel there's an onus on us to be very, very good at our jobs".

3.6.2 Core Category Two: OTHER SERVICES AND SOCIETY

This core category illustrates how participants perceived the role of other services and society in being able to support young people who have offended and have experienced

trauma in their lives. There are two categories within this core category: THE ROLE OF OTHER SERVICES and AREAS FOR INTERVENTION.

3.6.2.1 Category One: THE ROLE OF OTHER SERVICES

Some participants touched on the difficulties that they, and the young people they work with, experience with other services, especially CAMHS and Social Services. They perceive YOS workers as being better able to tolerate the 'volatility' of these young people.

Andrew: "We've had several battles with CAMHS ... they think that sometimes our kids are volatile ... But they don't make the same allowances sometimes and I think that we do. And then they get taken off the list and it's hard to get them back on".

Jane: "I would say Social Services staff are less skilled at dealing with those situations than YOS staff are. Things escalate and the police get called ... I think other services, once the YOS is involved, expect the YOS to deal with everything ... we'll often become the sole service ... and actually that should never be the case".

3.6.2.2 Category Two: AREAS FOR INTERVENTION

This category presents participants' ideas on potential areas for intervention for these young people. Within this category there are four sub-categories: Earlier Intervention, Training of YOS Staff, The Role of Psychology and Social and Systemic Barriers.

3.6.2.2.1 Sub-category One: Earlier Intervention

Some participants mentioned the need for services to intervene at an earlier stage to help support young people who have experienced a complex trauma, such as earlier removal from their home environment.

Emily: "... had it been recognised earlier on, some intervention either removed from home, stepfather removed ... when he first started coming through the criminal justice system, I think he was probably 13-14, it was too late at that point".

Conversely, others believed that earlier interventions within the family would help prevent offending behaviour.

Daniel: "... if we can keep families together then we need to be doing that because we think sometimes it's not possible, but I think you need to be working with the problem rather than trying to remove the problem".

3.6.2.2.2 Sub-category Two: Training of YOS Staff

Many participants mentioned the need for additional training on the effects of trauma.

Andrew: "I think we do need more training around sort of the impact of trauma ... significance of severe trauma on how it can impact on young people, the types of offences they might become involved in and how best to work with them".

One participant felt that additional training in more 'non-directive' approaches would be beneficial.

Susan: "... and I think people should be trained in non-directive, collaborative work rather than directive. I.e. 'you are going to do this and you are going to do this'. Nobody likes to be told that, especially teenagers with trauma".

One participant believed that agencies need to adopt a different approach to training staff.

Angela: "... people are developing interventions and everybody needs training ... no you don't, you need an hour of training, you probably need a block at the beginning, something like domestic violence, sexual violence, you need a block ... and then mentoring potentially for those frontline people".

3.6.2.2.3 Sub-category Three: The Role of Psychology

A number of participants mentioned the role of psychology and the need to provide interventions targeted at an 'emotional' level.

Jane: "What we need is psychology support for young people who have experienced trauma, who have difficulty managing their emotions and who are using substances, probably as a result of the trauma and the difficulty managing emotions".

Andrew: "I think more psychology input as opposed to psychiatry. I think that's essential really ... they don't need medication, it's emotional stuff ... I think psychological input would be brilliant for lots of our ... young people, really".

However, one participant identified one drawback in relation to psychological therapies.

Mark: "... the criticism of CBT is that in the short-term it's good because you have somebody to talk to, you have somebody who is caring but that person goes and you come back to isolation".

3.6.2.2.4 Sub-category Four: Social and Systemic Barriers

Participants discussed a number of social and systematic barriers that should be addressed in order to help support these young people. This includes addressing issues related to social media, cultural attitudes and limited resources.

Daniel: "There's no money up there ... and I'm thinking how can you motivate young people to say 'right you need to do this', whose education attainment has never been very high and there is always going to be limited kind of work".

Claire: "I think certainly young people these days can access pornography very easily on their mobile phones ... And somehow it makes it normal if you see it on a screen doesn't it ..."

One participant commented on certain cultural barriers they experience in relation to their work in Wales and the UK, compared to other parts of the world.

Angela: "I've also done work abroad and ... there is a totally different psychological state in play ... There was a great honour in place so when we worked with them they were listening and they responded to us and they trusted us. That's less possible in the West because there is too much emphasis on the 'me' and the 'I'".

3.7 Summary of Results: Qualitative Research

The current study aimed to gather rich data on staff perceptions of the potential links between complex trauma and offending behaviour. Key themes were identified within the data from 10 semi-structured interviews with YOT staff. Three **THEMES** emerged, which outlined key mechanisms participants believed linked trauma and offending behaviour, as well as potential exits to offending and the role of YOS and other services in supporting these vulnerable young people.

The themes and categories within this Grounded theory all interact with each other and help offer the reader an understanding of how staff might perceive how a child might travel through trauma-offending pathways. Using the above identified themes, an example pathway might be:

- ➔ A child experiences a complex trauma, which can impact on their attachments with people, as well as on the physical development of their brain.
- ➔ This may lead to difficulties engaging in school, due to certain cognitive deficits, and difficulties relating to peers because of social skills deficits, which could lead to isolation.
- ➔ Isolation could increase the likelihood that the young person might seek a sense of belonging from other people who have had similar life experiences. This may result in the young person engaging with anti-social peer groups, who misuse substances to manage difficult emotions, because these young people may also feel excluded from school and wider society.

- ➔ The young person might feel more inclined to misuse substances in order to help them to manage their emotions and block out difficult memories.
- ➔ Substance misuse might result in the young person becoming more reckless and impulsive, which is exacerbated by their feelings of hopelessness and perception that they have 'nothing to lose'.
- ➔ Engaging in offending behaviour, such as stealing or violence, might then help them gain the required resources to fund their substance misuse. It may also help them to gain 'street cred' and increase their sense of belonging within their peer group.
- ➔ This can lead the young person to adopt a 'criminal' identity because it has helped them address many of their unmet emotional needs such as a feeling of acceptance and belonging, and social needs, such as money and security. It can also give them a sense of control in a world they can perceive as dangerous and unfamiliar.
- ➔ This behaviour then becomes 'familiar' and may be seen by the young person as 'normal'. Therefore, any attempts to change such patterns of behaviour may be challenged.

Existing literature has not provided a detailed exploration of staff perceptions of the links between trauma and offending in the youth justice population and predominantly focuses on prevalence rates of trauma in offending populations. This is considered a significant limitation, as YOT workers are often the only professionals who are able to work closely with these potentially hard to reach groups. Therefore, they are in a position to make an immense impact on the young person's life. This study addresses some of these limitations and provides rich data on the perceptions of staff within this field.

4 CHAPTER FOUR: DISCUSSION

4.1 Overview of the Chapter

This chapter will summarise the findings from this study and outline how these findings relate to existing research within the field. Strengths and limitations of the study will be identified and discussed. Finally, clinical and service implications and areas for future research will be explored.

4.2 Summary of Research Findings

The aim of this study was to gather rich and detailed information on YOT staff's perceptions of the trauma-offending pathway in the youth justice population. In order to obtain this rich data, a qualitative research design was utilised. This study involved conducting 10 in-depth interviews with YOT workers. The data from these interviews was then thematically analysed, drawing on Constructivist Grounded Theory principles, and three key themes were identified; **STAFF'S BELIEFS ABOUT THE MECHANISMS LINKING TRAUMA AND OFFENDING, EXITS FROM OFFENDING** and **THE ROLE OF YOS AND OTHER SERVICES**. Although the data in this study was categorised into different themes, participants in the interviews stressed the varied, dynamic, nonlinear and reciprocal nature of these factors and the importance of interactions between an individual and their social context.

4.2.1.1. Theme One: MECHANISMS LINKING TRAUMA AND OFFENDING

Staff perceived the link between trauma and offending behaviour as strong but complex. They described numerous mechanisms that they believed might account for this link, including biological factors, such as brain development, learning and communication difficulties and 'normal' teenage behaviour.

The psychological factors identified by participants related to a young person's emotional difficulties, such as mental health issues, emotional dysregulation, lack of empathy, unmet emotional needs, the need for control and a cry for help vs enjoyment of offending. They also considered a young person's belief systems, such as their identity, self-esteem and beliefs about the world and other people, to be important mechanisms. Participants commented on a number of gender differences they perceive in their work with young

people who have experienced traumas, including differences in externalising vs internalising emotions and vulnerability.

Participants also identified a number of social mechanisms that might be involved in the trauma-offending pathway. They considered peers as important influences, especially in relation to a young person's social skills and desire for a sense of belonging. They also perceived parents/carers to be important influences in this pathway, especially in relation to the impact of dysfunctional relationships, parenting ability, learned behaviour and a lack of stability and consistency. Certain wider societal and environmental issues were also identified, such as having nothing to invest in, limited education, unmet basic social needs, negative labels, difficult relationships with authority and the potential benefits of custody. Finally, participants perceived the psychological and social impact of substance misuse to be particularly important when considering the link between trauma and offending behaviour.

4.2.1.2. Theme Two: EXITS FROM OFFENDING

Participants described a number of biopsychosocial mechanisms through which they believed these vulnerable young people might stop or reduce their offending behaviour. The biological factor identified related to a young person's natural 'maturation' out of offending behaviour. Psychological factors related to a young person obtaining a sense of purpose in life and developing internal resources, such as self-belief and insight. Finally, social factors pertained to a young person being able to obtain positive, consistent relationships and other wider environmental and societal issues, such as removal from their 'anti-social' environment.

4.2.1.3. Theme Three: THE ROLE OF YOS AND OTHER SERVICES

Participants described a number of benefits of the YOS, especially regarding the teaching of empathy, providing positive, consistent relationships and helping meet young people's basic needs. However, a number of challenges to their work were identified, including certain barriers to support, discordant perceptions of these young people, difficulties balancing welfare and justice roles and having to adapt their work to meet needs. Participants also discussed their relationships with other services, including their perceived tensions with CAMHS and Social Services. They went on to describe potential areas for intervention that they believed could help to improve outcomes for these young

people, such as providing earlier interventions, additional training for the YOS staff, the potential role of psychology and wider social and systemic barriers that need to be addressed.

4.3 Research Findings and Existing Literature

This section briefly presents information on existing theories and research that support and dispute the findings in this study. However, it should be noted that the mechanisms involved in the trauma-offending pathway are complex and varied and a number of theoretical explanations may be valid, which, due to space constraints, cannot be fully explored in this review of the literature.

4.3.1. Theme One: MECHANISMS LINKING TRAUMA AND OFFENDING

4.3.1.1 Category One: Strength of the Relationship between Trauma and Offending

Many of the participants in this study viewed the relationship between trauma and offending as complex but also very strong, some perceiving it to be '100%', which is higher than recent research estimating rates to be approximately 48%-92% (Abram *et al.* 2004; Abram *et al.* 2013; Dierkhising *et al.* 2013; YJB Cymru, 2012). This might reflect staff's overestimation of the links between trauma and offending or potentially reflects true differences in rates of trauma and its links with offending behaviour in the field in which they work.

4.3.1.2 Category Two: Biological Mechanisms

Participants believed that a number of biological mechanisms could help to explain the links between trauma and offending. They suggested that experiences of trauma can set some young people on an 'atypical' developmental pathway to offending behaviour through inhibiting their neurological development and increasing the likelihood that they might develop learning and communication difficulties. Research has shown that parent-infant interactions, especially in the first 18 months of life, are essential in 'sculpting' an infant's brain and disruptions to this process can have detrimental consequences (Allen, 2011; Cicchetti, 2013; Danese & McEwen, 2012; Hughes & Baylin, 2012; Painter & Scannapieco, 2013; Perry, 2002). A large body of 'developmental traumatology' research has started to explore the ways in which experiences of trauma can adversely affect the

psychobiological development of a child. This research has shown that early experiences of trauma can have a detrimental impact on a child's cognitive functioning, academic achievement, emotional and behavioural regulation and learning, communication and empathic ability (De Bellis & Zisk, 2014; Evans-Chase, 2014; Schore, 2009; Schore, 2015; Siegel, 2015; Siegel & Solomon, 2003; Van der Kolk & McFarlane, 2012).

Although the participants in this study identified some biological factors that might be important in the trauma-offending pathway, they still appeared to be uncertain as to the extensive impact of early traumas on a child's development. For example, none of the participants discussed the role of hormones (e.g. serotonin levels), environmental contaminants (e.g. toxic prenatal environment), potential genetic factors or a child's natural temperament, which have also been linked to later offending behaviour (e.g. Baglivio *et al.* 2015; Booth & Osgood, 1993; Bouchard, 1997; Pallone & Hennessy, 1998).

4.3.1.3 Category Three: Psychological Mechanisms

Participants believed that emotional difficulties, including mental health issues, hypervigilance and emotional dysregulation, can help to explain the trauma-offending pathway. Research has shown that experiences of trauma can increase the likelihood of developing mental health issues, including PTSD, depression and psychosis, and can also lead to difficulties with emotional regulation (Heim *et al.* 2008; Hoeve *et al.* 2014; Kelleher *et al.* 2013; Ulzen & Hamilton, 1998; Van der Kolk & Fisler 1994). Early traumatic experiences have been shown to 'prime' psychological stress responses, so that a person remains in a state of hypervigilance and research into PTSD theories of offending has shown that hypervigilance and emotional dysregulation can potentially mediate the link between trauma and offending behaviour (Agnew, 1985; Ardino, 2012; Cohen *et al.* 2009; De Bellis & Zisk, 2014; Haapasalo & Pokela, 1999; Maschi, Bradley & Morgen, 2008).

Participants also believed that young people who have experienced traumas appear to have "*low levels of empathy*", which can influence offending behaviour. These beliefs are supported by some empirical findings, which have shown that experiences of abuse and neglect can impair a child's ability to express and understand their own emotions,

suggesting that it might be difficult for them to understand other people's emotions (e.g. Golding, 2008; Van der Kolk, 2005). These young people may also appear to lack remorse or empathy because they have learnt to suppress their emotions and adopt a 'survival coping' strategy of distrust and hostility, one possible coping mechanism in the face of ongoing abuse and neglect (Creeden, 2013; Ford, 2002; Golding, 2008; Haapasalo & Pokela, 1999). As a result of these coping strategies, some of these young people may present with lower observable levels of empathy and become more likely to engage in offending behaviour (Ford, 2002).

In this study, participants described the young people they work with who have experienced traumas as having difficulties with low self-esteem and confused identities. Research has shown that early traumas can leave a child believing that they are helpless, defective and unlovable, which can have a significant impact on their self-esteem, sense of identity and potentially diminish their sense of future (Blaustein & Kinniburgh, 2010; Bowlby, 1969; Cloitre *et al.* 2005; Cook *et al.* 2005). Research has shown that developing a violent reputation allows young people to gain a sense of status, security and self-esteem, helping to address these difficulties (Barry, 2006; Estévez *et al.* 2013, Collison, 1996; Ness, 2004; Watkins & Bentovim, 1992, as cited in Glasser *et al.* 2001). Participants also believed that experiences of trauma can lead these young people to believe that they have 'nothing to lose', thus, increasing the likelihood of offending. Studies have found similar results, showing that young people who experience trauma may develop low expectations about their future, higher needs for instant gratification and disregard for future consequences and are, therefore, more likely to engage in risk-taking or offending behaviour (Cook *et al.* 2005; Harris *et al.* 2002; Ford *et al.* 2002; Ford *et al.* 2006).

However, participants in this research study described a number of factors that have been widely contested or insufficiently explored in the literature. For example, one participant described how *high* levels of self-esteem can be linked to some offending behaviour and this may reflect continuing debates in the criminology field regarding the role of self-esteem versus narcissism (Bushman *et al.* 2009; Ostrowsky, 2010). Moreover, participants disagreed about the impact of trauma on a young person's need to engage in offending behaviour as a 'cry for help' rather than mere enjoyment of offending. A limited number of studies have shown that early traumas can result in physiological changes,

such as high levels of adrenaline, which can potentially become addictive and thus increase the likelihood of risk taking behaviour (Hodge, 1992; Van der Kolk, 1989). However, research suggests that other factors, such as gaining power and a sense of control and belonging, might mediate the relationship between enjoyment and offending behaviour (see SOCIAL mechanisms, p.122).

Participants also disagreed about the potential gender differences in the trauma-offending pathway. Some participants believed that boys are more likely to 'externalise' their emotions, leading to more violent crimes, whereas girls would often 'internalise' their emotions, leading to other sorts of offending behaviour. Some research findings support these observations (Bender, 2010; Leadbeater *et al.* 1999; Turner *et al.* 2006). However, as observed by some of the participants, recent reports have shown that offending trends are changing and violent offences by females are increasing (YJB, 2009). Some theorists have suggested that increases in alcohol misuse may explain this change (Miller *et al.*, 2011). Feminist theorists suggest that this change may reflect an increase in the numbers of women 're-asserting' themselves, deviating from expected female norms or potentially as a result of the criminalisation of women's survival strategies (Batchelor, 2005; Chesney-Lind, 1989; Liddell & Martinovic, 2013; Ness, 2004). Debate continues as to whether it is young women's behaviour that has changed or the systems surrounding them, and it is argued that a complex "interplay of social and cultural forces with individual factors" best explains the development of offending behaviour in females (Ness, 2004, p.46; YJB, 2009).

4.3.1.4 Category Four: Social Mechanisms

Participants believed that the influence of peers and parents might help to explain the trauma-offending pathway. Many suggested that experiences of trauma can impact on a child's attachment with their parents and potentially impair their development of appropriate social skills, which can lead to isolation and a yearning for a sense of belonging. These young people may then turn to antisocial peers later in life in order to fulfil this need. Schore (2015, p.3) stated that "the child's first relationship, the one with the mother, acts as a template, as it permanently moulds the individual's capacity to enter into all later emotional relationships". Insecurely attached infants show greater noncompliant behaviours in an attempt to elicit stability and safety from unavailable or

abusive caregivers, which can lead to aggression, reduced empathy, disturbed patterns of relating, a sense of shame and abandonment and a deep distrust of other people and the world, all of which can be linked to later offending behaviour (Egeland *et al.* 2002; Golding, 2008; Keenan & Shaw, 2003; Marshall *et al.* 1993).

Research has consistently shown that the absence of a consistent, supportive and emotionally available parent in a child's early life can have a significant impact on a child's neurological, social and emotional development (Bowlby, 1969; Creeden, 2013; Hughes, 2014; Schore, 2015). In addition, the experiences of neglect and abuse mean that a child has not been given the opportunity to build secure relationships and learn appropriate social skills (e.g. Golding, 2008; Van der Kolk, 2005). As a result, a child might struggle to develop consistent, positive peer relationships in later life, which can lead to conflict and rejection (Bolger & Patterson, 2001; Cook *et al.* 2005; Chapple *et al.* 2005; Dodge *et al.* 1994; Herrera, 1996; Parker, & Pettit *et al.* 1996; Schwartz & Proctor, 2000). Rejection, coupled with an innate drive to belong, has been shown to increase the likelihood that young people will seek out other young peers who experience similar difficulties, making it more likely that they will become involved with "the wrong crowd" (Baumeister & Leary, 1995; Bender, 2010, p.469; Cullingford & Morrison, 1997; Laird *et al.* 2001). Rejection by prosocial peers and affiliation with anti-social peers is strongly associated with offending behaviour (Dodge & Petit, 2003; Maschi, Bradley & Morgen, 2008; Salzinger *et al.* 2007). These findings support some of the participant's conclusions regarding the influence of peers and parents on potential trauma-offending pathways.

Participants belief that some young people who have experienced trauma will have difficulties engaging with education and thus, more likely to offend, has also received some empirical support. A diminished sense of the future and a 'survival mode' mentality developed through traumatic experiences, has been shown to increase a child's present rather than future orientation, which can increase impulsivity and a need for instant gratification (Dodge & Petit, 2003; Ford, 2002). These difficulties, alongside other neurological and emotional regulation issues, have been shown to impair a child's ability to engage in education (Acoca, 1998; Bombèr, 2007). Youths who fail to complete school or frequently truant have been shown to have an increased risk of offending (Chang *et al.* 2003; Hawkins *et al.* 2000). Participants also described how many of the young people

they work with have negative perceptions of authority figures, especially the police, potentially as a result of their early experiences. As previously outlined, research has shown that early traumas can create a sense of distrust and hostility towards adults, especially those in a position of authority, and a lack of trust and respect for authority figures corresponds with increased offending behaviour (Cook *et al.* 2005; Fagan & Tyler, 2005).

However, some of the results from this study are in contrast to findings in other empirical studies. For example, some participants suggested that ‘forced’ engagement with youth justice services, including custody, could help to address the unmet welfare needs of these young people. Some research has shown that incarceration can help to address some of these needs, such as education (YJB & HM Inspectorate of Prisons, 2015). However, much of the literature now suggests that young people feel unsafe in prisons, have many unmet needs and experience greater levels of victimisation, indicating that the current justice system may be inadequately equipped to support those who have experienced trauma (All Party Parliamentary Group for Children, 2010; Forst *et al.* 1989; YJB & HM Inspectorate of Prisons, 2015). However, there are currently few appropriate therapeutic alternatives, which raises ethical issues in relation to existing service provision.

None of the participants in this study described the potential role that running away from home can have on the trauma-offending pathway, as outlined in Bender’s model (Bender, 2010). Running away from home is recognised as both a consequence of trauma and a risk factor for offending and could help to explain why some youths who have experienced traumas become involved in justice services (Chesney-Lind & Shelden, 2013). In summary, although the participants in this study appeared to be familiar with a number of social factors that might contribute to the trauma-offending pathway that have been identified in existing research, gaps and potential misunderstandings in their knowledge remain.

4.3.1.5 Category Five: Substance Misuse

The role of substance misuse was perhaps the most widely described factor participants believed could help to explain the links between trauma and offending behaviour. They

believed that young people who have experienced traumas are more susceptible to substance addiction and misuse because they need to “*numb*” negative emotions and traumatic memories. Research suggests that young people often ‘self-medicate’ as a way of coping with traumatic symptoms and that these young people are more likely to misuse and to become dependent on substances (Garland *et al.* 2013; Kilpatrick *et al.* 2000). Participants also believed that substance misuse can lead to offending because it can increase impulsivity and recklessness. Impulsivity has been shown to be one of many consequences of trauma, and is also considered to be both a determinant and consequence of drug use (De Wit, 2009).

However, many participants suggested that young people will commit crimes in order to fund their substance misuse. Although some research supports this theory, recent reviews and self-report data suggests that youths do not commit crime in order to obtain money for drugs and they cite a number of other reasons for offending (MacCoun *et al.* 2003; Seddon, 2000; White *et al.* 2002). Participants also described how the ‘come down’ off drugs can increase irritability and aggression, thus increasing the chances of offending behaviour. Limited quantitative research has explored the immediate repercussion of substance misuse on mood and offending behaviour. However, other qualitative studies have reported similar negative effects relating to the ‘come-down’ from substances (Sanders *et al.* 2009).

Participants believed that the association between trauma, offending and substance misuse was stronger for males and for prolific offenders. Although substance misuse has been found to be predictive of later prolific offending, research suggests that the relationship between these factors in males and females is still conflicting (Garnefski & Arends, 1998; Mulvey, 2011; Simpson & Miller, 2002; Vaughn *et al.* 2013; Widom & White, 1997).

4.3.2 Theme Two: EXITS FROM OFFENDING

Although views varied, a number of participants described how biological factors (natural maturation), psychological factors (gaining a sense of purpose, positive identity and self-belief) and social factors (securing positive, consistent relationships and wider societal

issues) might help to explain why some young people who have experienced trauma exit a path of continued offending behaviour. Participants' theories support contemporary research in the desistance field (Schubert *et al.* 2016). For example, Maruna (2000) also described three potential pathways out of offending behaviour; a) maturation, b) narrative changes in social and personal identity and, c) life transitions and social bonds.

In relation to maturation, Glueck & Glueck's (1974) seminal research demonstrated that 'natural' maturation out of offending behaviour can occur. This supports a number of developmental theories of offending, such as Moffit's (1993) adolescence-limited/life-course-persistent theory and Patterson's (1989) social-interactional developmental theory. Research has also shown that certain lifestyle and relationship factors can increase the likelihood of desistance, such as gaining a sense of purpose and attainment through employment and education, especially for young people who have experienced early traumas (Sampson & Laub, 2005; Stouthamer-Loeber *et al.* 2004; Zingraff *et al.* 1994). Young people who are able to redefine themselves and adopt a 'prosocial' identity are also more likely to desist offending (Hearn, 2010; Healy, 2013; Maruna *et al.* 2004). For example, women who successfully "crafted highly traditional replacement selves" (e.g., the good wife, the involved mother) were more likely to desist offending, although such identities can become constraining in themselves (Giordano *et al.* 2002, p.1053). Moreover, youths who establish positive, consistent relationships, either with parents, foster carers, partners, children or peers, are more likely to desist offending, especially in females (e.g. Laub & Sampson, 2001; Mulvey *et al.* 2004; Rodermond *et al.* 2015; Stouthamer-Loeber *et al.* 2004).

However, although activities that help young people to 'redefine' themselves might help reduce offending behaviour, it appears that the type and timing of occupational activities is important. For example, studies have shown that employment is only effective in reducing offending among older offenders for whom work may be more important, and one study found that employment increased rates of offending behaviour in young people because of increased contact with delinquent peers (Ploeger, 1997; Uggen's 2000). In addition, although developing strong relationships with parents, peers, partners etc., might help decrease offending behaviour, recent research has shown that social bonds are not always strongly related to the likelihood of desistance and it is argued that

relationship changes in contemporary society (e.g. separated families, fewer marriages, etc.) might explain such results (Giordano *et al.* 2002; Kazemian, 2007; Kazemian *et al.* 2009).

These findings suggest that participants appear to have developed some knowledge and awareness of the factors that might help to reduce offending behaviour in the young people that they work with. However, research in this field is inconsistent and might help to explain the disparity in YOT workers views.

4.3.3 Theme Three: THE ROLE OF YOS AND OTHER SERVICES

Participants in this study believed that YOT workers play a key role in helping support young people who have experienced traumas, including helping to teach them empathy, providing consistent, supportive relationships and helping to meet their basic needs. Other qualitative studies have obtained similar results, showing that probation officers perceive helping to improve an offender's reasoning skills, strengthening their social ties and reinforcing prosocial behaviours as important parts of their role (Rex, 1999). In addition, building a positive, consistent, respectful and caring relationship with a YOT worker has been shown to help young people desist offending (Weaver & McNeill, 2010).

However, participants also identified a number of challenges to working with young people who have experienced traumas. For example, participants believed that they struggled to meet the welfare needs of these young people because of their justice responsibilities. They believed that interventions that merely target the offending behaviour or are inadequately matched to the young person's cognitive and emotional developmental stage, especially for youths who have experienced trauma, may be ineffective. Reviews of existing programmes that aim to reduce offending behaviour have shown that interventions need to be "complemented by attempts to assist them [offenders] with the problems that they encounter in their everyday lives" (Raynor & Vanstone, 1996, p. 282). For example, identifying occupational opportunities and addressing emotional dysregulation are important interventions for young people who have offended (Farrall, 2002; Skuse & Matthew, 2015). Critics of youth justice systems suggest that practitioners are made subordinate to the objectives of administrative policy

and, as a result, have very little power (Barry, 2000; Briggs, 2013). However, substantiated by participants' reports in this study, research has shown that workers are resisting this justice-oriented agenda and often adapt and reinterpret their work through a welfare lens in order to meet the needs of these young people (Briggs, 2013).

Participants described gaps in the YOS training and service provision, such as Psychology provision. Recent reports into the YOS have obtained similar results, suggesting that there are difficulties in cross-sector partnerships, gaps in training and service delivery and a need for more psychological support for vulnerable young people in the justice system (e.g. Prison Reform Trust, 2010; Young Minds, 2013). However, as identified by participants in this study, research has shown that, often due to the pervasive and neurodevelopmental nature of these young people's difficulties, brief talking therapies may not always be sufficient (Van der Kolk, 2002). Therefore, participants appear aware of the need for more holistic, trauma-informed service provision.

Participants also highlighted the need for earlier intervention, both in relation to child abuse and support from public services later in life. Research has shown that the timing of traumatic experiences and welfare interventions can differentially impact later life outcomes (Baskin & Sommers, 2011; Goodkind *et al.* 2013; Thornberry *et al.* 2010). The participants in this study believed that the YOS, other services and society need to work together in order to identify and address the many unmet needs that present in young people who have experienced traumas in order to reduce their risk of engaging in offending behaviour. These beliefs appear to complement the findings in recent literature.

4.3.4 Summary of Findings and Existing Literature

The findings from the 10 papers included in the systematic review in chapter one showed that justice staff's perceptions are, to some degree, influenced by an offender's history of childhood traumas. Some of the papers showed that knowledge of abuse histories in offenders yielded sympathetic and compassionate responses, while others found that such knowledge led staff to view these offenders as more challenging, dangerous and 'untreatable'. However, the review of the literature in this field found that no studies have

examined staff's beliefs about the links between trauma and offending and the systematic review showed that the existing literature is methodologically flawed. The results from this study show that YOT staff appeared to appreciate the complexity and dynamic nature of numerous trauma-offending pathways and adopt a relatively welfare-oriented, trauma-informed view of young people in this population. The adoption of a more therapeutic, welfare-oriented approach to YOT work supports existing literature in the field, which shows that this approach can be more effective (e.g. Ko *et al.* 2008; Miller & Najavits, 2012; MoJ, 2016; Tolan & Titus, 2009; Weaver & McNeill, 2010). However, similar to the findings in the systematic review, participants did appear to have developed a number of unsupported, experience-based 'knowledge structures' and attitudes towards this group of vulnerable young people and many participants identified the need for further training.

Participants were aware of the concepts and research underpinning many current theories of offending, and they recognised the significant impact of trauma on a child's emotional, social and biological development. Their views also reflected a number of the controversies in the field (e.g. self-esteem, gender, justice versus welfare ideologies, etc.). Participants also identified a number of under-researched areas, such as the role of the 'come-down' off drugs, the potential benefits of custody and the negative relationships with authority, which merit further exploration.

From a YOT worker's perspective, a number of biological, psychological and social mechanisms are important to consider when examining the trauma-offending pathway. The findings in this study both complement and expand on Bender's (2010) maltreatment-offending theory, which suggests that mental health problems, substance abuse, school difficulties and negative peer influences are important mediating factors. However, participants in this study did not mention the potential mechanism of running away from home, as outlined in Bender's model. In addition, few participants discussed the role of race and none of the participants described the role of hormones, environmental contaminants, or a child's natural temperament, which have also been explored as potential mechanisms in the trauma-offending pathway (e.g. Baglivio *et al.* 2015; Booth & Osgood, 1993; Bouchard, 1997; Lee *et al.* 2012; Pallone & Hennessy, 1998). This suggests that further research is needed to identify, test and refine the key themes and categories identified in this study in order to help gain a more detailed

understanding of staff perceptions of this field and to help further disentangle the complex pathways linking trauma and offending behaviour in the youth justice population.

4.4 Strengths and Limitations

This study provides detailed and rich data on staff perceptions of a number of widely theorised but under-researched mechanisms linking trauma and offending behaviour. YOT workers have a unique insight into the potential reasons behind young people's offending behaviour and, to the best of the author's knowledge, no studies have explored YOT staff perceptions of the trauma-offending pathway in this population. This means that certain key mechanisms and theories may have been overlooked. In addition, it is important to understand YOT staff's perceptions of this population in order to determine how they work with them and to identify potential training needs. However, there are a number of limitations of this study that need to be considered when interpreting the results.

4.4.1.1.1 Sample and Recruitment

The interviews were conducted with YOT workers in only one area of South Wales. This means that the results may not be fully representative of YOT workers views in other countries or, indeed, in other areas of Wales. However, considering the degree of overlap in participants' views in the interviews, there is no reason to believe that the results cannot be extrapolated to other YOTs in Wales. Due to some of the differences in training, service provision and culture, this study would need to be replicated in England in order to draw comparisons between themes. Seven of the 10 YOT workers in the interviews were female and the years of YOS experience for workers ranged from 2 to 19 years. In addition, the majority of participants in the interviews had a social work background. This may have influenced the types of responses participants provided.

4.4.1.1.2 Design and Methodology

As detailed in the Methods chapter, Elliot *et al.*'s (1999) criteria for judging the quality of qualitative research were adhered to in this study. The results from the thematic analysis were scrutinised by the supervisors, other trainees and professionals and also emailed to one of the participants who had been interviewed. However, the researcher could have

discussed the key themes with other participants in order to further assess the credibility of the themes identified.

Although the researcher sought input from service users at the start of the process, the organisation approached felt unable to provide feedback on this study and suggested approaching workers in the field. As suggested, feedback was then sought from YJB and YOT managers on the design and delivery of the study. However, the design could have been improved by seeking additional input from service users, and future projects should ensure that service users are included in the conceptualisation, design and delivery of research.

A single, brief definition of complex trauma was developed and utilised in this study for pragmatic reasons. However, authors have cautioned against the use of a single definition and participants' understanding and experiences with trauma may be very different (Malvaso *et al*, 2015). Young people who have experienced traumas are not a homogenous group and there are many other factors that co-vary with trauma (e.g. mental health problems) which could have influenced participants' thinking.

4.4.1.1.3 *Potential Biases*

This study could be subject to selection bias, as those who volunteered to participate in the interviews may have had a particular interest in the topic. Therefore, the data may not adequately represent YOT workers views across Wales. In addition, participants were subjectively and retrospectively recalling information on young people they had worked with who had experienced traumas. Participants may have recalled particularly memorable young people and, therefore, there is a potential for hindsight bias.

This study explored a very sensitive and potentially contentious topic. Even though the participants were assured that information would remain confidential, it is still possible that demand characteristics and social desirability may have biased the results. Because providing more punitive, justice-oriented views might be considered controversial, participants may have provided more welfare-oriented responses in order to present as more favourable. The interview schedule may have also influenced the way participants answered questions. For example, participants were asked near the end of the interview

how they worked with these young people, and so earlier discussions may have primed participants to provide more welfare-oriented responses.

As outlined in the Constructivist approach, the researcher and participant co-construct the data in their interactions, which can impact on the meanings that the researcher observes (Charmaz, 1995). Therefore, it is important to note that the researcher and supervisors potentially adopt a more welfare-oriented, trauma-informed view of this population, which could have influenced data collection and analysis. In order to try to minimise the impact of potential bias, the data was triangulated and scrutinised by professionals not involved in the research and through in-built Grounded Theory credibility checks. However, as noted by Morrow (2005), qualitative researchers acknowledge that data collection and analysis is grounded in 'subjectivity'.

4.4.1.1.4 Results

This study provides a comprehensive and detailed account of YOT staff's perceptions of the potential mechanisms linking trauma and offending behaviour. However, due to the limitations within this research and the complexity and variation of the pathways involved, further research is essential. It is hoped that the results from this study can be used by youth justice systems to examine YOT practices and identify potential training needs and service gaps. Future research, using quantitative and qualitative methodologies, is required to help further explore the various pathways to offending.

4.5 Clinical and Service Implications

The effects of trauma are widely recognised as a critical factor in the origin and rehabilitation of young people who have offended but it is also considered to be a "Pandora's box" by youth justice systems that could lead to significant difficulties if opened up (Ko *et al.* 2008, p.400). The results from this study are promising and principally suggest that YOT workers have an intricate and relatively up to date understanding of trauma-offending pathways. They also hold generally positive and empathic perceptions of these young people and their difficulties, which is significant, considering the potential impact that these workers can have on the lives of these vulnerable young people. However, participants did appear have developed a number of

unsupported, experience-based 'knowledge structures' and attitudes towards these young people and recent reports suggest that the YJS is inadequately equipped to meet the needs of young people who have experienced traumas (Bender, 2010). With this in mind, the results from this study have a number of clinical and service implications. By addressing some of these implications and by fostering a greater understanding of trauma-offending links, it is hoped that future developments can reduce the financial and societal costs of crime and improve the support and, ultimately, the quality of life for young people who have experienced trauma (National Audit Office, 2011b).

4.5.1 Service Level Implications

4.5.1.1 Training

A number of participants highlighted the need for further training in order to identify and more fully understand the links between trauma and offending. For example, although a number of participants appreciated the complex interplay between biopsychosocial factors and were able to describe mechanisms that correspond with some recent developmental theories of offending, some participants endorsed a number of single, parsimonious theories of offending, such as social learning theory, which do not fully account for the complexity and variation in the trauma-offending pathway (Paternoster & Brame, 1997). Any future training should reinforce the complexities of the links between trauma and offending behaviour and provide information on current developmental models that incorporate biopsychosocial perspectives. This can help to address any misperceptions and biases that YOT staff hold and ensure workers remain aware of the current research base within the trauma-offending field.

In addition, participants also described how the difficulties these young people present with, such as emotional dysregulation and distrust of adults, can become barriers to engagement. Therefore, training packages should be designed that can help to support YOT workers to engage with these young people. Recent literature suggests that such interventions might include creating a safe environment by ensuring reliable, consistent, bounded, and empathic yet firm interactions with young people; showing a genuine, healthy interest in their views; explaining what is happening, linking cause and effect and labelling feelings; and offering them choices, where possible (Tomlinson, 2014; Van der

Kolk, 2007). Participants also described the significant impact of substance misuse on these young people's engagement with services, so training packages should also include interventions that can upskill staff to both assess for and work with substance misuse difficulties. This might include learning how to use assessment tools, such as the 'Common Assessment Framework', psychoeducation around the motivation to misuse substances and training in motivational interviewing based interventions (NICE, 2007). Such training packages would need to evaluate outcomes in order to ensure its effectiveness in supporting both young peoples and staff's experiences.

Participants also described how they struggled to balance their welfare and justice roles and sometimes became frustrated with their inability to meet the many welfare needs these young people might present with. This can have a significant impact on job satisfaction. Research has shown that staff who work with people who have experienced complex traumas can experience vicarious traumatisation and compassion fatigue (Figley, 1995; McNamara, 2010; Pistorius *et al.* 2008; Rothschild, 2006; Severson & Pettus-Davis, 2013). Therefore, training packages that look at ways of supporting YOT workers in this role, such as self-care strategies, can not only improve YOT staff's job satisfaction and commitment but can potentially have a beneficial impact on the young people they work with by reducing burnout and compassion fatigue (McNamara, 2010; Rothschild, 2006; Severson & Pettus-Davis, 2013). Evaluations of such training interventions would need to measure YOT workers' confidence and job satisfaction and potentially evaluate how this training can impact on staff's ability to support the young people that they work with.

4.5.1.2 Joint Working and Service Delivery

Due to the difficulties participants experienced in balancing their welfare and justice roles, staff reported often having to amend their practice and make 'allowances' for some of the behaviour they observe in young people who have experienced trauma. This might suggest that policy rhetoric and frontline implementation are disparate and potentially indicates the need for more flexibility, local governance and trust in professional judgements. However, as outlined by Briggs (2013, p.27) "dismantling national structures and allowing increased discretion is not the panacea for a more enlightened justice system" and further research into the impact of discretionary practice is needed.

Due to the fact that YOS cannot address all of the unmet welfare needs that these young people present with, it will be essential for YOS to work jointly with other services, as suggested by the participants in this study. Participant's perceived CAMHS and Social Services as restrictive and difficult to access, a well-documented issue in mental health service provision for young people in Wales (Department for Children, Schools and Families, 2009; Welsh Government, 2010). This suggests that YOS and other public, education and third sector services need to work together in order to improve service delivery for vulnerable young people within the YJS. This might include improving multi-agency communication and genuine cross-sector partnerships, increasing opportunities for joint planning and case management and also include more inter-professional training and supervision, in order to ensure worker's understand and appreciate the role that each service can play in meeting the needs of young people who have experienced traumas (Herz *et al.* 2006; NICE; 2014; Pecukonis *et al.*, 2008; Welsh Government, 2014). For example, YOT staff can work with education and leisure providers to identify potential activities that young people could engage in that could help to address needs such as a sense of belonging, purpose and achievement (e.g. coaching football teams etc.).

4.5.1.3 Assessment and Intervention

Although participants outlined the need for additional support for these young people, they commented on how some service provision will not be sufficient, such as 'anger management' courses or brief therapeutic support. Consistent with research findings, it was suggested that many of these young people require longer-term, intensive support, which helps them to address their emotional, social and behavioural difficulties. Participants may hold positive perceptions of custody because it may currently be the only longer-term service provision that can help address some, but certainly not all, of the difficulties these young people experience. Although it is understood that the YJS should not be viewed as a 'catch-all' service that aims to address all welfare and justice needs, a recent systematic review found that deterrence related interventions produced ineffective or even slightly negative recidivism outcomes in comparison to psychological interventions and it is clear that the provision of additional psychological, or at least psychology-informed, services would be beneficial (Koehler *et al.* 2013).

The recent Ministry of Justice (2016) report '*What Works in Managing Young People who Offend?*' states that interventions must be tailored to the individual and focus on skills building, counselling and addressing unmet needs. In addition, although race and religion was rarely mentioned by participants in this study, research has demonstrated that traumatic experiences might differentially impact people from different backgrounds, cultures and faiths, therefore, interventions need to consider these factors and ensure that racial biases are not perpetuated (Goodkind *et al.* 2013; Lee *et al.* 2012). Drawing parallels with the 'Good Lives Model' in the adult offending field and the 'risk-need-responsivity' (RNR) model, services can improve outcomes by building on young people's strengths and identifying unmet needs and underlying mechanisms, which are inextricably linked to offending behaviour (Andrew & Bonta, 2010; MoJ, 2016; Willis & Ward, 2013). The provision of more psychological support for these young people has been raised in other, recent reports and it is argued that addressing their psychosocial difficulties can, in turn, potentially reduce their offending behaviour (Koehler *et al.* 2013; Prison Reform Trust, 2010; Young Minds, 2013).

There is a current surge in the evaluation of therapies, such as Dyadic Developmental Psychotherapy, that can help address some of the pervasive, developmental difficulties that these young people experience, although such interventions require specialist training (Becker-Weidman & Hughes, 2008; Hughes, 2003; Hughes *et al.* 2015). Anger management and restorative justice type approaches are based on the premise that the child can analyse, explain and regulate difficult emotions and understand consequences of their actions, which, as described in this study, might be particularly difficult for young people who have experienced traumas who may be cognitively and emotionally delayed (Skuse & Matthews, 2015). Therefore, interventions within YOTs that help to address young people's difficulties might include improving engagement through increasing trust and safety, remaining consistent and boundaried and matching interventions to a child's cognitive and emotional developmental stage. These basic interventions within YOTs can be an important step in helping to facilitate the emotional stabilisation and maturation of the young person, who can then be better supported by other agencies to address their ongoing difficulties, such as further trauma-focused work within CAMHS (Skuse & Matthews, 2015). It would be important to measure whether reductions in young people's psychosocial difficulties (e.g. PTSD symptoms, emotional regulation issues, etc.) lead to

reductions in offending behaviour, therefore, evaluation strategies would need to be inbuilt into service developments from conception to completion.

Recent research supports the need to provide trauma-informed forensic service provision, which includes the accurate identification of trauma and subsequent support to address the effects of trauma (e.g. Ko *et al.* 2008; Miller & Najavits, 2012; Oudshoorn, 2015). Although the Asset assessment tool incorporates questions about a young person's past experiences, recent reports suggest that YOT staff struggle with certain elements of the tool and, therefore, potentially overlook important information (Wilson & Hinks, 2011). Trauma specific assessment tools, such as the Trauma Symptom Checklist, exist. However, such tools do not capture the complexity of potential intervening factors, such as a sense of belonging, which are important factors to consider in intervention planning in the YOS. Future YOS provision needs to better assess for experiences of trauma and evaluate how they, and other services, can adequately address some of the less tangible welfare needs of these young people who have experienced trauma, such as a sense of belonging and purpose, as outlined in this study. As aforementioned, joint planning and case management with CAMHS, social services and relevant third sector organisations can help ensure the welfare needs of these young people can be addressed after such needs have been identified.

4.5.1.4 The Role of Clinical Psychology

Although Clinical Psychologists are attached to the Forensic CAMHS, provision is limited. Specialist, Psychology-led services are currently being developed and piloted in Wales and could mark a significant change in service provision, with a focus on the impact of trauma and the developmental needs of these young people (Skuse & Matthew, 2015). However, the findings in this study would suggest that further psychological input into general forensic services would be valuable in helping support the formulation of complex difficulties and in helping provide effective, direct therapeutic support to young people.

Research into the impact of attachment styles has shown that a service users attachment histories can affect their relationships with staff (Barber *et al.* 2006; Bucci *et al.* 2015). For example, mental health service users who displayed an avoidant, dismissive attachment style struggled to develop relationships with staff, which staff might interpret as mere

failure to engage. In addition, research has shown that staff who work in this field adopt a range of biases, such as confirmation bias (looking for evidence that confirms pre-existing views), which can affect their ability to make objective judgements (Kirkman & Melrose, 2014). The findings in this study suggest that some YOT staff are providing relatively intensive clinical support to young people, such as mental health and emotional regulation interventions, with limited clinical supervision. Therefore, it is important for staff to understand the impact of trauma and attachment on engagement and the need for staff to establish positive, consistent and compassionate relationships with young people. Additional psychology provision into YOS could help address some of these issues by improving YOT workers understanding of and ability to work with young people who have experienced traumas by providing training on trauma, attachment and ways of working with young people to overcome barriers to engagement (e.g. rapport building and basic therapeutic skills). Clinical Psychologists could also offer efficient and effective ongoing clinical supervision to YOT staff. Clinical supervision has been shown to provide workers with a safe and confidential environment that allows space for reflection on personal and professional issues, helps foster professional development and enhances self-awareness (Care Quality Commission, 2013; Onyett, 2007). It can also help workers manage the emotional impact of their work by increasing their job satisfaction and perceived support, which in turn, increases staff 'psychological mindedness' and levels of empathy, confidence and compassion (e.g. Berry *et al.* 2009; Care Quality Commission, 2013; Onyett, 2007).

Psychologists are in a good position to help lead the way in integrating psychological theories and models into health and social care reform in order to improve the wellbeing of service users and staff within youth justice services (DCP, 2010; DCP, 2015; Lavender & Hope, 2007; Onyett, 2007). Psychologists can help plan and facilitate discussions across sectors and lead on new service developments. They can also help to inform new policy developments in order to ensure changes are psychologically informed and draw on existing, high quality literature in the field (DCP, 2010). Psychologists can also act as advocates for these vulnerable young people, improve awareness and help to influence the media, commissioners, politicians and policy makers' perceptions of unmet need and the evidence that underpins them. As outlined in a recent Division of Clinical Psychology

report (2015), a psychological approach to helping assess, formulate and support interventions for young people in the YJS is deemed beneficial.

4.5.1.1 Policy and Societal Level

Although recent evidence suggests that incarceration does not help to meet the welfare needs of young people who have experienced traumas, it is argued that secure admissions can be an opportunity to help support young people with such difficulties if institutions are well resourced and staffed by workers who truly understand the nature of trauma and their role in fostering physical and emotional security in these young people (Brown, 2015). This would require a significant shift at a policy and societal level as traditional beliefs around discipline and retribution would need to be put aside in order to foster a more therapeutic environment (Brown, 2015).

This study highlighted how multiple factors that occur at different stages in a child's development can influence the development of offending behaviour. Therefore, any interventions developed must address the majority, if not all of these factors at different stages in a child's life course in order to be effective. This has implications for change at a policy, community and societal level. For example, earlier family interventions to improve parenting skills; providing additional support to consistent, positive adults and peers in school to increase engagement and motivation; and a greater variety of prosocial, recreational activities for older youths (e.g. NICE, 2014).

Wider societal and cultural issues need to be addressed in order to allow any potential beneficial changes to service provision to be effective. For example, the prevalence of legal and illegal substances, the ongoing ignorance regarding the impact of early experiences on a child's development and the lack of resources and occupational opportunities. The lack of opportunities raises ethical implications for YOT workers aiming to coerce young people into certain prosocial activities as part of their probation terms and it calls into question how services will be able to offer such provision (McNeill, 2006). Further education around the impact of early abuse and neglect is also needed in schools and communities, as many people are still unaware of the impact of early experiences on development (Department for Children, Schools and Families, 2009). This may have potential implications for Social Services, as earlier screening and intervention, such as earlier removal from abusive or neglectful families, may be crucial (Baskin & Sommers,

2011; Dodge & Petit, 2003; Keenan & Shaw, 2003; NICE; 2014; NICE, 2015). Perceptions of young people who offend also need to be addressed, as Britain is still considered one of the most punitive in Europe, partly as a result of society's desire to 'punish' rather than rehabilitate. Such change is not the core business of any one agency and these societal shifts require engagement from systems at all levels, including families, multiple services, communities and politicians, in order to address the social and emotional needs of these young people and, consequently, reduce rates of offending behaviour (McNeill *et al* 2012).

4.6 Implications for Future Research

If adopting a social constructionist epistemological perspective, identifying an underlying and final 'truth' about the reality of the trauma-offending link may not be possible and the author is fully aware of the complexities involved in these pathways and the limits of current knowledge. However, it is argued that the idea of 'truth' should not be entirely abandoned and a commitment to the notion of human progress, through further scientific enquiry, is essential (Lomborg & Kirkevold, 2003). Due to the complex nature of staff perceptions and the trauma-offending pathway, there are a number of different directions for future research. Firstly, there is scope to further explore each identified category, using both quantitative and qualitative methodologies. The strength and potential mediating or moderating effect of each factor identified by participants, such as trauma → emotional dysregulation → offending, can be further examined using complex statistical methods, such as path analysis using interaction terms (mediators and moderators). Further rich and detailed data on each factor can be obtained through qualitative methods in order to build on the themes identified in this study. In addition, experiences of trauma are heterogeneous and research has shown that the timing, type and severity of the traumatic experience can differentially impact the developing child (e.g. Thornberry *et al.* 2010; Verrecchia *et al.* 2010). Future research needs to continue to look at the impact of different types of traumatic experiences at different ages, in order to identify how different factors mediate and moderate the trauma-offending pathway.

Due to the small sample in this study and the complex nature of this pathway, it is understandable that many mechanisms remain unidentified. This may be especially true

in different cultures, as suggested by participants. Therefore, a replication of this study is needed to further refine and build on the themes identified in this study, especially where levels and types of trauma and crime are different (e.g. gang cultures in London).

Although the participants discussed the potential linear, causal nature of the trauma-offending pathway, it is not possible to conclusively infer causality or directionality from this research. For example, participants did not discuss the contentious and extensively debated notion that some young people have innate 'difficult' or 'antisocial' temperaments, which might increase the likelihood of parental abuse and neglect (e.g. Bouchard, 1997; Dodge *et al.* 1990; Fergusson, 2010; Levitt, 2013; Plomin, 1995). As highlighted in a recent systematic review on maltreatment and offending, future quantitative research should include statistical controls, prospective designs and longitudinal data in order to determine temporal order and to identify the unique contribution of trauma on later offending behaviour (Malvaso *et al.* 2015). In addition, if early complex traumas do influence the development of later offending behaviour, research would need to demonstrate that reductions in the impact of trauma (e.g. PTSD symptoms, emotional regulation issues, etc.) lead to reductions in offending behaviour. The 'Enhanced Case Management Model', currently being piloted in Wales, may help to provide useful data to help answer this question. However, such developments are still in their infancy and further research is crucial to ensure these services are effective.

This study examined staff perceptions of the trauma-offending link rather than directly exploring this issue with young people themselves. This decision was made based on the assessment of previous research, and for ethical and interest reasons. However, it would be important for future research to identify how valid the various identified themes in this study are to young people who have offended. Additional qualitative research could explore these themes in more depth with young people in the community and secure settings and also with other services, such as CAMHS, Social Services etc., to obtain a more detailed understanding of the perceptions of this link.

4.7 CONCLUSIONS

Numerous studies have now demonstrated the link between complex trauma and offending behaviour. However, many of them have methodological weaknesses and only a few of these examine the potential mechanisms that account for this link (Malvaso *et al.* 2015). No studies appear to have explored YOT workers' perceptions of this link using a qualitative methodology, which is essential, considering the vast knowledge that these workers hold and the potential influence they may have over young people's lives. This study has helped to bridge the gap between child welfare research examining the impact of trauma and juvenile justice and criminology fields. As a result, the findings in this study offer a valuable insight into staff perceptions of the trauma-offending pathway, which has a number of service, clinical and research implications. This study also offers a far more detailed and 'real world' understanding of staff perceptions of the links between trauma and offending than previous studies and has helped to highlight the benefits of YOS work in Wales, as well as offering potential means of addressing gaps in service provision, training and future research.

Improved identification and understanding of the potential mechanisms that might be responsible for exacerbating or mitigating the link between trauma and offending can lead to improved interventions and better outcomes for young people. However, many questions remain as to the underlying processes involved in the trauma-offending pathway and a number of systemic barriers need to be addressed in order to help support future service development and delivery. As outlined by participants, the assessment and reduction of risk in young people who offend is essential, especially considering the potential additional difficulties some young people who experience traumas may present with (e.g. increased impulsivity, hostile attributions, etc.). However, one of the core messages outlined in the themes in this study is that such a risk-focused approach needs to be balanced with interventions that increase resilience and address the many unmet welfare needs in young people who have experienced early traumas, which is not the sole responsibility of the YOS but all services and society as a whole.

5 REFERENCES

Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, 61, 403-410.

Abram, K. M., Choe, J. Y., Washburn, J. J., Romero, E. G., & Teplin, L. A. (2009). Functional impairment in youth three years after detention. *Journal of Adolescent Health*, 44, 528-535.

Abram, K. M., Teplin, L. A., King, D. C., Longworth, S. L., Emanuel, K. M., Romero, E. G., & Olson, N. D. (2013). PTSD, trauma, and comorbid psychiatric disorders in detained youth. *Juvenile Justice Bulletin*, 1, 13.

Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime & Delinquency*, 44, 561-590.

Agnew, R. (1985). A revised strain theory of delinquency. *Social Forces*, 64, 151-167.

Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30, 47-88.

Agnew, R., & Brezina, T. (1997). Relational problems with peers, gender, and delinquency. *Youth & Society*, 29, 84-111.

Agnew, R. (2002). *Crime Causation: Sociological Theories*. *Encyclopedia of Crime and Justice*. Accessed on 1st February 2016 from <http://www.encyclopedia.com/doc/1G2-3403000066.html>

Aguilar, B., Sroufe, L. A., Egeland, B., & Carlson, E. (2000). Distinguishing the early-onset/persistent and adolescence-onset antisocial behavior types: From birth to 16 years. *Development and Psychopathology*, 12, 109-132.

Ahern, K.J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9, 407-411.

Aichorn, A. (1935). *Wayward Youth*. New York: Viking Press.

Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological Bulletin*, 84, 888.

References

- Akers, R.L. (1973). *Deviant Behavior: A Social Learning Approach*. Belmont, CA: Wadsworth.
- Akers, R. L. (2011). *Social Learning and Social Structure: A General Theory of Crime and Deviance*. Boston: Transaction Publishers.
- Akers, R. L. (2013). *Criminological Theories: Introduction and Evaluation*. New York: Routledge.
- All Party Parliamentary Group for Children (2010). *Children and Young People in the Youth Justice System: Report of Seminars Organised by the All Party Parliamentary Group for Children 2009/10*. National Children's Bureau: London.
- Alvesson, M., & Sköldböck, K. (2009). *Reflexive Methodology: New Vistas for Qualitative Research*. London: Sage.
- American Psychiatric Association (2015). *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. (5th edn). American Psychiatric Press: Washington.
- Andrews, D. A., & Bonta, J. (2010). *The Psychology of Criminal Conduct*. New Providence, NJ: Routledge.
- Ansbro, M. (2014). The independent inquiry into child sexual exploitation in rotherham, 1997– 2013. *Probation Journal*, 61, 429-432.
- Ardino, V. (2011). *Post-traumatic Stress in Antisocial Youth: A Multifaceted Reality*. In V. Ardino (Ed.), *Post-traumatic Syndromes in Children and Adolescents* (pp. 211–229). Chichester, UK: Wiley/Blackwell Publishers.
- Ardino, V. (2012). Introduction: Offending behaviour: the role of trauma and PTSD. *European Journal of Psychotraumatology*, 3. Accessed on 1st February 2016 from <http://www.ejpt.net/index.php/ejpt/article/view/18968>
- Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3, 1-24.
- Baglivio, M. T., Wolff, K. T., Piquero, A. R., & Epps, N. (2015). The relationship between adverse childhood experiences (ACE) and juvenile offending trajectories in a juvenile offender sample. *Journal of Criminal Justice*, 43, 229-241.
- Baines, M., & Alder, C. (1996). Are girls more difficult to work with? Youth workers' perspectives in juvenile justice and related areas. *Crime & Delinquency*, 42, 467-485.

References

- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Barber, M., Short, J., Clarke-Moore, J., Lougher, M., Huckle, P., & Amos, T. (2006). A secure attachment model of care: meeting the needs of women with mental health problems and antisocial behaviour. *Criminal Behaviour and Mental Health*, 16, 3-10.
- Baron, S. W., & Hartnagel, T. F. (1998). Street youth and criminal violence. *Journal of Research in Crime and Delinquency*, 35, 166-192.
- Barry, M. (2000). The mentor/monitor debate in criminal justice: 'What works' for offenders. *British Journal of Social Work*, 30, 575-595.
- Barry, M. (2006). *Youth Offending in Transition: The Search for Social Recognition*. Abingdon: Routledge.
- Bartol, C. (2002). *Criminal Behaviour: A Psychological Approach*. Upper Saddle River, NJ: Prentice-Hall.
- Baskin, D. R., & Sommers, I. (2011). Child maltreatment, placement strategies, and delinquency. *American Journal of Criminal Justice*, 36, 106-119.
- Batchelor, S. (2005). 'Prove me the bam!': Victimization and agency in the lives of young women who commit violent offences. *Probation Journal*, 52, 358-375.
- Bateman, T., Callendar, C., & Fisher-Frank, L. (2010). *The Age of Criminal Responsibility*. In All Party Parliamentary Group for Children, *Children and Young People in the Criminal Justice System*. National Children's Bureau: London.
- Bateman, T. (2011). We now breach more kids in a week than we used to in a whole year': the punitive turn, enforcement and custody. *Youth Justice*, 11, 115-133.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- Becker, S.P. (2010). *Investigating the Links Between Trauma and Boys' Delinquency: The Roles of Father-Son Attachment and Alienation*. Dissertation: Miami University.
- Becker-Weidman, A., & Hughes, D. (2008). Dyadic developmental psychotherapy: an evidence-based treatment for children with complex trauma and disorders of attachment. *Child & Family Social Work*, 13, 329-337.

References

- Belknap, J., Lynch, S., & DeHart, D. (2015). Jail staff members' views on jailed women's mental health, trauma, offending, rehabilitation, and reentry. *The Prison Journal*. Access on 15th February 2016 from <http://tpj.sagepub.com/content/early/2015/09/15/0032885515605485.abstract>
- Bender, K. (2010). Why do some maltreated youth become juvenile offenders?: A call for further investigation and adaptation of youth services. *Children and Youth Services Review*, 32, 466-473.
- Bender, K., Postlewait, A. W., Thompson, S. J., & Springer, D. W. (2011). Internalizing symptoms linking youths' maltreatment and delinquent behavior. *Child Welfare*, 90, 69-89.
- Berry, K., Barrowclough, C., & Wearden, A. (2009). A pilot study investigating the use of psychological formulations to modify psychiatric staff perceptions of service users with psychosis. *Behavioural Psychotherapy*, 37, 39-48.
- Beyond Youth Custody (2014). *Young Offenders and Trauma: Experience and Impact*. London: Beyond Youth Custody.
- Blaustein, M. E., & Kinniburgh, K. M. (2010). *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency*. Guilford Press: London.
- Bolger, K. E., & Patterson, C. J. (2001). Developmental pathways from child maltreatment to peer rejection. *Child Development*, 72, 549-568.
- Bolland, J. M. (2003). Hopelessness and risk behaviour among adolescents living in high-poverty inner-city neighbourhoods. *Journal of Adolescence*, 26, 145-158.
- Bombèr, L. M. (2007). *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools*. London: Worth Publishing.
- Booth, A., & Osgood, D. W. (1993). The influence of testosterone on deviance in adulthood assessing and explaining the relationship. *Criminology*, 31, 93-117.
- Bouchard, T. J. (1997). Experience producing drive theory: How genes drive experience and shape personality. *Acta Paediatrica*, 86, 60-64.
- Bowlby, J. (1944). Forty-four juvenile thieves; their characters and home-life. *The International Journal of Psychoanalysis*, 25, 107-128.
- Bowlby, J. (1969). *Attachment and Loss: Vol 1: Attachment*. New York: Basic Books.

References

- Brauer, J. R., & Tittle, C. R. (2012). Social learning theory and human reinforcement. *Sociological Spectrum, 32*, 157-177.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Breedvelt, J. J. F., Dean, L. V., Jones, G. Y., Cole, C. & Moyes, H. C. A (2014). Predicting recidivism for offenders in UK substance dependence treatment: do mental health symptoms matter?. *Journal of Criminal Psychology, 4*, 102-115.
- Bretherton, I., & Munholland, K. A. (1999). *Internal Working Models in Attachment Relationships: A Construct Revisited*. In J. Cassidy & P.R. Shaver. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press.
- Brewin, C.R. (2013). "I wouldn't start from here": An alternative perspective on PTSD from the ICD-11: Comment on Friedman. *Journal of Traumatic Stress, 26*, 557-559.
- Briere, J. N., & Scott, C. (2014). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. London: Sage Publications.
- Briggs, D. B. (2013). Conceptualising risk and need: the rise of actuarialism and the death of welfare? Practitioner assessment and intervention in the youth offending service. *Youth Justice, 13*, 17-30.
- Brown, G, (2015). *Finding a Future beyond the Crisis: Looked after Children in Secure Care*. In Richardson, M., et al. (Eds). *Fostering Good Relationships: Partnership Work in Therapy with Looked After and Adopted Children*. London: Karnac Books.
- Bucci, S., Roberts, N. H., Danquah, A. N., & Berry, K. (2015). Using attachment theory to inform the design and delivery of mental health services: A systematic review of the literature. *Psychology and Psychotherapy: Theory, Research and Practice, 88*, 1-20.
- Buffington, K., Dierkhising, C. B., & Marsh, S. C. (2010). Ten things every juvenile court judge should know about trauma and delinquency. *Juvenile and Family Court Journal, 61*, 13-23.
- Bumby, K. M., & Maddox, M. C. (1999). Judges' knowledge about sexual offenders, difficulties presiding over sexual offense cases, and opinions on sentencing, treatment, and legislation. *Sexual Abuse: A Journal of Research and Treatment, 11*, 305-315.

References

- Bushman, B. J., Baumeister, R. F., Thomaes, S., Ryu, E., Begeer, S., & West, S. G. (2009). Looking again, and harder, for a link between low self-esteem and aggression. *Journal of Personality, 77*, 427-446.
- Byford, S. & Barrett, B. (2004). *The Cost of Youth Crime: Study of Young People in Custody and in the Community*. London: Centre for the Economics of Mental Health, Institute of Psychiatry.
- Care Quality Commission (2013). *Supporting Information and Guidance: Supporting Effective Clinical Supervision*. London: Care Quality Commission.
- Centre for Evidence-Based Medicine (2009). *Levels of Evidence*. Accessed on 3rd March 2016 from <http://www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/>
- Cernkovich, S. A., Lanctôt, N., & Giordano, P. C. (2008). Predicting adolescent and adult antisocial behavior among adjudicated delinquent females. *Crime & Delinquency, 54*, 3-33.
- Chang, J. J., Chen, J. J., & Brownson, R. C. (2003). The role of repeat victimization in adolescent delinquent behaviors and recidivism. *Journal of Adolescent Health, 32*, 272-280.
- Chapple, C. L. (2003). Examining intergenerational violence: Violent role modeling or weak parental controls?. *Violence and Victims, 18*, 143-162.
- Chapple, C. L., Tyler, K. A., & Bersani, B. E. (2005). Child neglect and adolescent violence: Examining the effects of self-control and peer rejection. *Violence and Victims, 20*, 39-53.
- Charmaz, K. (1995b). *Grounded Theory*. In J. Smith, R. Harré, & L. Langenhove (Eds.), *Rethinking Methods in Psychology* (pp. 27-65). London: Sage.
- Charmaz, K. (2000). *Grounded Theory: Objectivist and Constructivist Methods*. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 509–535). Thousand Oaks, CA: Sage.
- Charmaz, K. (2003). *Grounded Theory*. In Smith, *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.
- Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Research*. London: Sage.

References

- Chesney-Lind, M. (1989). Girls' crime and woman's place: Toward a feminist model of female delinquency. *Crime & Delinquency*, 35, 5-29.
- Chesney-Lind, M., & Shelden, R. G. (2013). *Girls, Delinquency, and Juvenile Justice*. Oxford: John Wiley & Sons.
- Cechaviciute, I., & Kenny, D. T. (2007). The relationship between neutralizations and perceived delinquent labeling on criminal history in young offenders serving community orders. *Criminal Justice and Behavior*. Accessed on 21st April 2016 from <http://cjb.sagepub.com/content/early/2007/05/14/0093854806298210.short>
- Chapman, A. L., Hadfield, M., & Chapman, C. J. (2015). Qualitative research in healthcare: an introduction to grounded theory using thematic analysis. *The Journal of the Royal College of Physicians of Edinburgh*, 45, 201-205.
- Cicchetti, D. (2013). Annual research review: Resilient functioning in maltreated children—past, present, and future perspectives. *Journal of Child Psychology and Psychiatry*, 54, 402-422.
- Cloitre, M., Miranda, R., Stovall-McClough, K. C., & Han, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior Therapy*, 36, 119-124.
- Cloitre, M., Garvert, D. W., Brewin, C. R., Bryant, R. A., & Maercker, A. (2013). Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis. *European Journal of Psychotraumatology*, 4, 1-12.
- Coates, L., & Wade, A. (2004). Telling it like it isn't: Obscuring perpetrator responsibility for violent crime. *Discourse & Society*, 15, 499-526.
- Cohen, E., Groves, B. M., & Kracke, K. (2009). *Understanding Children's Exposure to Violence*. Boston Medical Center: Office of Juvenile Justice and Delinquency Prevention.
- Collison, M. (1996). In search of the high life drugs, crime, masculinities and consumption. *British Journal of Criminology*, 36, 428-444.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., & Van der Kolk, B. (2005). Complex trauma. *Psychiatric annals*, 35, 390-398.
- Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, 64, 577-584.

References

- Coulton, C. J., Crampton, D. S., Irwin, M., Spilsbury, J. C., & Korbin, J. E. (2007). How neighborhoods influence child maltreatment: A review of the literature and alternative pathways. *Child Abuse and Neglect*, *31*, 1117-1142.
- Creeden, K. (2013). Taking a developmental approach to treating juvenile sexual behavior problems. *International Journal of Behavioral Consultation and Therapy*, *8*, 12-16.
- Critical Appraisal Skills Programme (CASP) (2013). *CASP Checklists*. Accessed on 12th February 2016 from <http://www.casp-uk.net/#!/checklists/cb36>
- Crotty, M. (1998). *The Foundation of Social Research: Meaning and Perspective in the Research Process*. Thousand Oaks, CA: Sage.
- Cuervo, K., & Villanueva, L. (2015). Analysis of risk and protective factors for recidivism in Spanish youth offenders. *International Journal of Offender Therapy and Comparative Criminology*, *59*, 1149-1165.
- Cullingford, C., & Morrison, J. (1997). The relationship between criminality and home background. *Children and Society*, *11*, 157-172.
- Currie, J., & Tekin, E. (2006). *Does Child Abuse Cause Crime?* (No. w12171). Accessed on 14th March 2016 from <http://www.econstor.eu/bitstream/10419/33323/1/510380395.pdf>
- Curtis, B., & Curtis, C. (2011). *Social Research: A Practical Introduction*. London: Sage.
- Curtis, G. C. (1963). Violence breeds violence-perhaps? *American Journal of Psychiatry*, *120*, 386-387.
- Danese, A., & McEwen, B. S. (2012). Adverse childhood experiences, allostasis, allostatic load, and age-related disease. *Physiology & Behavior*, *106*, 29-39.
- D'Angelo, J. M. (2007). The complex nature of juvenile court judges' transfer decisions: A study of judicial attitudes. *The Social Science Journal*, *44*, 147-159.
- De Bellis, M. D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, *23*, 185-222.
- DeLisi, M., Neppl, T.K., Lohman, B.J., Vaughn, M.G., & Shook, J.J. (2013). Early starters: Which type of criminal onset matters most for delinquent careers? *Journal of Criminal Justice*, *41*, 12-17.

References

- Denzin, N. K. & Lincoln, Y. S. (1994). *Introduction: Entering the Field of Qualitative Research*. In N. K. Denzin & Y. S. Lincoln. (eds.). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.
- Denzin, N. K. (2009). The elephant in the living room: or extending the conversation about the politics of evidence. *Qualitative Research*, 9, 139-160.
- Department for Children, Schools and Families (2009). *Children and Young People in Mind: The Final Report of the National CAMHS Review*. Accessed on 23rd April 2016 from <http://webarchive.nationalarchives.gov.uk/20081230004520/publications.dcsf.gov.uk/eorderingdownload/camhs-review.pdf>
- Department of Education (2011). *Referrals to and Assessments by Children's Social Services, and Children in Need who were the Subject of a Child Protection Plan*. Accessed on 8th March 2016 from <https://www.gov.uk/government/statistics/referrals-assessments-and-children-who-were-the-subject-of-a-child-protection-plan-children-in-need-census-2010-to-2011-provisional>
- De Wit, H. (2009). Impulsivity as a determinant and consequence of drug use: a review of underlying processes. *Addiction Biology*, 14, 22-31.
- Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network. *European Journal of Psychotraumatology*, 4. Accessed on 2nd February 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/>
- Division of Clinical Psychology (2010). *Clinical Psychology Leadership Development Framework*. Leicester: British Psychological Society.
- Division of Clinical Psychology (2015). *What Good Looks Like in Psychological Services for Children, Young People and their Families*. Accessed on 10th April 2016 from https://www.bps.org.uk/system/files/user-files/DCP%20Faculty%20for%20Children,%20Young%20People%20and%20their%20Families/public/cfcpr_3.pdf
- Dodge, K. A., & Frame, C. L. (1982). Social cognitive biases and deficits in aggressive boys. *Child Development*, 53, 620-635.
- Dodge, K. A., Bates, J. E., & Pettit, G. S. (1990). Mechanisms in the cycle of violence. *Science*, 25, 1678-1683.

References

- Dodge, K. A., Pettit, G. S., & Bates, J. E. (1994). Socialization mediators of the relation between socioeconomic status and child conduct problems. *Child Development, 65*, 649-665.
- Dodge, K. A., & Pettit, G. S. (2003). A biopsychosocial model of the development of chronic conduct problems in adolescence. *Developmental Psychology, 39*, 349-371.
- Donnellan, M. B., Trzesniewski, K. H., Robins, R. W., Moffitt, T. E., & Caspi, A. (2005). Low self-esteem is related to aggression, antisocial behavior, and delinquency. *Psychological Science, 16*, 328-335.
- Doyle, L., Brady, A. M., & Byrne, G. (2009). An overview of mixed methods research. *Journal of Research in Nursing, 14*, 175-185.
- Egeland, B., Yates, T., Appleyard, K., & Van Dulmen, M. (2002). The long-term consequences of maltreatment in the early years: A developmental pathway model to antisocial behavior. *Children's Services: Social Policy, Research and Practice, 5*, 249-260.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.
- Elliott, N., & Lazenbatt. (2005). How to recognise a 'quality' grounded theory research study. *Australian Journal of Advanced Nursing, 22*, 48-52.
- Englander, E. (2007). *Understanding Violence* (3rd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
- Estévez, E., Jiménez, T. I., Moreno, D., & Musitu, G. (2013). An analysis of the relationship between victimization and violent behavior at school. *The Spanish Journal of Psychology, 16*, 1-13.
- Evans-Chase, M. (2014). Addressing trauma and psychosocial development in juvenile justice-involved youth: A synthesis of the developmental neuroscience, juvenile justice and trauma literature. *Laws, 3*, 744-758.
- Eysenck, H.J. (1964). *Crime and Personality*. London: Routledge.
- Fagan, J., & Tyler, T. R. (2005). Legal socialization of children and adolescents. *Social Justice Research, 18*, 217-241.

References

- Fairchild, G., Goozen, S. H., Calder, A. J., & Goodyer, I. M. (2013). Research review: evaluating and reformulating the developmental taxonomic theory of antisocial behaviour. *Journal of Child Psychology and Psychiatry*, *54*, 924-940.
- Farrall, S., & Bowling, B. (1999). Structuration, human development and desistance from crime. *British Journal of Criminology*, *39*, 253-268.
- Farrall, S. (2002). *Rethinking What Works with Offenders*. Cullompton: Willan.
- Farrington, D. P. (1995). The development of offending and antisocial behaviour from childhood: Key findings from the Cambridge Study in Delinquent Development. *Journal of Child Psychology and Psychiatry*, *6*, 929-964.
- Farrington, D. P. (2005). Childhood origins of antisocial behavior. *Clinical Psychology & Psychotherapy*, *12*, 177-190.
- Farrington, D. P., & Ttofi, M. M. (2012). *Developmental and Psychological Theories of Offending*. In G.M. Davies & A.R. Beech (2nd eds). *Forensic Psychology: Crime, Justice, Law, Interventions*. UK: British Psychological Society.
- Farrington, D. P., Ttofi, M. M., & Piquero, A. R. (2016). Risk, promotive, and protective factors in youth offending: Results from the Cambridge study in delinquent development. *Journal of Criminal Justice*. Accessed on 3rd March 2016 from <http://www.sciencedirect.com/science/article/pii/S0047235216300149>
- Felson, R. B., & Lane, K. J. (2009). Social learning, sexual and physical abuse, and adult crime. *Aggressive Behavior*, *35*, 489-501.
- Ferguson, C. J. (2010). Genetic contributions to antisocial personality and behavior: A meta-analytic review from an evolutionary perspective. *The Journal of Social Psychology*, *150*, 160-180.
- Figley, C. R. (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in those who Treat the Traumatized*. New York: Brunner-Routledge.
- Ford, J. D. (2002). Traumatic victimization in childhood and persistent problems with oppositional-defiance. *Journal of Aggression, Maltreatment & Trauma*, *6*, 25-58.
- Ford, J. D., Chapman, J., Mack, J. M., & Pearson, G. (2006). Pathways from traumatic child victimization to delinquency: Implications for juvenile and permanency court proceedings and decisions. *Juvenile and Family Court Journal*, *57*, 13-26.

References

- Ford, J.D., Chapman, J. F., Hawke, J., & Albert, D. (2007). *Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions*. Delmar, NY: National Center for Mental Health and Juvenile Justice.
- Ford, J. D., & Courtois, C. A. (2009). *Defining and Understanding Complex Trauma and Complex Traumatic Stress Disorders*. In C. A. Courtois & J. D. Ford (Eds.), *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide* (pp. 13–30). New York: Guilford Press.
- Forst, M., Fagan, J., & Vivona, T. S. (1989). Youth In Prisons and Training Schools: Perceptions and Consequences of the Treatment-Custody Dichotomy. *Juvenile and Family Court Journal*, 40, 1-14.
- Fox, S., & Ritchie, B. (2015). *Psychological Practice in Community Settings*. In Rogers, A., Harvey, J., & Law, H. (Eds.). (2015). *Young People in Forensic Mental Health Settings: Psychological Thinking and Practice*. Palgrave Macmillan: UK.
- Freud, A. (1936). *The Ego and the Mechanisms of Defence*. New York: International Universities Press.
- Friedman, M.J. (2014), Literature on DSM-5 and ICD-11. *PTSD Research Quarterly*, 25, 1-10.
- Gabbay, V., Oatis, M.D., Silva, R.R. & Hirsch, G. (2004). *Epidemiological Aspects of PTSD in Children and Adolescents*. In R. R. Silva (Ed.). *Posttraumatic Stress Disorder in Children and Adolescents: Handbook*. New York: Norton.
- Garland, E. L., Pettus-Davis, C., & Howard, M. O. (2013). Self-medication among traumatized youth: structural equation modeling of pathways between trauma history, substance misuse, and psychological distress. *Journal of Behavioral Medicine*, 36, 175-185.
- Garnefski, N., & Arends, E. (1998). Sexual abuse and adolescent maladjustment: Differences between male and female victims. *Journal of Adolescence*, 21, 99-107.
- Garvey, S. P. (1998). Aggravation and mitigation in capital cases: What do jurors think?. *Columbia Law Review*, 1538-1576.
- Gilman, A. B., Hill, K. G., & Hawkins, J. D. (2015). When is a youth's debt to society paid? Examining the long-term consequences of juvenile incarceration for adult functioning. *Journal of Developmental and Life-Course Criminology*, 1, 33-47.

References

- Giordano, P. C., Cernkovich, S. A., & Rudolph, J. L. (2002). Gender, crime, and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology*, 107, 990-1064.
- Glaser, B.G. & Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Aldine Publishing Company, Chicago: USA.
- Glaser, B. (1998). *Doing Grounded Theory: Issues and Discussions*. Mill Valley, California: Sociology Press.
- Glaser, B. (2001). *The Grounded Theory Perspective: Conceptualization Contrasted with Description*. Mill Valley, California: Sociology Press.
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *The British Journal of Psychiatry*, 179, 482-494.
- Glesne, C. & Peshkin, A. (1992). *Becoming Qualitative Researchers: An Introduction*. White Plains, New York: Longman.
- Glueck, S., & Glueck, E. T. (1974). *Of Delinquency and Crime: A Panorama of Years of Search and Research*. Springfield, US: CC Thomas.
- Golding, K. S. (2008). *Nurturing Attachments: Supporting Children who are Fostered or Adopted*. London: Jessica Kingsley Publishers.
- Goodkind, S., Shook, J. J., Kim, K. H., Pohlig, R. T., & Herring, D. J. (2013). From child welfare to juvenile justice race, gender, and system experiences. *Youth Violence and Juvenile Justice*, 11, 249-272.
- Gottfredson, M. R., & Hirschi, T. (1990). *A General Theory of Crime*. US: Stanford University Press.
- Greenwald, R. (2015). *Trauma and Juvenile Delinquency: Theory, Research, and Interventions*. UK: Routledge.
- Guba, E. G. & Lincoln, Y.S. (1989). *Fourth Generation Evaluation*. London: Sage.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research*, 2, 163-194.
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied Thematic Analysis*. London: Sage.

References

- Guion, L. A., Diehl, D. C., & McDonald, D. (2011). *Triangulation: Establishing the Validity of Qualitative Studies*. Florida, US: University of Florida.
- Gunnar, M. R., & Donzella, B. (2002). Social regulation of the cortisol levels in early human development. *Psychoneuroendocrinology*, *27*, 199-220.
- Haapasalo, J., & Pokela, E. (1999). Child-rearing and child abuse antecedents of criminality. *Aggression and Violent Behavior*, *4*, 107-127.
- Hammersley, M. (2007). The issue of quality in qualitative research. *International Journal of Research & Method in Education*, *30*, 287-305.
- Hanson, R. K., & Slater, S. (1993). Reactions to motivational accounts of child molesters. *Journal of Child Sexual Abuse*, *2*, 43-59.
- Harris, K. M., Duncan, G. J., & Boisjoly, J. (2002). Evaluating the role of “nothing to lose” attitudes on risky behavior in adolescence. *Social Forces*, *80*, 1005-1039.
- Hartman, C.R., & Burgess, A.W. (1993). Information processing of trauma. *Child Abuse & Neglect*, *17*, 47-58.
- Hawkins, J. D., Herrenkohl, T. I., Farrington, D. P., Brewer, D., Catalano, R. F., Harachi, T. W., & Cothorn, L. (2000). *Predictors of Youth Violence: Juvenile Justice Bulletin*. Washington DC: Department of Justice.
- Healy, D. (2013). Changing fate? Agency and the desistance process. *Theoretical Criminology*. Accessed on 22nd April 2016 from <http://tcr.sagepub.com/content/early/2013/10/02/1362480613494991.abstract>
- Hearn, N. (2010). *Theory of Desistance*. Accessed on 20th April 2016 from http://www.search.org/files/pdf/Hearn_Theory_of_Desistance_IJC_Nov_2010.pdf
- Heim, C., Newport, D. J., Mletzko, T., Miller, A. H., & Nemeroff, C. B. (2008). The link between childhood trauma and depression: Insights from HPA axis studies in humans. *Psychoneuroendocrinology*, *33*, 693-710.
- Henggeler, S. W., McKee, E., & Borduin, C. M. (1989). Is there a link between maternal neglect and adolescent delinquency? *Journal of Clinical Child Psychology*, *18*, 242-246.
- Henwood, K., & Pigeon, N. (1994). Beyond the qualitative paradigm: A framework for introducing diversity within qualitative psychology. *Journal of Community and Applied Psychology*, *4*, 225-238.

References

- Herman, J. L. (1992). Complex PTSD: a syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377–391.
- Herrenkohl, T. I., Maguin, E., Hill, K. G., Hawkins, J. D., Abbott, R. D., & Catalano, R. F. (2000). Developmental risk factors for youth violence. *Journal of Adolescent Health*, 26, 176-186.
- Hersen, M. (2009). *Handbook of Clinical Psychology Competencies* (Vol.1). UK: Springer Science & Business Media.
- Herz, D. C., Krinsky, M., Ryan, J. P., Sharp, C., & Yoder, J. (2006). The link: Connecting juvenile justice and child welfare. *Child Welfare League of America*, 5, 1-12.
- Hirschi, T. (1969). *Causes of Delinquency*. Berkeley, US: University of California Press.
- Hodge, J. E. (1992). Addiction to violence: A new model of psychopathy. *Criminal Behaviour & Mental Health*, 2, 212-223.
- Hoeve, M., Dubas, J. S., Eichelsheim, V. I., Van der Laan, P. H., Smeenk, W., & Gerris, J. R. (2009). The relationship between parenting and delinquency: A meta-analysis. *Journal of Abnormal Child Psychology*, 37, 749-775.
- Hoeve, M., Colins, O. F., Mulder, E. A., Loeber, R., Stams, G. J. J., & Vermeiren, R. R. (2014). Trauma and mental health problems in adolescent males differences between childhood-onset and adolescent-onset offenders. *Criminal Justice and Behaviour*. Accessed on 13th April 2016 from <http://cjb.sagepub.com/content/early/2014/12/02/0093854814558505.abstract>
- Hollin, C. R. (1992). *Criminal Behaviour: A Psychological Approach to Explanation and Prevention*. London: Palmer Press.
- Home Office (1997). *No More Excuses: A New Approach to Tackling Youth Crime in England and Wales*. London: Home Office.
- Home Office (2011). *PCC: Have you got what it takes?* Accessed on 13th April 2015 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/117401/youth-justice-system.pdf
- Howe, K. R. (1988). Against the quantitative–qualitative incompatibility thesis or dogmas die hard. *Educational Researcher*, 17, 10–16.

References

- Hughes, D. (2003). Psychological intervention for the spectrum of attachment disorders and intrafamilial trauma. *Attachment & Human Development*, 5, 271–279.
- Hughes, D. A., & Baylin, J. (2012). *Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment*. New York: WW Norton & Company.
- Hughes, D. A. (2014). *Dyadic Developmental Psychotherapy Toward a Comprehensive, Trauma-Informed Treatment for Developmental Trauma Disorder*. Accessed on 16th April 2016 from <http://ddpnetwork.org/backend/wp-content/uploads/2014/03/DDP-Toward-a-Comprehensive-Treatment-Dan-Hughes.pdf>
- Hussein, M. E., Hirst, S., Salyers, V., & Osuji, J. (2014). Using grounded theory as a method of inquiry: Advantages and disadvantages. *The Qualitative Report*, 19, 1-15.
- Ide, N., & Paez, A. (2000). Complex PTSD: a review of current issues. *International Journal of Emergency Mental Health*, 2, 43–49.
- Jackson, R., Ameratunga, S., Broad, J., Connor, J., Lethaby, A., Robb, G., & Heneghan, C. (2006). The GATE frame: critical appraisal with pictures. *Evidence Based Nursing*, 9, 68-71.
- Jackson, C., Nissenson, K., & Cloitre, M. (2010). *Treatment for Complex PTSD*. In D. Sookman, & R.L. Leahy (Eds.). *Treatment Resistant Anxiety Disorders: Resolving Impasses to Symptom Remission*. New York: Taylor & Francis.
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33, 14-26.
- Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research*, 1, 112-133.
- Jung, H., Herrenkohl, T. I., Klika, J. B., Lee, J. O., & Brown, E. C. (2014). Does child maltreatment predict adult crime? Reexamining the question in a prospective study of gender differences, education, and marital status. *Journal of Interpersonal Violence*. Accessed on 13th March 2016 from <http://jiv.sagepub.com/content/early/2014/10/01/0886260514552446.abstract>
- Kawachi, I., Kennedy, B. P., & Wilkinson, R. G. (1999). Crime: social disorganization and relative deprivation. *Social Science and Medicine*, 48, 719-731.
- Kazemian, L. (2007). Desistance from crime theoretical, empirical, methodological, and policy considerations. *Journal of Contemporary Criminal Justice*, 23, 5-27.

References

- Kazemian, L., Farrington, D. P., & Le Blanc, M. (2009). Can we make accurate long-term predictions about patterns of de-escalation in offending behavior? *Journal of Youth and Adolescence*, 38, 384-400.
- Keenan, K. & Shaw, D.S. (2003). *Starting at the Beginning: Identifying Etiological Factors for Antisocial Behavior in the First Years of Life*. In B.B. Lahey, T.E. Moffitt, A. Caspi (Eds). *The Causes of Conduct Disorder and Serious Delinquency*. New York: Guilford Publications.
- Kelleher, I., Keeley, H., Corcoran, P., Ramsay, H., Wasserman, C., Carli, V. et al. (2013). Childhood trauma and psychosis in a prospective cohort study: cause, effect, and directionality. *American Journal of Psychiatry*, 170, 734-741.
- Kelley, K., Clark, B., Brown, V., & Sitzia, J. (2003). Good practice in the conduct and reporting of survey research. *International Journal for Quality in Health Care*, 15, 261-266.
- Kerig, P. K., Becker, S. P. (2010). *From Internalizing to Externalizing: Theoretical Models of the Processes linking PTSD to Juvenile Delinquency*. In Egan, S. *Posttraumatic Stress Disorder (PTSD): Causes, Symptoms and Treatment*. New York: Nova Science Publishers.
- Kerig, P. K (2012). Introduction to part I: Trauma and juvenile delinquency: Dynamics and developmental mechanisms. *Journal of Child & Adolescent Trauma*, 5, 83-87.
- Kerig, P.K. (2013). *Trauma-Informed Assessment and Intervention*. Los Angeles, California: National Center for Child Traumatic Stress.
- Khan, L. & Wilson, J. (2010). *You Just Get on and Do it: Healthcare Provision in Youth Offending Teams*. Centre for Mental Health. Accessed on 1st February 2016 from <http://www.ohrn.nhs.uk/resource/policy/Justgetonanddoit.pdf>
- Kilpatrick, D., & Saunders, B. (1997). *Prevalence and Consequences of Child Victimization*. Washington: National Institute of Justice.
- Kilpatrick, D. G., Acierno, R., Saunders, B., Resnick, H. S., Best, C. L., & Schnurr, P. P. (2000). Risk factors for adolescent substance abuse and dependence: data from a national sample. *Journal of Consulting & Clinical Psychology*, 68, 19-30.
- Kimonis, E. R., Cross, B., Howard, A., & Donoghue, K. (2013). Maternal care, maltreatment and callous-unemotional traits among urban male juvenile offenders. *Journal of Youth and Adolescence*, 42, 165-177.

References

- Kirkman, E., & Melrose, K. (2014). *Clinical Judgement and Decision-Making in Children's Social Work: An Analysis of the "Front Door" System*. Accessed on 4th March 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/305516/RR337_-_Clinical_Judgement_and_Decision-Making_in_Childrens_Social_Work.pdf
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., *et al.* (2008). Creating trauma-informed systems: child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39, 396-404.
- Koehler, J. A., Lösel, F., Akoensi, T. D., & Humphreys, D. K. (2013). A systematic review and meta-analysis on the effects of young offender treatment programs in Europe. *Journal of Experimental Criminology*, 9, 19-43.
- Kohlberg, L. (1969). *Stages in the Development of Moral Thought and Action*. New York: Holt, Rinehart and Winston.
- Laird, R. D., Jordan, K. Y., Dodge, K. A., Pettit, G. S., & Bates, J. E. (2001). Peer rejection in childhood, involvement with antisocial peers in early adolescence, and the development of externalizing behavior problems. *Development and Psychopathology*, 13, 337-354.
- Laming, Lord. (2009). *The Protection of Children in England: A Progress Report*. London: The Stationery Office.
- Lanctôt, N., Cernkovich, S. A., & Giordano, P. C. (2007). Delinquent behavior, official delinquency, and gender: Consequences for adulthood functioning and well-being. *Criminology*, 45, 131-157.
- Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and Justice*, 28, 1-69.
- Lavender, T. & Hope, R. (2007). *New Ways of Working for Applied Psychologists in Health and Social Care: The End of the Beginning*. Leicester: British Psychological Society.
- Lea, S., Auburn, T., & Kibblewhite, K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology*, 43, 103-119.
- Leadbeater, B. J., Kuperminc, G. P., Blatt, S. J., & Hertzog, C. (1999). A multivariate model of gender differences in adolescents' internalizing and externalizing problems. *Developmental Psychology*, 35, 1268-1282.

References

- LeBel, T. P., Burnett, R., Maruna, S., & Bushway, S. (2008). The 'chicken and egg' of subjective and social factors in desistance from crime. *European Journal of Criminology*, 5, 131-159.
- Lee, C., Cronley, C., White, H. R., Mun, E. Y., Stouthamer-Loeber, M., & Loeber, R. (2012). Racial differences in the consequences of childhood maltreatment for adolescent and young adult depression, heavy drinking, and violence. *Journal of Adolescent Health*, 50, 443-449.
- Legard, R., Keegan, J., & Ward, K. (2003). *In-Depth Interviews*. In Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage.
- Lennox, C. & Khan, L. (2008). *Youth Justice*. In Baxter, E. *Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays*. Accessed on 1st February 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252662/33571_2901304_CMO_Chapter_12.pdf
- Levinson, A., & Fonagy, P. (2004). Offending and attachment: The relationship between interpersonal awareness and offending in a prison population with psychiatric disorder. *Canadian Journal of Psychoanalysis*, 12, 225.
- Levitt, M. (2013). Perceptions of nature, nurture and behaviour. *Life Sciences, Society and Policy*, 9, 1-11.
- Liddell, M., & Martinovic, M. (2013). Women's Offending: Trends, Issues and Theoretical Explanations. *International Journal of Social Inquiry*, 6, 127-142.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry* (Vol. 75). London: Sage.
- Lochman, J. (1987). Self and peer perceptions of attributional biases of aggressive and non-aggressive boys in dyadic interactions. *Journal of Consulting and Clinical Psychology*, 55, 404-410.
- Loeber, R., & Farrington, D. P. (1998). *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. London: Sage Publications.
- Loeber, R., & Farrington, D. P. (2000). Young children who commit crime: Epidemiology, developmental origins, risk factors, early interventions, and policy implications. *Development and Psychopathology*, 12, 737-762.

References

- Lomborg, K., & Kirkeveld, M. (2003). Truth and validity in grounded theory—a reconsidered realist interpretation of the criteria: fit, work, relevance and modifiability. *Nursing Philosophy*, 4, 189-200.
- Lombroso, C. (1911). *Criminal Man*. New York: GP Putnam.
- Onyett, S. (2007). *New Ways of Working for Applied Psychologists in Health and Social Care: Working Psychologically in Teams*. Leicester: British Psychological Society.
- MacCoun, R., Kilmer, B., & Reuter, P. (2003). *Research on Drugs-Crime Linkages: The Next Generation. Toward a Drugs and Crime Research Agenda for the 21st Century*. Accessed on 21st April 2016 from <http://webarchive.library.unt.edu/eot2008/20090508201203/http://www.ncjrs.gov/pdffiles1/nij/194616.pdf#page=69>.
- Malekpour, M. (2007). Effects of attachment on early and later development. *The British Journal of Development Disabilities*, 53, 81-95.
- Malvaso, C. G., Delfabbro, P., & Day, A. (2015). The Maltreatment–Offending Association A Systematic Review of the Methodological Features of Prospective and Longitudinal Studies. *Trauma, Violence, & Abuse*, 1-15.
- Marshall, W. L., Hudson, S. M., & Hodgkinson, S. (1993). *The Importance of Attachment Bonds in the Development of Juvenile Sex Offending*. In H.E. Barbaree (Eds). *The Juvenile Sex Offender*. New York: Guilford Press.
- Maruna, S., Lebel, T. P., Mitchell, N., & Naples, M. (2004). Pygmalion in the reintegration process: Desistance from crime through the looking glass. *Psychology, Crime & Law*, 10, 271-281.
- Maruna, S. (2007). *Reintegration for a Bulimic Society*. Accessed on 20th April 2016 from http://www.pfnz.org.nz/Site%20PDF/Reintegration%20for%20a%20Bulimic%20Society_Maruna.pdf
- Maschi, T. (2006). Trauma and violent delinquent behavior among males: The moderating role of social support. *Stress, Trauma, and Crisis*, 9, 45-72.
- Maschi, T., Bradley, C.A., & Morgen, K. (2008). Unravelling the link between trauma and delinquency the mediating role of negative affect and delinquent peer exposure. *Youth Violence and Juvenile Justice*, 6, 136-157.
- Maschi, T., Morgen, K., Bradley, C., & Hatcher, S. S. (2008). Exploring gender differences on internalizing and externalizing behavior among maltreated youth:

References

- Implications for social work action. *Child and Adolescent Social Work Journal*, 25, 531-547.
- Maschi, T., & Schwalbe, C. S. (2012). Unravelling Probation Officers' Practices with Youth with Histories of Trauma and Stressful Life Events. *Social Work Research*, 36, 21-30.
- Maxfield, G. M., & Widom, C. (1996). The cycle of violence revisited 6 years later. *Archives of Pediatric & Adolescent Medicine*, 150, 390-395.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50, 370-396.
- McFadyen-Ketchum, S. A., Bates, J. E., Dodge, K. A., & Pettit, G. S. (1996). Patterns of change in early childhood aggressive-disruptive behavior: Gender differences in predictions from early coercive and affectionate mother-child interactions. *Child Development*, 67, 2417-2433.
- McNamara, P. M. (2010). Staff support and supervision in residential youth justice: an Australian model. *Residential Treatment for Children & Youth*, 27, 214-240.
- McNeill, F. (2006). A desistance paradigm for offender management. *Criminology & Criminal Justice*, 6, 39-62.
- McNeill, F., Farrall, S., Lightowler, C., & Maruna, S. (2012). *How and Why People Stop Offending: Discovering Desistance*. Accessed on 23rd April 2016 from <http://eprints.gla.ac.uk/79860/1/79860.pdf>
- Mead, G. H. (1934). *Mind, Self, and Society*. Chicago: University of Chicago Press.
- Mennen, F. E., Kim, K., Sang, J., & Trickett, P. K. (2010). Child neglect: Definition and identification of youth's experiences in official reports of maltreatment. *Child Abuse & Neglect*, 34, 647-658.
- Miller, S., Leve, L. D., & Kerig, P. K. (2011). *Delinquent Girls: Contexts, Relationships, and Adaptation*. New York: Springer Science & Business Media.
- Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: a balance of goals and environment. *European Journal of Psychotraumatology*, 3, 1-9.
- Mills, J., Bonner, A., & Francis, K. (2008). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, 5, 25-35.

References

- Ministry of Justice & Youth Justice Board (2013). *Modern Youth Offending Partnerships. Guidance on Effective Youth Offending Team Governance in England*. Accessed on 19th March 2016 from <https://www.gov.uk/government/publications/youth-offending-teams-local-partnership-working>
- Ministry of Justice (2015). *Proven Offending Statistics January 2013 to December 2013*. Accessed on 1st April 2016 from <https://www.gov.uk/government/statistics/proven-reoffending-statistics-january-2013-to-december-2013>
- Ministry of Justice (2016). *What Works in Managing Young People who Offend? A Summary of the International Evidence*. Accessed on 1st April 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/498493/what-works-in-managing-young-people-who-offend.pdf
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy. *Psychological Review*, 100, 674-701.
- Molidor, C. E. (1996). Female gang members: A profile of aggression and victimization. *Social Work*, 41, 251-257.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology*, 52, 250-260.
- Mulder, E., Brand, E., Bullens, R., & Van Marle, H. (2010). Risk factors for overall recidivism and severity of recidivism in serious juvenile offenders. *International Journal of Offender Therapy and Comparative Criminology*, 55, 118-135.
- Mulvey, E. P., Steinberg, L., Fagan, J., Cauffman, E., Piquero, A. R., Chassin, L., *et al.* (2004). Theory and research on desistance from antisocial activity among serious adolescent offenders. *Youth Violence and Juvenile Justice*, 2, 213-236.
- Mulvey, E. P. (2011). *Substance Use and Delinquent Behavior among Serious Adolescent Offenders*. Washington, DC: Department of Justice, Office of Justice Programs.
- Muncie, J. (2008). The 'Punitive Turn' in juvenile justice: Cultures of control and rights compliance in Western Europe and the USA. *Youth Justice*, 8, 107-121.
- Muncie, J. (2011). Illusions of difference: Comparative youth justice in the devolved United Kingdom. *British Journal of Criminology*, 51, 40-57.

References

- Nasby, W., Hayden, B., & DePaulo, B. M. (1980). Attributional bias among aggressive boys to interpret unambiguous social stimuli as displays of hostility. *Journal of Abnormal Psychology, 89*, 459.
- National Audit Office (2011a). *The Cost of a Cohort of Young Offenders to the Criminal Justice System*. Accessed on 1st April 2016 from https://www.nao.org.uk/wp-content/uploads/2010/12/1011663_technical_paper.pdf
- National Audit Office (2011b). *The Youth Justice System in England and Wales: Reducing Offending by Young People*. Accessed on 2nd April 2016 from <https://www.nao.org.uk/wp-content/uploads/2010/12/1011663.pdf>
- National Institute for Health and Care Excellence (NICE) (2007). *Public Health Guideline 4: Substance misuse interventions for vulnerable under 25s*. Access on 1st August 2016 from <https://www.nice.org.uk/guidance/ph4/resources/substance-misuse-interventions-for-vulnerable-under-25s-55454156485>
- National Institute for Health and Care Excellence (NICE) (2014). *Quality Standard 59: Antisocial Behaviour and Conduct Disorders in Children and Young People*. Accessed on 19th April 2016 from <https://www.nice.org.uk/guidance/QS59>
- National Institute for Health and Care Excellence (NICE) (2015). *Children's Attachment: Attachment in Children and Young People who are Adopted from Care, in Care or at High Risk of Going into Care*. Accessed on 15th April 2016 from <https://www.nice.org.uk/guidance/ng26>
- Ness, C. D. (2004). Why girls fight: Female youth violence in the inner city. *The Annals of the American Academy of Political and Social Science, 595*, 32-48.
- Newcomb, M. D., & Locke, T. F. (2001). Intergenerational cycle of maltreatment: A popular concept obscured by methodological limitations. *Child Abuse & Neglect, 25*, 1219-1240.
- Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. *PLoS Medicine*. Accessed on 2nd February 2016 from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001349>
- Norris, N. (1997). Error, bias and validity in qualitative research. *Educational Action Research, 5*, 172-176.
- NSPCC (2015). *Preventing Child Sexual Abuse: Towards a National Strategy for England*. Accessed on 14th April 2016 from

References

<https://www.nspcc.org.uk/globalassets/documents/research-reports/preventing-child-sexual-abuse-towards-a-national-strategy.pdf>

Olson, J. M., & Zanna, M. P. (1993). Attitudes and attitude change. *Annual Review of Psychology, 44*, 117-154.

Ostrowsky, M. K. (2010). Are violent people more likely to have low self-esteem or high self-esteem?. *Aggression and Violent Behavior, 15*, 69-75.

Oudshoorn, J. (2015). *Trauma-Informed Youth Justice: A New Framework toward a Kinder Future*. Canada: Canadian Scholars' Press.

Painter, K., & Scannapieco, M. (2013). Child maltreatment: The neurobiological aspects of posttraumatic stress disorder. *Journal of Evidence-Based Social Work, 10*, 276-284.

Pallone, N. J., & Hennessy, J. J. (1998). Brain dysfunction and criminal violence. *Society, 35*, 21-27.

Parker, J. G., & Herrera, C. (1996). Interpersonal processes in friendship: A comparison of abused and nonabused children's experiences. *Developmental Psychology, 32*, 1025-1038.

Paternoster, R., & Brame, R. (1997). Multiple routes to delinquency? A test of developmental and general theories of crime. *Criminology, 35*, 49-84.

Patterson, G. R. (1982). *Coercive Family Process*. Eugene, OR: Castalia.

Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behaviour. *American Psychologist, 44*, 329-335.

Pecukonis, E., Doyle, O., & Bliss, D. L. (2008). Reducing barriers to interprofessional training: Promoting interprofessional cultural competence. *Journal of Interprofessional Care, 22*, 417-428.

Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review, 29*, 328-338.

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and use dependent development of the brain: How states become traits. *Infant Mental Health Journal, 16*, 271-291.

References

- Perry, B. D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind*, 3, 79–100.
- Perry, B. D. (2006). *Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children*. In N. B. Webb (Ed.), *Working with Traumatized Youth in Child Welfare*. New York: The Guilford Press.
- Peters, S. R. (2001). Relationships' role in female juvenile delinquency. *Corrections Today*, 63, 76-79.
- Petitclerc, A., Gatti, U., Vitaro, F., & Tremblay, R. E. (2013). Effects of juvenile court exposure on crime in young adulthood. *Journal of Child Psychology and Psychiatry*, 54, 291-297.
- Pettit, G. S., Clawson, M. A., Dodge, K. A., & Bates, J. E. (1996). Stability and change in peer-rejected status: The role of child behavior, parenting, and family ecology. *Merrill-Palmer Quarterly*, 42, 267-294.
- Phoenix, J. (2016). Against Youth Justice and Youth Governance, for Youth Penalty. *British Journal of Criminology*, 56, 123-140.
- Piaget, J. (1971). *The Theory of Stages in Cognitive Development*. In D. R. Green, M. P. Ford, & G. B. Flamer (Eds.), *Measurement and Piaget*. New York: McGraw-Hill.
- Piquero, A. (2001). Testing Moffitt's neuropsychological variation hypothesis for the prediction of life-course persistent offending. *Psychology, Crime and Law*, 7, 193-215.
- Pistorius, K. D., Feinauer, L. L., Harper, J. M., Stahmann, R. F., & Miller, R. B. (2008). Working with sexually abused children. *The American Journal of Family Therapy*, 36, 181-195.
- Ploeger, M. (1997). Youth employment and delinquency: Reconsidering a problematic relationship. *Criminology*, 35, 659-676.
- Plomin, R. (1995). Genetics and children's experiences in the family. *Journal of Child Psychology & Psychiatry*, 36, 33-68.
- Prison Reform Trust (2010). *Seen and Heard: Supporting Vulnerable Children in the Youth Justice System*. Accessed on 14th April 2016 from <http://www.prisonreformtrust.org.uk/Portals/0/Documents/SeenandHeardFinal%20.pdf>
- Public Health Wales (2015). *Adverse Childhood Experiences and their Impact on Health-Harming Behaviours in the Welsh Adult Population*. Accessed on 12th January 2015 from

References

- [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)
- Purvis, M., Ward, T., & Devilly, G. G. (2003). Community Corrections Officers' Attributions for Sexual Offending Against Children. *Journal of Child Sexual Abuse, 11*, 101-123.
- Quas, J. A., Bottoms, B. L., & Nunez, N. (2002). Child maltreatment and delinquency: Framing issues of causation and consequence. *Children's Services: Social Policy, Research, and Practice, 5*, 245-248.
- Quinsey, V. L., & Cyr, M. (1986). Perceived dangerousness and treatability of offenders the effects of internal versus external attributions of crime causality. *Journal of Interpersonal Violence, 1*, 458-471.
- Raynor, P., & Vanstone, M. (1997). *Straight Thinking on Probation (STOP): The Mid Glamorgan Experiment*. Oxford: University of Oxford, Centre for Criminological Research.
- Rebellon, C. J., & Van Gundy, K. (2005). Can control theory explain the link between parental physical abuse and delinquency? A longitudinal analysis. *Journal of Research in Crime and Delinquency, 42*, 247-274.
- Reckdenwald, A., Mancini, C., & Beauregard, E. (2013). The cycle of violence: examining the impact of maltreatment early in life on adult offending. *Violence and Victims, 28*, 466-482.
- Reid, J. A. (2011). An exploratory model of girl's vulnerability to commercial sexual exploitation in prostitution. *Child Maltreatment, 16*, 146-157.
- Resnick, M. D., Ireland, M., & Borowsky, I. (2004). Youth violence perpetration: what protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health. *Journal of Adolescent Health, 35*, 424-433.
- Rex, S. (1999). Desistance from offending: Experiences of probation. *The Howard Journal of Criminal Justice, 38*, 366-383.
- Richards, K. (2011). What makes juvenile offenders different from adult offenders? *Trends and Issues in Crime and Criminal Justice, 409*. Accessed on 10th March 2016 from <http://www.aic.gov.au/publications/current%20series/tandi/401-420/tandi409.html>
- Roberts, A.L., Dohrenwend, B.P., Aiello, A.E., Wright, R.J., Maercker, A., Galea, S., et al. (2012). The stressor criterion for posttraumatic stress disorder does it matter? *Journal of Clinical Psychiatry, 73*, 264-270.

References

- Rodermond, E., Kruttschnitt, C., Slotboom, A. M., & Bijleveld, C. C. (2015). Female desistance: A review of the literature. *European Journal of Criminology*. Accessed on 20th April 2016 from <http://euc.sagepub.com/content/early/2015/08/06/1477370815597251.abstract>
- Rogers, C.R. (1959). *A Theory of Therapy, Personality and Interpersonal Relationships, as Developed in the Client-Centered Framework*. In S. Koch (ed.). *Psychology: A Study of Science* (pp.184-256). New York: McGraw Hill.
- Romaine, C. L. R., Goldstein, N. E. S., Hunt, E., & DeMatteo, D. (2011). Traumatic experiences and juvenile amenability: The role of trauma in forensic evaluations and judicial decision making. *Child & Youth Care Forum*, 40, 363-380.
- Rothschild, B. (2006). *Help for the helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*. London: WW Norton & Co.
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative Interviewing: The Art of Hearing Data*. London: Sage.
- Rutter, M. (1971). Parent- child separation: psychological effects on the children. *Journal of Child Psychology and Psychiatry*, 12, 233-260.
- Salzinger, S., Rosario, M., & Feldman, R. S. (2007). Physical child abuse and adolescent violent delinquency: The mediating and moderating roles of personal relationships. *Child Maltreatment*, 12, 208-219.
- Sampson, R. J., & Laub, J. H. (1992). Crime and deviance in the life course. *Annual Review of Sociology*, 18, 63-84.
- Sampson, R. J., & Laub, J. H. (2003). Life-Course Desisters? Trajectories Of Crime Among Delinquent Boys Followed To Age 70. *Criminology*, 41, 555-592.
- Sampson, R. J., & Laub, J. H. (2005). A life-course view of the development of crime. *The Annals of the American Academy of Political and Social Science*, 602, 12-45.
- Sanders, B., Lankenau, S. E., Bloom, J. J., & Hathaz, D. S. (2009). A typology of drug-related offending among young homeless injection drug users. *Journal of Drug Issues*, 39, 777-802.
- Schnittker, J., & John, A. (2007). Enduring stigma: The long-term effects of incarceration on health. *Journal of Health and Social Behavior*, 48, 115-130.

References

- Schofield, G., Ward, E., Biggart, L., Scaife, V., Dodsworth, J., Larsson, B., & Stone, N. (2012). *Looked After Children and Offending: Reducing Risk and Promoting Resilience*. Accessed on 28th February 2016 from http://www.birthcompanions.info/media/Public/Resources/Extpublications/lac_and_offending_reducing_risk_promoting_resilience_fullreport_200212.pdf
- Schore, A. N. (2009). Relational trauma and the developing right brain. *Annals of the New York Academy of Sciences*, 1159, 189-203.
- Schore, A. N. (2010). *Relational Trauma and the Developing Right Brain. The Neurobiology of Broken Attachment Bonds*. In T. Baradon (Ed.). *Relational Trauma in Infancy: Psychoanalytic, Attachment and Neuropsychological Contributions to Parent–Infant Psychotherapy*. New York: Routledge.
- Schore, A. N. (2015). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. New York: Routledge.
- Schubert, C. A., Mulvey, E. P., Loughran, T. A., & Losoya, S. H. (2012). Perceptions of institutional experience and community outcomes for serious adolescent offenders. *Criminal Justice and Behavior*, 39, 71-93.
- Schubert, C. A., Mulvey, E. P., & Pitzer, L. (2016). Differentiating serious adolescent offenders who exit the justice system from those who do not. *Criminology*, 54, 56-85.
- Schwartz, D., & Proctor, L. J. (2000). Community violence exposure and children's social adjustment in the school peer group: the mediating roles of emotion regulation and social cognition. *Journal of Consulting and Clinical Psychology*, 68, 670-683.
- Scott, E. S., & Steinberg, L. (2008). Adolescent development and the regulation of youth crime. *The Future of Children*, 18, 15-33.
- Seddon, T. (2000). Explaining the drug–crime link: Theoretical, policy and research issues. *Journal of Social Policy*, 29, 95-107.
- Seidman, I. (2013). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. New York: Teachers College Press.
- Severson, M., & Pettus-Davis, C. (2013). Parole officers' experiences of the symptoms of secondary trauma in the supervision of sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 57, 5-24.

References

- Shahinfar, A., Kupersmidt, J. B., & Matza, L. S. (2001). The relation between exposure to violence and social information processing among incarcerated adolescents. *Journal of Abnormal Psychology, 110*, 136-141.
- Siegel, D. (1999). *The Developing Mind*. New York: Guilford Press.
- Siegel, D. J., & Solomon, M. (2003). *Healing Trauma: Attachment, Mind, Body and Brain*. New York: WW Norton & Company.
- Siegel, D. J. (2015). *The Developing Mind: How Relationships and the Brain Interact to Shape Who we Are*. New York: Guilford Publications.
- Silverman, D. (1993). *Interpreting Qualitative Data: Methods for Analyzing Talk, Text, and Interaction*. London: Sage.
- Silverman, D. (2000). *Doing Qualitative Research: A Handbook*. California: Sage.
- Simpson, T. L., & Miller, W. R. (2002). Concomitance between childhood sexual and physical abuse and substance use problems: A review. *Clinical Psychology Review, 22*, 27-77.
- Shader, M. (2001). *Risk Factors for Delinquency: An Overview*. US Department of Justice: Office of Juvenile Justice and Delinquency Prevention.
- Skuse, T. & Matthew, J. (2015). The Trauma Recovery Model: sequencing youth justice interventions for young people with complex needs. *Prison Service Journal, 220*, 16-24.
- Smith, J. K. (1984). The problem of criteria for judging interpretive inquiry, *Educational Evaluation and Policy Analysis, 6*, 379–391.
- Smith, C. A., Ireland, T. O., & Thornberry, T. P. (2005). Adolescent maltreatment and its impact on young adult antisocial behavior. *Child Abuse & Neglect, 29*, 1099-1119.
- Smith, D.K., Leve, L.D. & Chamberlain, P. (2006). Adolescent girls' offending and health-risking sexual behaviour: The predictive role of trauma. *Child Maltreatment, 11*, 346–353.
- Smith, C. A., Ireland, T. O., Thornberry, T. P., & Elwyn, L. (2008). Childhood maltreatment and antisocial behavior: comparison of self-reported and substantiated maltreatment. *American Journal of Orthopsychiatry, 78*, 173-186.
- Snape, D., & Spencer, L. (2003). *The Foundations of Qualitative Research*. In Ritchie J, Lewis J (eds). *Qualitative Research Practice: a Guide for Social Science Researchers and Students*. London: Sage.

References

- Specialist Unit for Review Evidence (SURE) (2013). *Questions to Assist with the Critical Appraisal of Randomised Controlled Trials and Other Experimental Studies*. Accessed on 15th March 2016 from http://www.cardiff.ac.uk/insrv/libraries/sure/doc/SURE_RCT_Checklist_2013.pdf
- Steinberg, L. (2005). Cognitive and affective development in adolescence. *Trends in Cognitive Sciences*, 9, 69–74.
- Stevenson, M. C. (2009). Perceptions of juvenile offenders who were abused as children. *Journal of Aggression, Maltreatment & Trauma*, 18, 331-349.
- Stouthamer-Loeber, M., Loeber, R., Homish, D. L., & Wei, E. (2001). Maltreatment of boys and the development of disruptive and delinquent behavior. *Development and Psychopathology*, 13, 941-955.
- Stouthamer-Loeber, M. A. G. D. A., Wei, E., Loeber, R., & Masten, A. S. (2004). Desistance from persistent serious delinquency in the transition to adulthood. *Development and Psychopathology*, 16, 897-918.
- Strauss, A., & Corbin, J. (1994). *Grounded Theory Methodology: An Overview*. In N.K. Denzin & Y.S. Lincoln (eds). *Handbook of Qualitative Research*. London: Sage.
- Talbot, J. (2010). *Seen and Heard: Supporting Vulnerable Children in the Youth Justice System*. London: Prison Reform Trust.
- Taylor, R. B. (1995). The impact of crime on communities. *The Annals of the American Academy of Political and Social Science*, 539, 28-45.
- Taylor, R. S., Reeves, B. C., Ewings, P. E., & Taylor, R. J. (2004). Critical appraisal skills training for health care professionals: a randomized controlled trial. *BMC Medical Education*, 4, 1-30.
- Taylor, S., Asmundson, G. J., & Carleton, R. N. (2006). Simple versus complex PTSD: A cluster analytic investigation. *Journal of Anxiety Disorders*, 20, 459-472.
- Teplin, L. A., Abram, K. M., & McClelland, G. M. (1994). Does psychiatric disorder predict violent crime among released jail detainees? A six-year longitudinal study. *American Psychologist*, 49, 335-342.
- Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148, 10-20.

References

The Centre for Social Justice (2009). *Breakthrough Britain: Dying to Belong*. London: The Centre for Social Justice.

The National Child Traumatic Stress Network (2009). *Judges and Child Trauma: Findings from the National Child Traumatic Stress Network/National Council of Juvenile and Family Court Judges Focus Groups*. Accessed on 7th March 2016 from <http://www.nctsn.org/sites/default/files/assets/pdfs/judicialbrief.pdf>

Thornberry, T. P., & Krohn, M. D. (2001). *The Development of Delinquency*. In S. White. *Handbook of Youth and Justice*. New York: Springer US.

Thornberry, T. P., Henry, K. L., Ireland, T. O., & Smith, C. A. (2010). The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. *Journal of Adolescent Health, 46*, 359-365.

Thornberry, T. P., Knight, K. E., & Lovegrove, P. J. (2012). Does maltreatment beget maltreatment? A systematic review of the intergenerational literature. *Trauma, Violence, & Abuse, 13*, 135-152.

Tolan, P. H., Gorman-Smith, D., & Henry, D. B. (2002). Linking Family Violence to Delinquency Across Generations?. *Children's Services: Social Policy, Research, and Practice, 5*, 273-284.

Tolan, P.H., & Titus, J. A. (2009). *Therapeutic Jurisprudence in Juvenile Justice*. In B.T. Bottoms, C.J. Najdowski, G.S. Goodman (Eds). *Children as Victims, Witnesses, and Offenders: Psychological Science and the Law*. New York: Guilford Press.

Tomlinson, P. (2013). Communicating with traumatised children. *The Goodenoughcaring Journal, 14*. Accessed on the 1st August 2016 from <http://pactcharity.org/sites/default/files/Communicating%20with%20Traumatised%20Children.pdf>

Topitzes, J., Mersky, J.P., & Reynolds, A.J. (2011). Child maltreatment and offending behavior gender-specific effects and pathways. *Criminal Justice and Behavior, 38*, 492-510.

Toro, P. A., Urberg, K. A., & Heinze, H. J. (2004). Antisocial behavior and affiliation with deviant peers. *Journal of Clinical Child and Adolescent Psychology, 33*, 336-346.

Trzesniewski, K. H., Donnellan, M. B., Moffitt, T. E., Robins, R. W., Poulton, R., & Caspi, A. (2006). Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Developmental Psychology, 42*, 381.

References

- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11*, 80-96.
- Turner, H. A., Finkelhor, D., & Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine, 62*, 13-27.
- Tyler, K. A., Johnson, K. A., & Brownridge, D. A. (2008). A longitudinal study of the effects of child maltreatment on later outcomes among high-risk adolescents. *Journal of Youth and Adolescence, 37*, 506-521.
- Uggen, C. (2000). Work as a turning point in the life course of criminals: A duration model of age, employment, and recidivism. *American Sociological Review, 65*, 529-546.
- Uggen, C., Manza, J., & Behrens, A. (2004). *Less than the Average Citizen: Stigma, Role Transition and the Civic Reintegration of Convicted Felons*. In, S. Maruna & R. Immarigeon (Eds). *After Crime and Punishment: Pathways to Offender Reintegration*. Portland Oregon: Willan.
- UK Government (2012). *Criminal Courts*. Accessed on 13th February 2016 from <https://www.gov.uk/courts/youth-courts>
- Ulzen, T. P., & Hamilton, H. (1998). The nature and characteristics of psychiatric comorbidity in incarcerated adolescents. *Canadian Journal of Psychiatry, 43*, 57-63.
- UN Committee on the Rights of the Child (2008). *UK Children's Commissioners' Report to UN Committee on the Rights of the Child*. Accessed on 12th April 2016 from <https://www.childcomwales.org.uk/uploads/publications/61.pdf>
- Van der Kolk, B. A. (1989). The compulsion to repeat the trauma. *Psychiatric Clinics of North America, 12*, 389-411.
- Van der Kolk, B. A., & Fisler, R. E. (1994). Childhood abuse and neglect and loss of self-regulation. *Bulletin of the Menninger Clinic, 58*, 145-168.
- Van der Kolk, B. A. (2002). *Beyond the Talking Cure: Somatic Experience and Subcortical Imprints in the Treatment of Trauma*. In F. Shapiro (Eds). *EMDR as an Integrative Psychotherapy Approach: Experts of Diverse Orientations Explore the Paradigm Prism*. Washington, DC: American Psychological Association.
- Van der Kolk, B. A. (2005). Developmental trauma disorder. *Psychiatric Annals, 35*, 401-408.

References

- Van der Kolk, B.A., Van der Hart, O. & Marmar, C.R. (2007). *Dissociation and Information Processing in Posttraumatic Stress Disorder*. In Van der Kolk, B.A., MacFarlane, A., & Weisaeth, L (Eds). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*. New York: The Guildford Press
- Van der Kolk, B. A., & McFarlane, A. C. (2012). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: Guilford Press.
- Verrecchia, P. J., Fetzer, M. D., Lemmon, J. H., & Austin, T. L. (2010). An examination of direct and indirect effects of maltreatment dimensions and other ecological risks on persistent youth offending. *Criminal Justice Review*, 35, 220-243.
- Veysey, B. (2003). *Adolescent Girls with Mental Health Disorders Involved in the Juvenile Justice System*. National Center for Mental Health and Juvenile Justice. Accessed on 3rd March 2015 from http://www.njjn.org/uploads/digital-library/Adolescent-Girls-with-Mental-Health-Disorders-Involved-with-the-Juvenile-Justice-System_Bonita-Veysey-NCMHJJ_7.03.pdf
- Vidal, S., & Skeem, J. L. (2007). Effect of psychopathy, abuse, and ethnicity on juvenile probation officers' decision-making and supervision strategies. *Law and Human Behavior*, 31, 479-498.
- Wallace, C., Mullen, P., Burgess, P., Palmer, S., Ruschena, D., & Browne, C. (1998). Serious criminal offending and mental disorder. Case linkage study. *The British Journal of Psychiatry*, 172, 477-484.
- Waldinger, R. J., Toth, S. L., & Gerber, A. (2001). Maltreatment and internal representations of relationships: Core relationship themes in the narratives of abused and neglected preschoolers. *Social Development*, 10, 41-58.
- Warr, M. (2002). *Companions in Crime: The Social Aspects of Criminal Conduct*. Cambridge: Cambridge University Press.
- Wasserman, E., & Ellis, C. A. (2007). *Impact of Crime on Victims*. National Victim Assistance Academy. Accessed on 4th April 2016 from <http://www.ccvv.state.vt.us/sites/default/files/resources/VVAA%20Ch%206%20Impact%20of%20Crime.pdf>
- Watkins, B., & Bentovim, A. (1992). *Male Children and Adolescents as Victims: A Review of Current Knowledge In Male Victims of Sexual Assault*. In G. C. Mezey & M. D. King. *Male Victims of Sexual Assault*. Oxford: Oxford University Press.

References

- Weaver, B. & McNeill, F. (2010). *Travelling Hopefully: Desistance Research and Probation Practice*. In J. Brayford, F. Cowe & J. Deering (eds). *What Else Works?: Creative Work with Offenders*. Cullompton: Willan.
- Webster-Stratton, C. (2015). *THE INCREDIBLE YEARS® SERIES: A Developmental Approach*. In Van Ryzin, M. J., Kumpfer, K. L., Fosco, G. M., & Greenberg, M. T. (Eds.). *Family-Based Prevention Programs for Children and Adolescents: Theory, Research, and Large-Scale Dissemination*. New York: Psychology Press.
- Weiler, B. L., & Widom, C. S. (1996). Psychopathy and violent behaviour in abused and neglected young adults. *Criminal Behaviour & Mental Health*, 6, 253-271.
- Welsh Government (2010). *Breaking the Barriers: Meeting the Challenges Better Support for Children and Young People with Emotional Well-being and Mental Health Needs - An Action Plan for Wales*. Accessed on 15th April 2016 from <http://gov.wales/topics/health/publications/health/guidance/actionplan/%3bjsessionid=7T2jMQTMWn2MGQr2yWQyf38yJrvMGRQLTn9hB2FICyNvDZNgnIVy!-601976524?lang=en>
- Welsh Government (2014). *Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales*. Accessed on 1st February 2016 from <http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en>
- White, H. R., Tice, P. C., Loeber, R., & Stouthamer-Loeber, M. (2002). Illegal acts committed by adolescents under the influence of alcohol and drugs. *Journal of Research in Crime and Delinquency*, 39, 131-152.
- Widom, C. S. (1989). Child abuse, neglect, and adult behavior: research design and findings on criminality, violence, and child abuse. *American Journal of Orthopsychiatry*, 59, 355-367.
- Widom, C. S., & White, H. R. (1997). Problem behaviours in abused and neglected children grown up: prevalence and co-occurrence of substance abuse, crime and violence. *Criminal Behaviour & Mental Health*, 7, 287-310.
- Widom, C. S., & Maxfield, M. G. (2001). *An Update on the "Cycle of Violence"*. Washington: US Department of Justice, National Institute of Justice.
- Widom, C. S., & Wilson, H. (2009). *How Victims Become Offenders*. In Bottoms, B. L., Najdowski, C. J., & Goodman, G. S. (Eds.). (2009). *Children as Victims, Witnesses, and Offenders: Psychological Science and the Law*. New York: Guilford Press.

References

- Willig, C. (2001). *Introducing Qualitative Research in Psychology*. Buckingham: Open University Press.
- Willig, C. (2013). *Introducing Qualitative Research in Psychology*. UK: McGraw-Hill Education.
- Willis, G. M. & Ward, T. (2013). *The Good Lives Model: Does It Work? Preliminary Evidence*. In L. A. Craig, L. Dixon and T. A. Gannon (Eds). *The Good Lives Model, in What Works in Offender Rehabilitation: An Evidence-Based Approach to Assessment and Treatment*. Oxford: John Wiley & Sons.
- Wilson, E., & Hinks, S. (2011). Assessing the predictive validity of the Asset youth risk assessment tool using the Juvenile Cohort Study (JCS). *Ministry of Justice Research Series, 10, 11*.
- Wolpaw, J.W., & Ford, J.D. (2004). *Assessing Exposure to Psychological Trauma and Post-traumatic Stress in the Juvenile Justice Population*. Los Angeles, CA: National Child Traumatic Stress Network.
- World Health Organization (1993). *The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research*. WHO, Geneva.
- Young Minds (2013) *Same Old... The Experiences of Young Offenders with Mental Health Needs*. Accessed on 2nd November 2015 from <http://www.t2a.org.uk/wp-content/uploads/2013/12/YoungMinds-Same-Old...-2013-low-res.pdf>
- Youth Justice Board (2005a). *Role of Risk and Protective Factors*. Accessed on 27th November 2015 from http://yjbpublications.justice.gov.uk/en-gb/Resources/Downloads/Role_of_risk_and_protective_factors_fullreport.pdf
- Youth Justice Board (2005b). *Persistent Young Offenders*. Accessed on 20th November 2015 from <http://yjbpublications.justice.gov.uk/Resources/Downloads/PYO%20Summary%20A5.pdf>
- Youth Justice Board (2009). *Girls and Offending: Patterns, Perceptions and Interventions*. Accessed on 2nd April 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/354833/yjb-girls-offending.pdf
- Youth Justice Board (2012). *Prolific Offending in the 2009 Welsh Youth Justice Cohort*. London: YJB.

References

Youth Justice Board (2014a). *The Youth Justice System Overview: An Overview of the System we Oversee*. Accessed on 1st February 2016 from <http://yjbpublications.justice.gov.uk/en-gb/scripts/prodView.asp?idproduct=343&eP=>

Youth Justice Board (2014b). *Policy Implementation Guidance: Addressing Mental Health Problems of Children and Young People in the Youth Justice System*. Accessed on 31st January 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370772/2014-10-01_CYP_-_Policy_Implementation_Guidance_October_2014.pdf

Youth Justice Board (2014c). *Assess Young Offenders: Section 4 Case Management*. Accessed on 13th Feb 2016 from <https://www.gov.uk/government/publications/assess-young-offenders/assess-young-offenders-section-4-case-management-guidance>

Youth Justice Board (2014d). *Guidance: Young Offenders: Assessment using 'Asset'*. Accessed on 6th July 2015 from <https://www.gov.uk/government/publications/asset-documents>

Youth Justice Board (2014e). *AssetPlus Rationale*. Accessed on 2nd May 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367782/AssetPlus_Rationale_revised_October_2014_1_0.pdf

Youth Justice Board (2015a). *Youth Justice Board for England and Wales Strategic Plan 2015–18*. Accessed on 21st January 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469954/YJB_Strategic_Plan_2015-18.pdf

Youth Justice Board (2015b). *Youth Offending Teams: Making the Difference for Children and Young People, Victims and Communities*. Accessed on 21st January 2016 from https://www.gov.uk/government/uploads/Youth_offending_teams_making_the_difference_for_children_and_young_people_victims_and_communities/uploads/attachment_data/file/445271/Board_Visits_Final_Report.pdf

Youth Justice Board & HM Inspectorate of Prisons (2015). *Children in Custody 2014–15: An Analysis of 12–18-year-olds' Perceptions of their Experience in Secure Training Centres and Young Offender Institutes*. Accessed on 21st April 2016 from https://www.justiceinspectors.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/12/HMIP_CP_-Children-in-custody-2014-15-FINAL-web-AW.pdf

Youth Justice Board & Ministry of Justice (2015). *Youth Justice Statistics 2013/14: England and Wales*. Accessed on 5th February 2016 from

References

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399379/youth-justice-annual-stats-13-14.pdf

Youth Justice Board & Welsh Government (2014). *Children and Young People First*. Accessed on 10th Feb 2016 from <http://gov.wales/docs/dsjlg/publications/commsafety/140710-youth-justice-strategyv2-en.pdf>

Zingraff, M. T., Leiter, J., Johnsen, M. C., & Myers, K. A. (1994). The mediating effect of good school performance on the maltreatment-delinquency relationship. *Journal of Research in Crime and Delinquency*, 31, 62-91.

6 LIST OF APPENDICES

Appendix One: DSM-V definition of PTSD..... 181

Appendix Two: Definitions of Complex Traumas 182

Appendix Three: Systematic Review Searching Process 183

Appendix Four: Detailed Quality Assessment Scores for the Systematic Review
Papers184

Appendix Five: Full Interview Schedule and Revisions..... 187

Appendix Six: Gatekeeper Letter and Confirmation of Support for Recruitment .. 190

Appendix Seven: Ethics Approvals 192

Appendix Eight: Participant Information Sheet..... 193

Appendix Nine: Participant Consent Form 197

Appendix Ten: Participant Debrief Form 199

Appendix Eleven: Diagram Aid 201

Appendix Twelve: Example Reflective Diary Excerpts..... 202

Appendix Thirteen: Examples of Initial and Focused Coding and Memo 203

Appendix One: DSM-V definition of PTSD

Criterion A: Definition of trauma “exposure to actual or threatened death, serious injury, or sexual violence.”

A. Exposure to a traumatic event (A1):

1. Directly experiencing the event(s)
2. Witnessing the event(s)
3. Learning that the event(s) occurred to a close relative or close friend
4. Experiencing repeated or extreme exposure to aversive details of the event(s)

Four symptom clusters:

- B. Re-experiencing (now includes dissociative reactions)
- C. Numbing
- D. Avoidance
- E. Hyperarousal and hypervigilance

To Make the PTSD Diagnosis:

Criterion A: Cluster B - 5 intrusive symptoms- endorse at least 1

Cluster C, 2 avoidance symptoms- endorse at least 1

Cluster D, 7 negative mood & cognition symptoms- endorse at least 2

Cluster E, 6 arousal/reactivity symptoms- endorse at least 2

1. Specify if: dissociative subtype (full PTSD plus derealization or depersonalization)
2. Specify if: preschool subtype (1 B and 2 E, but only 1 C or D symptoms are needed)
3. Specify if: with delayed expression of symptoms

Preschool Sub-type (up to age 6) - Promotes consideration of developmental modulation of reactions to trauma and expression of PTSD

Appendix Two: Definitions of Complex Traumas

The National Child Traumatic Stress Network (NCTSN - <http://www.nctsn.org/trauma-types/complex-trauma>) defines complex trauma as:

"The term complex trauma describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually begin early in life and can disrupt many aspects of the child's development and the very formation of a self."

Van der Kolk (2005, p.2.) defines complex trauma as:

"experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood"

Courtois & Ford (2009, p. 1) define complex trauma as:

"multiple traumatic experiences that are repetitive or prolonged, involve direct physical and/or mental harm and abandonment by primary or temporary caregivers, occur at developmentally vulnerable stages over the life course, and have the potential to severely compromise a child's development."

Final definition agreed for this study:

The term "**Complex Trauma**" is used here to describe:

- A person's *childhood* experiences of *prolonged* exposure to *multiple* traumatic events.
- Experiences of traumatic events that would be considered *intrusive and severe* and affect many aspects of a child's development.
- Experiences of traumatic events that involve or are perpetrated by family members, or other people in a trusted or powerful position (e.g. parents, teachers etc).

Examples of complex traumas include:

- Physical, sexual and/or emotional abuse
- Severe neglect
- Witnessing violence
- Torture

Using this definition, one off traumas (e.g. road traffic accidents, floods, witnessing a death etc.) and invasive medical procedures would not qualify as a 'complex trauma'.

Appendices

Appendix Three: Systematic Review Searching Process

Breakdown of Systematic Review Searching Process and Reasons for Exclusion

Search	Hits	Non-English	Total	Exclusions												Total	Full text required
				Duplicates	Offenders views	Research on offenders (not trauma-related)	Research on victims of abuse (not offenders)	Service development/delivery	Theoretical papers/legislation etc	Not related to trauma	Single case studies	Assessment tools	Staff perceptions of offenders (not related to trauma)	Research on staff (not perceptions of offenders)			
1 ASSIA	365	0	365	51	2	39	11	17	40	135	12	4	41	9	361	5	
2 Cochrane	155	0	155	0	0	35	16	4	0	93	0	1	5	1	155	0	
3 PsycInfo	864	23	841	0	15	143	44	37	88	340	21	10	73	34	807	36	
4 Medline	223	6	217	7	0	42	7	8	25	81	1	1	37	6	215	2	
5 Social Service Abstract, Sociological Abstracts, PILOTS	253	35	218	82	3	25	13	8	39	18	3	2	15	9	217	1	
6 ERIC	126	10	116	43	2	27	17	11	4	11	0	0	0	1	116	0	
7 Heinonline	175	0	175	8	3	13	6	17	48	46	19	0	13	2	175	0	
Total	2161		2087	191	25	324	114	102	244	724	56	18	184	62	2046	44	
8 Google Scholar	1	0														1	
9 Reference lists	6	0														6	
Total	7	0														7	
Articles to be reviewed in full																	
Exclusions																	
				Total to Search	Offenders views	Research on offenders (not trauma-related)	Research on victims of abuse (not offenders)	Service development/delivery	Theoretical papers/legislation etc	Not related to trauma	Single case studies	Assessment tools	Staff perceptions of offenders (not related to trauma)	Research on staff (not perceptions of offenders)	Not staff (e.g. mock jurors)	Included studies	
				51	1	12	2	0	2	4	0	0	6	1	13	10	

Appendix Four: Detailed Quality Assessment Scores for the Systematic Review Papers

The quality of each paper was assessed using the below questions as a guide. Each question was given a score from 0-2 (0 = Not present, 1 = Partially present, 2 = Present, N/A = Not Applicable). The scores were then added together (excluding N/A questions) and then converted into a percentage score in order to support comparison across studies.

Quality Assessment Scores for Quantitative, Experimental Papers (Modified SURE, 2012 and CASP, 2013 Checklists):

SURE/CASP checklist questions	Vidal & Skeem (2007)	Hanson & Slater (1993)
1. Does the study address a clearly focused question/hypothesis?	2	2
2. Was the population randomised? If YES, were appropriate methods used?	1	N/A
3. Was allocation to intervention or comparator groups concealed?	1	N/A
4. Were participants/investigators blinded to group allocation? If NO, was assessment of outcomes blinded?	0	N/A
5. Were interventions (and comparisons) well described and appropriate?	2	1
6. Was ethical approval sought and received? Do the authors report this?	0	0
7. Was a trial protocol published?	N/A	N/A
8. Were the groups similar at the start of the trial?	2	1
9. Was the sample size sufficient?	2	0
10. Were participants properly accounted for?	2	1
11. Data analysis: Are you confident with the authors' choice and use of statistical methods?	2	2
12. Results: Were outcome measures reliable (e.g. objective or subjective measures, do the measures truly reflect what you want them to/been validated)?	1	1
13. Is any sponsorship/conflict of interest reported?	0	0
14. Did the authors identify any limitations?	2	2
Total (excluding N/A questions)	17/26	10/20
Percentage	65%	50%

Appendices

Quality Assessment Scores for Quantitative, Non-experimental studies (Modified CASP, 2013 and GATE, 2006 Checklists):

CASP (cohort studies) and GATE (Cross-sectional studies) questions	Maschi & Schwalbe (2012)	D'Angelo (2007)	Purvis <i>et al.</i> (2003) (quantitative part)	Bumby & Maddox (1999)	Garvey (1998)
1. Did the study address a clearly focused issue?	2	2	2	2	2
2. Do the selected participants represent the eligible population?	1	2	2	1	2
3. Were interventions (and comparisons) well described and appropriate?	N/A	N/A	N/A	N/A	N/A
4. Was the outcome accurately measured to minimise bias?	1	1	1	1	1
5. How well were likely confounding factors identified and controlled for?	2	0	0	0	0
6. Were the groups similar at the start of the trial?	N/A	N/A	1	N/A	N/A
7. Data analysis: Were the analytical methods appropriate?	2	1	2	1	1
8. Results: Are the study results internally valid (i.e unbiased)?	1	1	1	1	1
Total (excluding N/As)	9/12	7/12	9/14	6/12	6/12
Percentage	75%	58%	64%	50%	50%

Quality Assessment Scores for Qualitative Papers (CASP, 2013 Checklist):

CASP qualitative checklist	Belknap <i>et al.</i> (2015)	Purvis <i>et al.</i> (2003) (qualitative)	Lea <i>et al.</i> (1999)	Baines & Alder (1996)
1. Is there a clear statement of the aims of the research?	2	2	2	2
2. Is a qualitative methodology appropriate?	2	2	2	2
3. Was the research design appropriate to address the aims of the research?	1	2	2	2

Appendices

4. Was the recruitment strategy appropriate to the aims of the research?	1	2	1	2
5. Was data collected in a way that addressed the research issue?	2	2	2	2
6. Has the relationship between researcher and participants been adequately considered?	0	0	2	0
7. Have ethical issues been taken into consideration?	1	1	1	0
8. Was the data analysis sufficiently rigorous?	1	1	1	1
9. Was there a clear statement of findings?	2	2	1	1
10. How valuable is the research?	2	2	2	2
Total	13/20	15/20	15/20	13/20
Percentage	65%	75%	75%	65%

Appendix Five: Full Interview Schedule and Revisions

Red text represents changes to the interview schedule and identifies after which participant these changes were made.

Introduction:

- Introduce myself – no experience in YOT.
- Explain rationale, procedure and definition of Complex Trauma – **Go over diagram to explain focus on mechanisms (Participant 2)**
- Check participant has signed consent form. Complete demographic form
- Ask if they have any questions – I will be writing notes.

Interview Q's

1. *Firstly it would be helpful if you could tell me a little bit about yourself, what your job is in the YOT and how long you've been working here?*
2. *So, what attracted you to work in this field?*
3. ***I noticed you have rated.....on the demographic form for young people on your caseload who have experienced a complex trauma, is that right? Prompt: Can you tell me more about that rating? (Participant 3)***
4. ***Often young people who come in to the YOS have had difficult experiences and many experience what we could call 'Complex Traumas'. I wonder if you could tell me a little bit about your experience of working with young offenders who have experienced these sorts of difficulties. (Removed after participant 6. Deemed too general for a first question.)***
5. *Drawing your attention to the definition of Complex Trauma, can you tell me a little bit about someone you have worked with, on your current or previous caseload, who has experienced a Complex Trauma? Please keep information general (e.g. no names, locations etc).*
Prompt: *Can you tell me a bit more about that?*

Prompt: *Can you tell me a bit about their early traumas/offending behaviour? This was added to gain more context and depth to stories.*

Prompt: *Can you think of one specific case, on your current or previous caseload, who really stood out in your mind in terms of them experiencing very traumatic early experiences? (This was asked if participants were talking too generally about their cases or if they struggled to think of a case.)*

6. ***How, if at all, do you think Xs traumatic experiences have influenced their offending behaviour?***

Prompt: Possible re-focus on trauma if needed.

7. ***You mentioned..... can I come back to that? A few people in previous interviews (if applicable) have mentioned that Can you tell me more about...? (Participant 5)***

Prompt: *Can you tell me more about ?*

Appendices

Prompt: *Do you have any theories/ideas about how X's early traumas might have impacted on?*

Prompt: *Do you have any ideas/theories about howcould have impacted on X's engagement in offending behaviour?*

7. *Do you see any links between experiences of X (e.g. sexual abuse) trauma and X (e.g. sexual) offending? Participant 3*

8. *Do you think there are any circumstances in which X could have experienced this trauma but then not gone on to offend?*

9. *Can you tell me why you think some children who have experienced similar traumas to X, have then not gone on to offend?*

Prompt: *Is there something in their environment that has protected them from later offending? (Deleted after participant 4 - question 7 and 10 fulfilled similar functions)*

10. *It's really interesting for me to hear that story about X. I wonder what you think are the potential links between trauma and offending behaviour in general?*

Prompt: *Can you tell me a bit more about that? (Deleted after participant 4 - deemed too general)*

11. *Do you see any differences between the young people you work with who have experienced a trauma and those who haven't? Are their needs different from other offenders?*

Prompt: *Can you tell me a little more about these differences?*

12. *Have you noticed any patterns between the types of trauma a young person has experienced and the types of offences they go on to commit? (Did not always ask if limited time)*

13. *Does a young person's experience of early traumatic events make a difference to the way you might work with them?*

Additional Questions if there is time in the interview:

Thank you so much for your feedback and views on this subject. It's been really interesting talking to you about this. I'm wondering whether I would be able to ask you some questions about how services can help support this population if that's ok?

Additional question for staff members trained for the Enhanced Case Management Project *(Not applicable as no-one who completed this training was interviewed)*

14. *Did your experience on the Enhanced Case Management Project training change your views about any links between trauma and offending behaviour? Enhance your knowledge as well?*

15. *What success stories can you think of?*

16. *In your view, what do you think these young people need?*

Prompt: *Does your current practice meet these needs?*

Appendices

Prompt: *What do you think services would need to provide?*

17. *What training do YOT staff have or need to respond to these offenders? (deleted after participant 3 - questions 13 and 16 fulfil similar criteria)*
18. *Do you have any other thoughts about what is necessary for successful rehabilitation of these young offenders? (often did not get time to ask this)*
19. *Is there anything important that I may have missed or did not cover in the interview?*
20. Debrief – hand debrief form
21. *'Those were all my questions'. Do you have any questions about what we've been talking about?*
22. *How are you feeling?*
23. *If there is anything that comes up after the interview that you should think I should know please ring and leave a message for me with your YOT officer.*

Appendix Six: Gatekeeper Letter and Confirmation of Support for Recruitment

Date:

Dear....

I am a Postgraduate student and Trainee Clinical Psychologist in the School of Psychology, Cardiff University. As part of my thesis I am carrying out a study looking at 'Staff Perceptions of the Link Between Complex Trauma and Offending Behaviour in the Youth Justice Population'. I am writing to enquire whether you would be interested in/willing to support this research and give permission for me to recruit up to 12 staff members from YOT teams in XXXX to partake in a 1 hour interview for this research. Please see below for further information on my research proposal.

Research Title:

Staff Perceptions of the Links between Complex Trauma and Offending Behaviour in the Youth Justice Population

Supervisors:

Dr Lynn McDonnell (Clinical Psychologist in Tier 3 Forensic Service)
Prof Neil Frude (Consultant Clinical Psychologist)

Relevance:

Experiences of early, complex traumas can affect young people in a variety of ways. Although the association between trauma and offending behaviour is commonly recognised, very little is known about the processes that mediate this link. Staff within the YOTs are in a unique position to help inform our understanding of the impact of trauma on offending behaviour. However, there appears to be no research that examines staff perceptions of this link. The Youth Justice Board have discussed this piece of research and have expressed their support.

Procedure:

It is proposed that up to 12 members of staff from YOTs in XXXXXX will be interviewed for approximately 1 hour on their perceptions and understanding of the links between trauma and offending. Then, using anonymised statements extracted from these interviews, a survey will be circulated to YOT workers throughout Wales in order to gain additional quantitative research to inform this research question. Staff will be asked to discuss, in general, cases they have worked with but Jenny will ask participants not to provide specific details of any cases to ensure any information presented is anonymous.

If you would be willing to support my project and allow me to recruit staff from YOTs within XXXXX, can you please send me or my supervisor (Lynn McDonnell) an email stating this. We may ask you to support recruitment by sending an email to your staff within your YOT or allowing me to attend an MDT meeting to help explain my project and recruit participants. For convenience of the participants, I may also ask to use one of your rooms in the YOT premise to conduct the interviews, if they are suitable. An estimation of your time to help support me with this project will be approximately 1 hour.

Many thanks in advance for your consideration of this project. Please let me know if you require further information.

Regards,

Jennifer Pearce

Lynn McDonnell

[Redacted contact information for Jennifer Pearce and Lynn McDonnell]

Example confirmation of support for recruitment:

From:
Sent: 17 March 2015 15:21
To:
Subject: FW: New research

Hi Jenny,
Apologies for my delayed response.
I am willing to support your request however it will be the decision of individual staff members regarding whether they participate or not.
Please contact Team Managers XXXX, XXXXX, and XXXX to progress the research as they will be able to communicate with their staff members regarding participation and perhaps facilitate attendance at their team meetings to promote involvement.

Many thanks
XXXX

Service Manager | Rheolwr Gwasanaethau
XXXXX County Borough Council | Cyngor Bwrdeistref Sirol XXXXX

Appendix Seven: Ethics Approvals

Final Ethical Approval Confirmation:

From: psychethics@cardiff.ac.uk
To: [REDACTED]
CC: [REDACTED]
Subject: Ethics Feedback - EC.15.02.10.4074R
Date: Tue, 24 Mar 2015 12:00:32 +0000

Thanks Jennifer,

The Chair of the Ethics Committee has considered your revised project proposal: Staff Perceptions of the Link Between Complex Trauma and Offending Behaviour in the Youth Justice Population (EC.15.02.10.4074R).

The project has now been approved.

Please note that if any changes are made to the above project then you must notify the Ethics Committee.

Best wishes,

[REDACTED]

Appendix Eight: Participant Information Sheet



NHS
WALES
GIG
CYMRU

School of Psychology
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol



Cardiff University
Tower Building
Park Place
Cardiff CF10 3AT
Wales UK
www.cardiff.ac.uk/psych
Prifysgol Caerdydd
Adelod y Tŷr
Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

Participant Information Sheet

Staff Perceptions of the Link Between Complex Trauma and Offending Behaviour in the Youth Justice Population

Who are the researchers?

Thank you for your interest in this research, which aims to gather information on Youth Offending Team (YOT) workers' perceptions of the link between trauma and offending behaviour in the youth justice population.

My name is Jenny Pearce and I am a Trainee Clinical Psychologist on the South Wales Doctorate in Clinical Psychology. I am employed by the NHS. I am collecting this data for my thesis research project. My research is being supervised by Dr Lynn McDonnell (Clinical Psychologist) and Professor Neil Frude (Consultant Clinical Psychologist). See below for their contact details.

What is the research about?

Uncovering the pathways between trauma and offending can help us better understand the impact of early life experiences and identify why some young people offend and others remain resilient after experiencing a trauma. Staff within the YOTs are in a unique position to help inform our understanding of the mechanisms that link trauma and offending behaviour, due to the close working relationships they develop with young people who offend. This project will gather rich data from YOT staff members, which will be used to help shed new light on potential mechanisms involved in the link between trauma and offending. It will also help identify staff attitudes and perceptions of this population, potentially helping inform future training programmes.

What does participation involve?

You are invited to participate in a semi-structured interview in which I will ask you to describe your experiences of working with youth offenders who may have experienced complex trauma (see definition below). This interview will take **approx 1 hour** and will be recorded on a dictaphone. You will also be required to complete a short demographic questionnaire, which gathers basic information on your job role, training etc. I will ask you to read a consent form and tick a box to indicate your consent to participate in the study.

It would be useful if you could think about some cases you have worked with where you are aware that there is a history of complex trauma prior to the interview to help inform our discussion. You will not be asked to use a young person's name or provide any specific details of a case (e.g. data of offence, area etc).

What is Complex Trauma?

The term "**Complex Trauma**" is used here to describe:

- A person's *childhood* experiences of *prolonged* exposure to *multiple* traumatic events.
- Experiences of traumatic events that would be considered *intrusive and severe* and affect many aspects of a child's development.
- Experiences of traumatic events that involve or are perpetrated by family members, or other people in a trusted or powerful position (e.g. parents, teachers etc).

Examples of complex traumas include:

- Physical, sexual and/or emotional abuse
- Severe neglect
- Witnessing violence
- Torture

Using this definition, one off traumas (e.g. road traffic accidents, floods, witnessing a death etc) and invasive medical procedures would not qualify as a 'complex trauma'.

Who can participate?

Any staff member working within a YOT in XXXXX, who has held his or her own caseload within YOTs for over two years. No support staff (who do not own their own caseload) or psychologists can take part.

How will the data be used?

- All data will be anonymised. I will not use your real name in any documents or research publications and presentations.
- The interviews will be transcribed and used, alongside up to 11 other interviews, to help identify main themes relating to the research question.
- Anonymised quotes from the interviews will be extracted and used to help illustrate key themes within the final thesis, and any other publications or presentations arising from the research.
- Anonymised quotes from the interviews will also be used in a survey that will be circulated to YOT workers throughout Wales, with your prior agreement.
- The demographic data you provide will be anonymised, entered into a table and included in my thesis and any publications/presentations arising from the research.
- Information from the research may be presented to the Youth Offending Service or Youth Justice Board. However, comments/quotes from participants are anonymised so it will not be possible to identify which comments belong to which worker.

What are the benefits of taking part?

You will be contributing to an area where there is currently very little research. To date, no research studies have asked for staff views on the links between trauma and

offending in this population. This is an area relevant to all those working in the Youth Justice and Mental Health fields.

If you would like a summary of the thesis following completion of this study, please contact me via email (address below).

Are there any risks involved?

We don't anticipate any particular risks to you with participating in this research. However, there is always potential for research participation to raise distressing issues. For this reason, after the interview we will discuss with you information about some of the different resources that are available to you. The supervisors, Lynn McDonnell and Neil Frude, can be contacted following the interview should you wish to discuss any issues of concern that have been raised.

Normal rules of confidentiality will apply. Therefore, any information that may suggest there is a risk to you or somebody else will be discussed with your line manager or appropriate person. You will be informed if this is felt to be necessary.

Is this ethical?

This research has received full ethical approval from the Cardiff University School of Psychology Research Ethics Committee and participation has been approved by your YOT Manager.

If you have any concerns or questions about this research process you can contact the researcher or associated supervisors named below. You can also log a complaint with the university by contacting the Secretary to the Ethics Committee:

By email: [REDACTED]

Or by letter:

[REDACTED]

How do I withdraw from the research?

Participation is voluntary. You have the right to withdraw from this study, without explanation, and your data will be deleted. If you decide you want to withdraw, please contact me via email. Please note: there are certain points beyond which it will be impossible to withdraw, for instance, after I have transcribed and anonymised your recording. Therefore, I would request that you contact me within two weeks of participation if you wish to withdraw your data. I'd like to emphasise that participation in this research is voluntary and all information provided is anonymous.

If you have any questions about this research please contact myself or my supervisor at:

Jennifer Pearce, Trainee Clinical Psychologist, [REDACTED]

[REDACTED]

Email: [REDACTED]

Professor Neil Frude, Consultant Clinical Psychologist, [REDACTED]

[REDACTED]

Email: [REDACTED]

Appendices

Dr Lynn McDonnell, Clinical Psychologist, C [REDACTED]

Email: [REDACTED]

Thank you reading this information sheet. Please keep it safe for future reference.

Appendix Nine: Participant Consent Form



NHS
WALES
GIG
CYMRU

School of Psychology
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol



Cardiff University
Tower Building
Park Place
Cardiff CF10 3AT
Wales UK
www.cardiff.ac.uk/psych

Prifysgol Caerdydd
Adelad y Tŵr
Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

For office use only:

Participant code:.....

Staff Perceptions of the Link between Complex Trauma and Offending Behaviour in the Youth Justice Population

Thank you for agreeing to take part in this research. My name is Jenny Pearce and I am a Trainee Clinical Psychologist on the South Wales Doctorate in Clinical Psychology. If you have any queries or concerns about this research you can contact myself or my supervisors (details below).

Before you take part in the interview, please read the following carefully:

1. I confirm I have read and understood the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand my participation is entirely voluntary and that I am free to withdraw without giving reason (within the time limits specified on the information sheet).
3. I give permission for the interview to be transcribed and anonymised. All recordings will be destroyed after transcriptions have been completed.
4. I understand that you will never use my real name in your thesis or any other publications/presentations, so that my responses remain anonymous. I understand that, in accordance with the Data Protection Act (1998), this information may be retained for 10 years prior to completion of the study. All data will be destroyed after this time period.
5. I understand that data collected in this survey may be presented at conferences and meetings and potentially be used in subsequent publications.
6. I understand that by ticking the box below I am agreeing to take part in the above study and give my permissions for my responses to be used.

Please sign your name and date below to confirm you have read and agree with the above information:

Participant:

Print name: _____ Signature: _____

Date: _____

Researcher: Jennifer Pearce Signature: _____

Date: _____

Please return this consent form back to me when you take part in the interview.

This research has been approved by the Cardiff University School of Psychology Research Ethics Committee and approved by your YOT Manager

For further information, please contact:

Jennifer Pearce, Trainee Clinical Psychologist, [REDACTED]
[REDACTED]

Email: [REDACTED]

Professor Neil Frude, Consultant Clinical Psychologist, [REDACTED]
[REDACTED]

Email: [REDACTED]

Dr Lynn McDonnell, Clinical Psychologist, [REDACTED]
[REDACTED]

Email: [REDACTED]

Appendix Ten: Participant Debrief Form



NHS
WALES
GIG
CYMRU

School of Psychology
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol



Cardiff University
Tower Building
Park Place
Cardiff CF10 3AT
Wales UK
www.cardiff.ac.uk/psych
Prifysgol Caerdydd
Adellad y Tŷr
Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

Participant Debrief Form

Thank you for taking part in this research study, which is looking at **“Staff Perceptions of the Link between Complex Trauma and Offending Behaviour in the Youth Justice Population”**.

The study aims to:

1. Gather detailed feedback on the potential mechanisms that link trauma to offending behaviour from staff who work closely with young people who offend.
2. Gather detailed information on staff perceptions in order to help identify their attitudes, attributions etc to help inform YOT practice and future training needs.
3. Help inform the development of future services.

The data collected during your interview will be held securely and recordings will be destroyed after transcriptions are complete. No identifiable information will be used in the write-up and you will remain anonymous.

If you have any further questions or you decide you would like to withdraw from the study, you should contact the researcher on the details below within *two weeks* of the interview on the below details, stating your participant code You cannot withdraw your data after your recording has been transcribed and anonymised.

Jennifer Pearce, Trainee Clinical Psychologist, School of Psychology, [REDACTED]

Email: [REDACTED]

Should this interview have raised any issues or concerns, please consider talking to your line manager or supervisor. The researcher’s supervisors can also be contacted via the details below:

Professor Neil Frude, Consultant Clinical Psychologist, [REDACTED]

Email: [REDACTED]

Appendices

Dr Lynn McDonnell, Clinical Psychologist, [REDACTED]
[REDACTED]

Email: [REDACTED]

If you have any concerns or questions about this research process you can contact the researcher or associated supervisors. You can also log a complaint with the university by contacting the Secretary to the Ethics Committee:

By email: [REDACTED]

Or by letter:

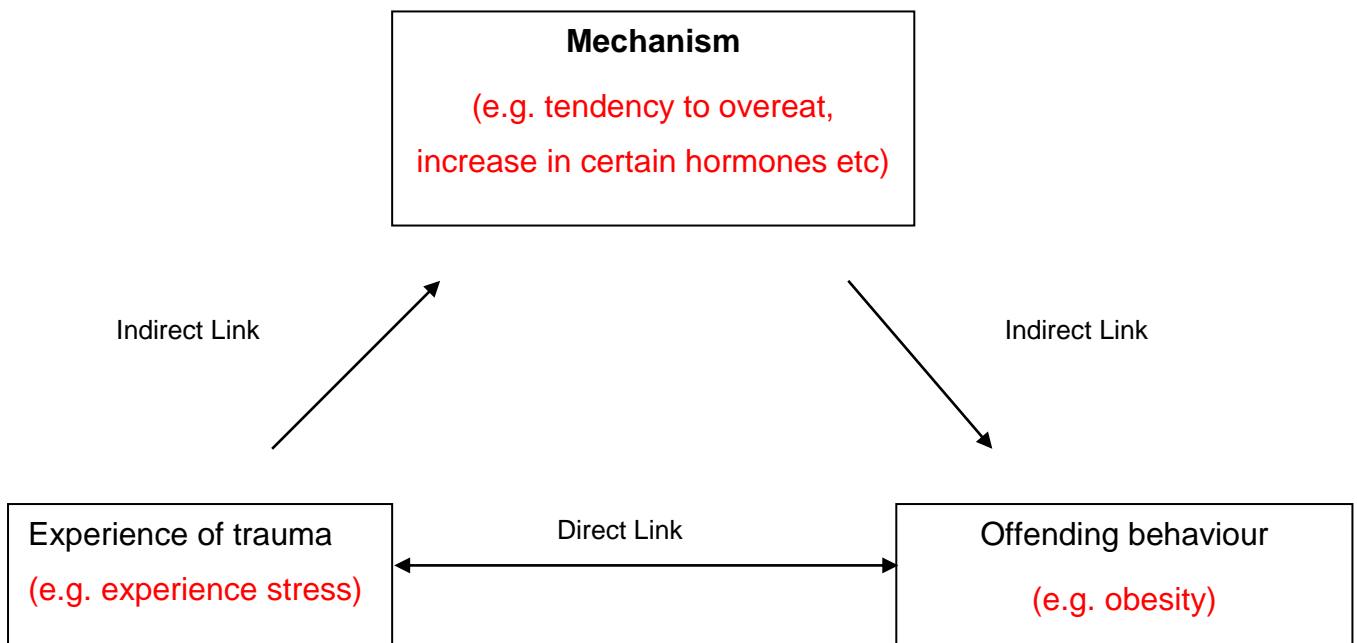
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Thank you again for taking part in this study

Appendix Eleven: Diagram Aid

This diagram was presented to each participant after the first interview to help explain the aims of the study (e.g. focus on mechanisms, not prevalence rates etc.).

Use of link between **stress and obesity** as an example to help highlight what is meant by 'mechanisms'.



Appendix Twelve: Example Reflective Diary Excerpts

22nd May 2015

I conducted my first interview this morning. I felt quite nervous beginning this process, as I was feeling 'unprepared'. How can I ask other people to answer questions that I struggle to get my head around? Will they understand this research question and be able to identify the complexities involved in the links, processes etc.? However, after beginning the interview, I began to reflect on just how knowledgeable the staff were about this field. Their understanding of the concepts and ideas was very psychologically-minded and articulate. I am not sure what I was expecting but I think I was perhaps a little surprised to hear terms such as 'emotional dysregulation'.

I already notice a few themes and potential processes to pursue in further interviews (e.g. emotional dysregulation), although I am wondering how much of this is based on this person's unique experiences and training, or whether it will be common to all. I am looking forward to the next interview and to further reflect on these issues.

Fri 10th July 2015

Fifth interview today. Social Worker - she was so insightful. She really seemed to enjoy the work she did and saw the resilience in the young people she worked with.

She identified a number of the common themes that seem to be arising, e.g. emotional regulation, belonging, substance misuse, the need for warmth etc. She also didn't mention anything about diagnoses or biological causes, like many of the participants.

I am trying not to wed myself to some of the themes coming up, remaining open to alternatives but I am finding it hard when many people are saying the same thing. I want to explore some themes in more detail, e.g. accommodation, poverty etc., but there are so many themes that need padding out - where do I start! I feel like I need to interview 100 people.

Wed 13th Jan 2016

I watched Panaroma documentary on abuse in STC's this evening. It was deeply disturbing and highlighted to me the need for a different approach to working with young people who have experienced traumas. There is clearly a need for more understanding, compassion and empathy in some staff members working in this field and perhaps, more training.

This programme led me to think about the potential barriers to staff showing empathy and understanding when faced with complex and challenging behaviour. When do they stop considering the impact of trauma? Do they start out in these jobs showing compassion but then lose some of this? How much supervision do they receive? It also led me to think about the need for research, like mine, within custodial settings. Perhaps attitudes are different? Daily contact with these young people may have an impact on staff perceptions.

Appendix Thirteen: Examples of Initial and Focused Coding and Memo

Initial coding examples = Black Text

Focused coding examples = Red Text

Categories and sub-categories = Green text

<p>I: So he's got lots of sort of strengths (hmm) yeah...so we've kind of looked a little bit about that and we've touched on this sort of thing [points at picture]. I'm just wondering now how, if at all, because it umm can I call him Jack? How do you think Jack's traumatic experiences could have influenced his sort of later offending behaviour then?</p>	
<p>P: ..Again I think you know when you are looking at the nature of his offending it is very risk taking and the driving offences have been round since well...for years. And that was something else he used to do with his dad was be allowed to sort of drive cars umm...it is something he's always done, he didn't even consider it to be illegal, I don't think, any more. So there was, um, I think one part is a belief that that is sort of normalising certain behaviours the other one is a total disregard for his own his own safety umm....that reckless, impulsive risk taking the the polydrug use so he would take, umm, lots of different types of drugs and alcohol...and looking at his family situation actually what he what he could invest in there was very little there with his mother umm... she again is is allegedly supplying drugs umm... when he came out of custody umm a couple of times ago um he went home and his mother had thrown a party with all sorts of dodgy people if I can say that, the night he came home, lots of alcohol lots of drugs and I think um she was also involved in a relationship with one of his friends so it was all very tight knit sort of um... group and he'd been saying that he wanted to sort of distance himself from some of these things because he could recognise that is a factor but he came home and umm... he was so umm intoxicated and off his face that the next day he actually missed the appointment with youth offending service, the next day, because of his because of what had happened the night before and his mother had encouraged that so for him there was nothing, there's nothing to invest in, nothing to come back for. Excuse me I've got a cold (oh no), so I'm struggling. So you know in terms of um I think his mother cares for him (yeah) but um...you know nothing was gonna change for him it was.. um...so yeah total disregard for himself, nothing to invest in um the normality of setting up um an apprenticeship for him (yeah) he just wasn't able to do it and the attraction of his peers um who who were also there waiting for him to draw him back in to the same old behaviours (yeah) it's easy ...</p>	<p>Perceives YPs offending as risk taking – Impulsivity and risk –Internal Controls/Emotional regulation Sees criminal lifestyle was normalised – Criminal lifestyle as the 'norm' – Learnt Behaviour Belief that YP has no regard for own safety – No regard for self YP had nothing to invest in at home – Lacking purpose/investment/opportunity – nothing to invest in YPs mother possibly using drugs Judging YPs relationship with mother as dysfunctional – Difficulties with parents - Dysfunctional relationships Believes that YP recognised the negative influence of family and peers – Understanding negative/risk factors – Insight Perception that there is nothing for YP to invest in - Lacking purpose/investment/opportunity – nothing to invest in Believes nothing in his environment was going to change – Hopelessness Considered YP to struggle with 'normal lifestyle' – criminal lifestyle as norm Perceived YPs peers were able to draw him back to old behaviours – peers are able to influence - Peers</p>
<p>I: Yeah exactly it's all there for him really, "nothing is going to change"... so I mean um.. it sounds like you're touching on things like um disregard for self, umm perhaps peer, family influences and systems around the person (yeah) and that's something. I'm wondering how you think that might lead to the offending behaviour</p>	

Appendices

<p>then being in that....?</p> <p>P: Yeah I think, um, again thinking about, um, his offending it was very much about the driving and, um, although we'd spent quite a lot of time talking about victims and who could be affected, it isn't enough for him that being able to look at how it affects other people. It's all very much about his need wanting to, you know, that's what he needed to do that is how he felt good about himself with his peers, in his community umm... something he felt he was sort of good at that's his reputation (oh right) I think it was a lot sort of creating his own identity through</p> <p>I: Through the criminal behaviour (yeah)?</p> <p>P: Yes, yeah because he can't get it any other way even though he's very good at carpentry and he could have worked his way up through his apprenticeship that's that....that isn't enough for him (right) because and, you know, if you think about what it as that made him feel good when he was little they're the things that kind of gave him his sense of self and.....</p> <p>I: Yeah, so that yeah so you're um I'm hearing you touching on things like identity and that the way to improve his um to feel good about himself is to is the behaviours that we would consider would be criminal?</p> <p>P: Yeah because he keeps coming back to it. He was also a really proficient rugby player who had been picked to play at a quite a high level and we tried to sort of you know help promote that for him but that wasn't enough either, it wasn't umm... (yeah)...</p> <p>I: It wasn't enough for him.</p> <p>P: No whatever that piece inside him that needs to be fulfilled the only way that he's able to do that is through is through the offending (yeah)</p> <p>I: That's interesting. So we kind of got that link [points to drawing]. I'm wondering perhaps what your, if you've got any ideas, on how his early experiences then. You touched on a few but just to sort of pick it apart a bit more, about his early experiences and how they have impacted on his identity, this peer influence and umm, recklessness I guess, just to kind of elaborate on that side of things really [points to drawing]?</p> <p>P: Yeah as I say he was um there was a sister, um, and did I I think I said it was his sister. And he's also got an older brother who hadn't been in any trouble. And there was a a much much younger sibling that came quite late who has actually been removed and is placed elsewhere now but um...I think for him um didn't know didn't really know his birth father and was quite young when his stepfather um came into the house (hmm).. you know but it could</p>	<p>Understanding the impact on the victims wasn't enough for YP – Difficulties understanding victims/empathising - empathy</p> <p>Belief that YP saw his needs as coming first – offending helps meet needs (e.g. feeling good about self) – Unmet basic needs, self-esteem</p> <p>Saw YP as creating his identity through his offending behaviour and reputation – Offending related to identity - Identity</p> <p>Believes YP can only feel good through criminal behaviour – Offending is meeting needs – Unmet basic needs</p> <p>Linking early experiences to current offending behaviour - made him feel good – Influence of early parenting/lifestyle etc, identity – Learnt behaviour?</p> <p>Believes YP can only feel good through criminal behaviour – certain activities are not enough to reduce offending, not able to meet needs</p> <p>Believes YP can only get his needs met through engaging criminal behaviour – offending helps meet needs – Unmet basic social/emotional needs</p> <p>Suggesting YPs behaviours may have</p>
---	--

Appendices

<p>have been an escapism for him with all the the kind of things he was witnessing in the house with the, um, alcohol and the violence um You know protecting, you know, he felt protected if he aligned himself with the person which was doing most of the abuse. If he aligned himself there, you know, he will maybe feel safe (yeah). So perhaps viewing safety around I don't know when he was with his father, even though his stepdad was doing all these really awful things and exposing him to umm.. .lots of things I don't know whether there was any sexual abuse um he was only a young boy with a group of um undesirable males, I don't know it's never been disclosed (no no). Umm.....but you know thethe impact of that for him because he then didn't have an education and he um that all fell apart he didn't go to school he was out of school for a long time. So very poor literacy.....umm.....I was gonna say he's he's he never came across as particularly confident with um professionals but within his group obviously very confident about what he was doing but very quietly spoken umm.....I've never seen him get angry....and yet as I say there had been, there had been some violence and in fact he's back in custody at the moment for um ...well he came out and I think he was only out for about 4 or 5 days and it was a again a really good package. He'd been in for nearly two years and he'd come out with a really well again what ... he was involved in helping put this package of what life was going to look like and um he was only out 5 days (gosh). Went back in and has assaulted somebody quite badly and he will be spending now the rest of his, recalled now for another another year so (blimey) ..but it's he's somebody who will say when he's in there oh "this is it, I'm not going to do it again" and he's very convincing, very believable but I think we all know that he can't do it and it's you know, going back to why, why is it he cannot sustain it (yeah) more than a few days..</p> <p>I: That's what I'm thinking because I'm hearing lots of things that have influenced his offending behaviour but it almost feels like there's a block to him moving forward and do you think it's anything to do with [points to 'trauma' element on drawing]?</p> <p>P: I do and I think that a lot of it is he, when he's in when he's in prison, he, everything is taken care of for him. He's around people that he that he associates with or assimilates with umm....they are of a similar sort of ilk. He has all his needs actually or most of his needs met while he's in there (ohh) and it's almost as if he can't handle being in the community</p> <p>I: Even around his family and his peers (hmm). Ahh..</p> <p>P: I think, he, I think he actually likes being in custody, in prison.</p> <p>I: You said his needs.. what do you think custody fulfils for him that perhaps community doesn't then?</p>	<p>been a form of escapism. –Offending is a way to escape – Escape</p> <p>YP trying to escape experiences and feel safe by aligning himself with the abuser – aligning with abuser to feel safe – identity and dysfunctional relationships</p> <p>Uncertainty around some of YPs experiences</p> <p>Linking impact of early experiences with stepfather and lack of education – trauma experiences can impact on education - education</p> <p>Gaining confidence through his behaviours with his peers – self-esteem/confidence from peer interactions – self-esteem and peers</p> <p>Hadn't seen YP get angry but has committed violent acts - Shocked by some behaviours - Discordant Perceptions of Young People</p> <p>Getting YP involved in rehab package</p> <p>Perceived difficulties some YPs have in maintaining change – difficult to maintain change, old lifestyle is easier</p> <p>Identifying potential benefits of prison over community for YPs – prison is perceived as 'better' sometimes, meets needs - Custody</p> <p>YP has difficulty handling community-difficulties with 'normal lifestyle'</p> <p>Perception that YP likes being in custody - YP likes prison/custody - Custody</p>
---	---

Appendices

<p>P: I think he has a status in there. I think he feels umhe's been a mentor to other youths in there, on the carpentry wing and I think he quite likes that, umm,...within that context..... The accommodation I mean his home accommodation wasn't very good, I think in there he's he hasn't got to got to think about all those other daily things, you know his meals are there. Everything is taken care of. And..... I don't know..... I was going to say he feels safe but, you know, he doesn't really particularly care about his safety when he's in the community butmaybe that is the only place that he actually feels safe from ..if he can't protect himself, he can't stop himself in there he is stopped. So maybe.</p>	<p>Identifying potential benefits of prison over community for YPs – prison fulfils certain needs - Custody</p> <p>Uncertainty around whether YP feels safe in prison - Prison may fulfil certain needs, e.g. safety - custody</p>
--	--

Example Memo:

Text	Memo
<p>“That puts us into a bit of conflict then with social services because they're like "he's not a risk" and I'm like “I know”, he's a lovely man, but yeah ... it's just different systems I suppose and what what we say to each other, how that feeds into each other's work and things really. “</p>	<p>Many YOT workers hold different perspectives to other services in relation to risk etc. Many YOT workers discuss their positive perception of these YPs (e.g. "they are lovely")? Do these perceptions change if the YP hasn't experienced a trauma? Are they just recalling these YPs because they stand out? Does this indicate a minimisation of risk in YOT workers or a misunderstanding of risk in other services, perhaps? I also have to consider the potential impact of social desirability bias – because they are being interviewed by a trainee psychologist, do they feel they have to present in a certain way (e.g. more welfare-oriented)? These ideas should be further considered and explored in future interviews.</p>