



# **TRAUMA AND YOUNG OFFENDERS**

**A REVIEW OF THE RESEARCH  
AND PRACTICE LITERATURE:**

**RESEARCH SUMMARY**



**LOTTERY FUNDED**

## Introduction

- The report presents key findings from a review of the research and practice literature concerning trauma in the backgrounds of young people who offend. It aims to highlight what is currently known about trauma within the population of young offenders, and to identify the importance of this knowledge for effective resettlement practice. It focuses on:
  - Definitions of trauma and the different ways in which trauma has been understood in the research and practice literature
  - The prevalence of different types of traumatic childhood and adolescent experiences in the backgrounds of young offenders
  - The effects that such trauma can have on young people in the short-term, and its longer term impacts on emotional, social, and neurological development
  - The links between trauma and young people's behaviour, including the extent of their capacity to comply with youth justice interventions
  - The implications that an understanding of trauma and its effects might have for resettlement work undertaken with young custody-leavers

## Methods

- Members of the BYC research team canvassed a very wide range of academic, professional and grey literature, generated by searches of internet and academic databases. The searches drew largely on combinations of the following terms:
  - Trauma, adverse childhood experience, child abuse, child neglect, abandonment, separation, violence
  - Impact, effect(s), development
  - Young offender, offending, youth justice, criminal justice
  - Mental health, problematic behaviour, vulnerable group
- Initial searches using terms such as 'mental health' generated vast numbers of sources, but more finely tuned Boolean searches (allowing the combination of keywords with operators such as 'or', 'and' or 'not') using three or more of the above terms helped the team to narrow down lists of relevant material. Material providing a more specific focus on trauma was found by utilising search combinations from the first group of keywords listed in the previous section.
- Since the YIF programme works with young people up to the age of 25, the review was not limited to material relating to young people below the age of 18, although much of the published material does focus on this younger age range.
- Several hundred key documents – the majority of which were published in the last 20 years – were finally selected for more detailed assessment, although these documents were also supplemented by other publications which came to light during the period of drafting.

## What is trauma?

- Definitions used in the literature vary widely, but trauma is a phenomenon which requires a particular kind of event and a particular kind of reaction to that event. It has been formally identified – though in earlier times differently named – since at least the mid-1880s. Hysteria, neurosis, shell shock and combat stress have all held a key place in the evolving conceptualisation and definition by clinicians and researchers. More recently, the notions of trauma as a legacy of colonialism and intergenerational transmission have begun to receive critical attention.
- Trauma can be generated by a wide range of events, whether these are interpersonal or impersonal, immediate or one-off, chronic or ongoing. The following events are typically referred to in the literature as having the potential to generate trauma: emotional, physical, and sexual abuse; neglect; assaults, bullying; witnessing family, school, or community violence; war; racist victimisation; acts of terrorism; disasters; serious accidents; serious injuries; loss of loved ones; abandonment and separation.
- There is a tension in the literature between the formal approaches to definition taken by the psychiatric profession in particular and the less boundaried, more inclusive and contextual approach taken by some other health and social care professionals. For example, the definition of trauma for a diagnosis of post-traumatic stress disorder (PTSD) within DSM-5 – the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (2013) which sets out the criteria most widely used in the United States to classify mental disorders – is that the individual was directly or indirectly exposed to, or witnessed, either death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, and experienced specified symptoms as a result. Although this most recent iteration of DSM has widened its earlier definitions of trauma and traumatic stress, and has recognised the unique trauma experiences and responses of children under the age of seven, the relative rigidity of its definition arguably still provides some scope for overlooking those clearly experiencing traumatic disorder but who do not quite meet the diagnostic threshold, and to rob the notion of trauma of its social, political and other contexts.
- Over the last half-century, in the wake of highly-publicised natural disasters and terrorist attacks, and with increased media attention to phenomena such as child abuse and neglect, domestic violence, bullying and racism and their effects upon individuals, PTSD has come to be a recognised term in both psychiatric and wider clinical and popular discourse. The official criteria for its diagnosis first appeared in the Diagnostic and Statistical Manual of the American Psychiatric Association (1980) under the category of ‘Anxiety Disorder’. Those criteria have been widened after several iterations of that Manual, and PTSD now appears under the category of Trauma- and Stressor-Related Disorder. Tests directly related to the Manual criteria have also been developed during that period, and can be employed as assessment tools by any recognised professional in the field.
- The notion of ‘complex trauma’ (Herman, 1997) refers to multiple traumatic effects that begin in early childhood, continue sometimes via a chain reaction into early adulthood, and potentially across the lifespan, with a particularly poor prognosis for those who enter the criminal justice system. The nomenclature remains contentious and may yet come to be classified under the

umbrella of dissociative disorder. Although of a different order, traumatic brain injury (TBI) has also become recognised as a factor in the life histories of young offenders. In these cases and in all the situations referred to above, it is crucial that professionals are equipped with the knowledge and skills to ask the questions that would lead to the uncovering of information about trauma so that accurate assessment and tailored interventions or support may follow.

- Finally, the report notes in this section that debates concerning how trauma should be defined and understood are both continuing and heated, with some arguing that mainstream definitions ignore contextual factors which give rise to trauma and even sustain it, and others arguing against the medicalisation of trauma and the ‘deficit models’ used by the psychiatric profession in particular.

## How common is trauma?

- A wide range of research has examined the extent of trauma and its manifestations in both the general population and among offenders, and there is a great deal of evidence to suggest that it is particularly prevalent among offenders. In terms of children and young people who come into contact with the criminal justice system, evidence from successive studies clearly suggests that they tend to come from the most disadvantaged families and communities, with high levels of exposure to social and economic deprivation, neglect and abuse.
- Young offenders – both in custody and community – are a particularly vulnerable group, frequently with a history of neglect, child protection intervention, social care placements, family breakdown and school exclusions (Harrington et al., 2005; Jacobson et al., 2010). Official estimates suggest that a quarter of boys and two in five girls in custody report suffering violence at home (Youth Justice Board, 2007) and that 27% of young men and 45% of young women disclose having spent some time in care (HM Inspectorate of Prisons 2011; Caplan, 1961).
- Particular types of trauma are identified in the lives of young offenders, centring around experiences of child abuse, loss, victimisation, mental health conditions and brain injury. The ‘double punishment’, of being a looked after child and then being incarcerated within the criminal justice system is underlined.
- A detailed study examining the backgrounds and psychiatric morbidity of young offenders in custody in England and Wales was commissioned by the Department of Health (Lader et al., 2000). Its key findings included the following:
  - 29% of the male sentenced group, 35% of the women and 42% of the male remand group had been taken into local authority care as a child.
  - Approximately two-fifths of the women and a quarter of the men interviewed reported having suffered from violence at home.
  - Approximately one-third of the women reported having suffered sexual abuse compared with just fewer than one in 20 of the men.
  - 29% of women, 13% of male remand and 11% of male sentenced respondents reported having received help for mental or emotional problems in the year before coming to prison.

- Around one in 10 male respondents and one in six female young offenders had been offered help for mental, nervous or emotional problems which they had turned down in the year before coming to prison and a similar proportion had turned down some form of help since coming to prison (or in the past year).

Research undertaken for the Joseph Rowntree Foundation (Stuart and Baines, 2004) found that among their sample of 100 girls across five establishments and 2,500 boys across 14 male establishments:

- 40–49% had a history of local authority care
  - 40% of girls and 25% of boys suffered violence at home
  - 33% of girls and 5% of boys reported sexual abuse
  - 50% of girls and 66% of boys reported hazardous drinking
  - 85% (across both boys and girls) showed signs of personality disorder
  - 66% of girls and 40% of boys reported anxiety/depression
- Concerning gender-specific factors, research findings indicate that although females make up a very small proportion of the offending population, they are more likely than males to have suffered a range of traumatic events including sexual abuse and family violence. The nature and extent of PTSD and the importance of formal testing among young offenders has been highlighted. As a consequence, it can be seen that: ‘Maltreatment is present in the life histories of a greater proportion of children in custody than in the general population... [this] should be regarded as a critical and primary pre-disposing risk factor in relation to offending behaviour’ (Harrington et al., 2005).
  - The evidence that both the physical and mental health of children and young people in contact with the youth justice system is markedly worse than children in the general population is overwhelming, with at least 43% of the former estimated to have emotional or mental health needs (HM Inspectorate of Prisons, 2011; Healthcare Commission, 2009). NICE recognises that child and adolescent offenders – particularly those in secure institutions – are particularly at risk of mental difficulties. They suggest that the known numbers of successful suicides in YOIs strongly indicates high levels of depression that are not currently adequately assessed or managed. NICE advises that ‘hidden maltreatment’ should be considered in children and adolescents with unexplained mood disorders where there is no family history of depression and an absence of other overt social adversities. Indeed, the evidence appears overwhelming that the introduction of a consistent system of professional assessments for the presence of trauma in these young people’s lives is long overdue.

## What are the impacts of trauma?

- Trauma can have a very wide range of impacts, with these impacts also being mediated by a number of key factors including the type of event that gave rise to the trauma, previous experience of traumatic events, individual resilience, the degree of support that an individual has, and the socio-economic context in which the individual lives. Because of wide variations in terms of these factors and their presence in individual cases, similar events can have widely varying impacts on different individuals.

- In terms of development, trauma can have adverse effects on socialisation and also on the individual's scope for forming relationships or attachments. These adverse effects are multiplied or compounded where traumatic events have been chronic or ongoing, and where they are interpersonal in nature.
- Aside from its immediate negative impact, early child maltreatment interrupts normal child development, especially the processes through which emotions are managed (Briere, 2002). In order to fully understand the impact of trauma upon children and young people, it is important to consider their developmental process and how this is damaged by their experiences.

Adolescents' key developmental tasks include being able to (National Centre for Child Traumatic Stress Network, 2011):

- Learn to think abstractly
- Anticipate and consider the consequences of behaviour
- Accurately judge danger and safety
- Modify and control behaviour to meet long-term goals

Trauma can impact upon adolescents by making them (National Centre for Child Traumatic Stress Network, 2011):

- Exhibit reckless, self-destructive behaviour
- Experience inappropriate aggression
- Over- or underestimate danger
- Struggle to imagine/plan for the future
- Trauma is also associated with difficulties concerning memory and dissociation, where traumatised individuals distance themselves psychologically from experience that is perceived to be overwhelming and too difficult to process or resolve.
- In terms of behaviour, trauma is strongly associated with a range of 'problematic behaviours' including aggression and violence, antisocial/criminal behaviour, sex offending, gambling, and substance misuse. Traumatic experience is found disproportionately in the backgrounds of individuals who engage in such behaviour, and such experience also increases the likelihood that individuals will suffer from particular mental health difficulties including depression and PTSD, and more generally, from anxiety and stress, and perceptions of low self-worth.
- Williams et al. (2010) also found that those with self-reported TBI had an average of two more convictions than those without, while Kenney and Lennings (2007) found that history of head injury was significantly associated with severe violent offending. As is common in such studies, TBI was found to be associated with wide-ranging cognitive and behavioural problems.
- There is also evidence to suggest that previous traumatic experience is related to a greater likelihood of subsequent re-victimisation. Many abuse victims have experienced a number of

incidents and types of maltreatment during childhood (Finkelhor et al., 2007) and are at greater risk of revictimisation in adolescence and adulthood (Cloitre et al., 1996). For example, abuse victims are more likely to have also experienced psychological neglect (Manly et al., 2001), children exposed to physical abuse are more likely to experience psychological abuse (Briere and Runtz, 1990); Higgins and McCabe, 2003), intrafamilial abuse is associated with extrafamilial abuse (Hanson et al., 2006) and being sexually abused as a child substantially increases the likelihood of being sexually assaulted in adulthood (Classen et al., 2005; Elliott et al., 2004). Furthermore, it appears that there are cumulative effects of different forms of childhood trauma, above and beyond their individual impacts (Briere et al., 2008; Follette et al., 1996). So, where individuals have multiple traumatic experiences in their backgrounds, the impact of these can be cumulative and mutually reinforcing.

- Although the impact of trauma on brain development is relatively new area of research, it is clear from the evidence that traumatic experience does affect brain systems that play a key role in regulating emotion, and that trauma can alter brain systems in such a way that there is an increased likelihood of aggression, anxiety, suicide and self-destructive behaviour. The most recent research suggests that trauma-related stress (and the biochemical correlates of stress) plays a key role in such changes.
- Traumatic brain injury itself can also have impacts that are quite similar to those of trauma more generally, and there is a strong overlap between the risks of having such injury, and the risks of suffering from other kinds of traumatic experience (such as child abuse, neglect, or interpersonal violence).

## Trauma-informed practice

- There is now a substantial body of research evidence to suggest that:
  - Offenders have a disproportionate amount of childhood and adolescent trauma in their backgrounds
  - Offenders are more likely than non-offenders to have suffered adverse impacts from traumatic experiences in childhood and adolescence
  - Some of the impacts of such trauma appear to be linked to offending behaviour
  - Previous trauma can have an adverse impact on our scope for generating positive resettlement outcomes with young people and young adults
- This is an extremely complex field of work and the stigma attached to experiences of trauma makes it difficult for many people to disclose what has happened to them. Having developed detrimental methods of dealing with their distress – perhaps including distrust and rejection of those in authority – these individuals tend not to engage with services. In doing so, they run the risk of further negative consequences for breaching criminal justice requirements. Without tailoring interventions in a way that acknowledges young people's traumatic experiences and supports them in learning new coping skills, the long-term impact of any intervention may be quite short-lived.

- Most young offenders have experienced adverse (if not traumatic) childhood experiences and so it is important for resettlement work to build their personal resilience and social support systems. Where multiple or chronic adversity has been experienced, the young person's health and development will be impeded – a situation that can be exacerbated by a lack of protective factors. The emotional consequences of such experiences of trauma can limit the effectiveness of direct work with them and also have implications for their potential progress and longer-term outcomes.
- Our own research has highlighted the extent to which it is possible even for highly traumatised people, with appropriate support and guidance, to re-shape their life trajectories, to be successful in accessing opportunities and achieving positive life outcomes. Indeed, some of the individual case studies that BYC has developed and presented count as examples of how individuals with even some of the most negative stories of childhood and adolescent trauma, can successfully navigate the kind of change processes which are the very definition of effective resettlement.
- For those who work with young offenders, the scope for generating positive outcomes of that sort can be aided by an understanding of the prevalence and impacts of trauma, and by an understanding of how resettlement outcomes can be affected by trauma.
- Specialist medical rehabilitation can also reduce the propensity for violence among young people who have suffered brain injury (Williams, 2013). Significant long-lasting positive impact can still be achieved even with highly traumatised young people whose development has been severely constrained. This is because the brain's neuroplasticity – its ability to 'rewire' itself – lasts at least into an individual's late thirties (Bailey, 2013). A focus on helping young people to build their personal resilience and social support systems can form an important part of that work.

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