"I HATE TALKING ABOUT IT":

IDENTIFYING AND SUPPORTING TRAUMATISED YOUNG PEOPLE IN CUSTODY

Abstract

Research has shown that a significant proportion of young people in custody have experienced some form of abuse and/or loss in their lives. This paper uses the biographies of three young men (all serving custodial sentences) to elucidate the feelings that experiences of this nature can engender. Crucially, none of the three was effectively helped to resolve their experiences. This paper goes on to argue that more needs to be done to identify and support traumatised young people in custody. The paper concludes that, while the *CHAT: Secure* tool may go some way to better identifying those needing support, an individual's reluctance to disclose their traumatic experiences in the first place may limit the tool's efficacy.

Key words

Unresolved trauma; youth custody; youth offending; CHAT: Secure; biographical narrative methods.

Introduction

Research has shown that a significant proportion of young people serving custodial sentences in England and Wales have lived through traumatic experiences and events (see Arnull *et al.* 2005; Boswell 1991, 1996; Jacobson *et al.* 2010). For example, in their study of 200 young people in custody, Jacobson *et al.* (2010) found that around two fifths had been on the child protection register and/or had experienced abuse or neglect. Furthermore: 14 per cent had a parent with physical or mental health problems or learning disability; 12 per cent had a

mother/step-mother who had misused drugs or alcohol; seven per cent had a father/step-father who had misused drugs or alcohol; and six per cent had experienced the death of a father, four per cent a sibling, and three per cent a mother. Additionally, just over a quarter had been in local authority care for one or more periods of time. Indeed, many of those who had been in care had been subject to multiple placements in different kinds of care over several years. Bearing in mind that these figures are based on officially recorded data, as Jacobson *et al.* point out, they are likely to be significant underestimates.

If the focus shifts to those young people serving custodial sentences for more serious offences, then the prevalence of traumatic experiences increases noticeably. In her studies of Section 53 offendersⁱ, Boswell (1991, 1996) found incredibly high levels of trauma in the form of child abuse and loss. For the purposes of her studies, she broke down the term child abuse into four categories: emotional (persistent/severe emotional ill-treatment, rejection or neglect); physical; sexual; and organised/ritual. The term 'loss' was defined as the death of, or loss of contact with, 'someone important'; which in this case included parent, grandparent, other relative, other carer, and friend. Boswell (1996) found that just under three quarters of her sample of 200 Section 53 offenders had experienced some form of abuse (with 27 per cent experiencing two or more forms of abuse - most often physical and emotional), and 57 per cent had experienced significant loss via bereavement or cessation of contact, and in some cases both (most often in relation to a parent). Indeed, 35 per cent had experienced the 'double childhood trauma' of abuse and loss (Boswell 1996, p.91). In only nine per cent of the 200 cases that Boswell studied were there no recorded incidents of trauma. Again, one must bear in mind that these figures are based on data found in official files, and as such they are also likely to be underestimates of the true extent of trauma.

This paper uses the biographies of three young men (all serving custodial sentences) to elucidate the feelings that traumatic experiences and events of this nature can engender. It

looks at how the young men attempted to deal with their feelings - a process that was made all the more difficult by the fact that none of them appeared to have received any help or support to resolve or make sense of their traumatic experiences. Indeed, as the paper highlights, the way they reacted to their experiences was characteristically through destructive violent behaviour and/or self-destructive substance misuse. The paper then goes on to consider the impact that a custodial sentence may have on a young person who enters custody with their traumatic experiences unresolved. It stresses the need for these young people to be better identified and supported during their sentences to help them work through their experiences. The paper concludes that, while the Comprehensive Health Assessment Tool (Offender Health Research Network 2013) that was rolled out across the juvenile secure estate in 2014 may go some way to better identifying those needing support, an individual's reluctance to disclose their traumatic experiences in the first place may arguably limit the tool's efficacy. Before moving on to look at the biographies of the young men that feature in this paper, the methodology that was used to elicit their stories will be briefly outlined.

Biographical narrative methods

The study upon which this paper is based was funded by the Economic and Social Research Council and the Youth Justice Board and investigated the resettlement needs of young men serving custodial sentencesⁱⁱ. As part of this study, 20 young male offenders were interviewedⁱⁱⁱ. At the time of their interviews, all the young men were serving custodial sentences in a Young Offender Institution in the North West of England^{iv}.

All the interviews for this research were undertaken using a biographical narrative method. As Wengraf (2001, p.114) notes, since the early 1980s, there has been 'an upsurge in the interest in biographical narration as a source of material relevant to a variety of social research purposes'. Indeed, Chamberlayne, Bornat and Wengraf's (2000) edited collection,

The Turn to Biographical Methods in Social Science, highlights the wide range of settings and topics to which biographical methods are now being applied (see also Grimshaw, Schwartz and Wingfield's 2012 study of adults convicted of grave crimes as children). The particular method adopted for this research was the Free Association Narrative Interview (FANI) method (see Hollway and Jefferson 2000). This method is based largely on the Biographical Narrative Interpretive Method (see Wengraf 2001; Wengraf and Chamberlayne 2006), which itself is a developed version of the Biographical Interpretive Method, first developed in the early 1990s by German sociologists (Schutze 1992a, 1992b) interested in producing biographies of holocaust survivors and Nazi soldiers.

The FANI method developed by Hollway and Jefferson (2000) is specifically designed to help researchers probe their interviewee's unconscious defence mechanisms. By eliciting a narrative structured according to the principles of free association - i.e. 'not structured according to conscious logic, but according to unconscious logic; that is, the associations follow pathways defined by emotional motivations, rather than rational intentions' (Hollway and Jefferson 2000, p.37) - the FANI method aims to get beyond a person's unconscious defences and thus provide access to concerns and anxieties which would most likely not become evident using a more traditional interview method (such as a structured or semi-structured interview). With all the young men in this study serving custodial sentences, it was expected that many of them would be defensively invested in forms of masculine street toughness and bravado. However, by getting the young men to freely associate about their life experiences, it was hoped that the FANI method would be able to get behind these tough personas and elicit narratives that would provide access to the complex emotional worlds of many of the men.

With biographical methods like the FANI method, it is the interviewees' narrative which structures the interview, not the researcher's agenda. In this way, the agenda is open to

development and change, depending on the interviewee's disclosures. In interviewing terms, the FANI method necessitates adopting an interview style that minimises the researcher's influence. The FANI method does just this by restricting (until later stages at least) the researcher's interventions to a single initial question asking for a narrative. In this study, the young people were simply asked: 'Can you tell me the story of your life. Start as far back as you want to, talk about whatever is important to you, take as long as you like, and while you're talking I'll just be making a few notes so I can come back to some of the things you mention'. As can be seen, this contrasts sharply with the more traditional interview, where the researcher sets the agenda and in principle remains in control of what information is produced.

While many of the young men launched straight into a narrative, often starting as far back as they could remember, a number of the young men appeared puzzled by my opening invitation. Statements such as 'What do you mean?' or 'So you want to know why I offended?' were not uncommon. It was only once I had (re)assured these young men that they could indeed talk about whatever was important to them, that they started talking about their lives. It soon became apparent that, for many of the young men, this invitation to talk freely and at length about whatever topics they wanted to, differed hugely from the question-and-answer interview format that so many had experienced in their dealings with the various agencies with whom they had previously come into contact. In sharp contrast to the very short explanations (that appear to be either well-rehearsed and/or over-simplistic justifications and rationalisations) that can often characterise interviews with young offenders, the length of the narratives delivered by the young men in this study, the nature of the topics that were divulged, and the depth to which the young men went was - from a researcher's perspective - extremely rewarding.

Importantly, a FANI method interview is actually comprised of two separate interviews. As outlined above, in the first interview, the interviewer asks a single initial question designed to elicit a narrative. Following the opening narrative, the FANI method requires the interviewer to 'think on their feet' and proceed straight into the process of eliciting more narratives about the topics raised in the opening response. Importantly, though, in asking for more stories about the topics that were raised, the researcher should follow the order in which the topics were raised, and 'use the words (the language, the key words and phrases, the terms of the discourse) of the interviewee in respect of those topics' (Wengraf 2001, p.120). The second interview usually took place a week or so after the first interview. This time was to allow a preliminary analysis of the narrative material garnered from the first interview to be undertaken. From this, a series of 'narrative-pointed asking for story questions' were constructed for the second interview (Wengraf 2001, p.120). In sharp contrast to the first interviews, rather than being structured by the young men and their narratives, the second interviews were completely structured by my 'emergent hunches and provisional hypotheses' (Hollway and Jefferson 2000, p.43). Indeed, the whole purpose of the second interview was to probe some of those areas where the interviewee previously seemed most defensive or allusive. As such, it was here that questions were asked about topics and issues that the young men, for whatever reason, did not mention in the first interview.

Traumatic stories of abuse, neglect and loss

For the purposes of this paper, Bowell's (1996) definition of trauma will be adopted. As outlined earlier, she broke down the term trauma into child abuse (emotional; physical; sexual; and/or organised/ritual) and/or 'loss' (the death of, or loss of contact with, 'someone important'). Out of the 20 young men interviewed, eight disclosed evidence of this type of trauma during their interviews^{vi}. Due to the length of this paper, what follows are the brief

biographies of just three of the young men - Tim, Gareth and Rob^{vii}. The stories^{viii} of these three young men were selected because, together, they cover a wide range of traumatic abuse and/or loss experiences. For example, both Tim and Rob experienced emotional and physical abuse, and Gareth experienced emotional abuse and loss in the form of bereavement. In addition to this, Rob had been in custody multiple times from the age of 15, which (as discussed later) could in itself have been a traumatising experience. At the time of their interviews:

- Tim (aged 16) was serving a 42-month sentence for actual bodily harm and criminal damage: this was his first custodial sentence. He had nine previous convictions for 10 offences, and had received his first conviction (for burglary) at the age of 12.
- Gareth (aged 16) was serving a six-month sentence for burglary and assault: this was his first custodial sentence. He had 12 previous convictions for 19 offences, and had received his first conviction (for handling stolen goods) at the age of 13.
- Rob (aged 17) was serving a 12-month sentence for burglary and witness intimidation: this was his fifth custodial sentence. He had 11 previous convictions for 37 offences, and had received his first conviction (for affray) at the age of 13, and his first custodial sentence (for theft) at the age of 15.

Tim's story of parental illness and growing up in care

When Tim was eight years old he was taken into care because his mother was 'seriously ill' with kidney disease. As Tim noted: 'with the average Mum, you'd be going places, going out at weekends, to town and stuff like that. But my Mum couldn't do all that because she [was ill and] had to be at appointments at all sorts of places [and] she'd have to take different drugs at different times of the day and stuff like that'. Tim remembered finding out that his mother

had kidney failure when he was 'six or seven' because he had to help her 'set up the dialysis machine that she had to go on at night'. As he recalled: '[I started] giving her extra help with all sorts of things and just basically taking every day as it comes. [But] like some days she would catch an infection and she couldn't leave the house, couldn't do nothing. That's when it put a strain on you because like one day you'd be there like talking, and like the next day your Mum could be ill, in hospital and everything'.

In addition to this 'strain', the doctors were concerned that his mother's kidney disease could be hereditary. As Tim noted: 'they took me for a scan and they found out that I'd got it as well'. Although Tim claimed that finding out he had the hereditary kidney disease 'didn't bother' him at the time, he now finds himself 'thinking about it'. As he noted: 'It would hurt me if I ended up like my Mum. I don't want to end up like that because my Mum can hardly walk and her arms are all like sticks. She's got to go [to hospital] three, four times a week to have chemo-dialysis, so I don't want to end up like that'. As well as the potential future effect of the disease on himself, Tim was equally hurt by seeing his mother unwell. As he noted: 'Seeing my Mum ill and that, hurts me. It's like, I don't know, you've just got to like deal with it, and like dealing with it, it's hard, if you know what I mean. I deal with it in my own way. That's why I smoked drugs and took drugs and that. Basically that's my own way of dealing with it'. As well as drugs, Tim also started abusing alcohol: 'I started drinking large amounts of alcohol until I'd pass out somewhere. Basically it was just like anything to block it out'.

When Tim actually went into care he realised it was 'totally different' to what he had expected. As Tim recounted: 'In kids' homes, it's not just you, it's like eight or nine of you, and you see so many different people [staff] in a day, you don't know whether you're coming or going. ... [And] seeing all these different people has an impact. Like cos you don't know them, you go dead quiet, you lose confidence and then you're not sure of yourself. I first

started feeling insecure when I started going from kids' home to kids' home, like different areas, different people [workers]. You don't speak to them for like a few days and then you just start getting to know them and then it's straight off to a different place'. In addition to the impact of seeing so many different workers, Tim recalled: 'I was always getting my room broken into and stuff took off me. I can always remember people punching me, bullying me and that, and getting beat up for my pocket money by bigger kids'.

It was while he was in care that Tim's substance misuse spiralled out of control and he felt things started to 'go downhill'. To fund his drug and alcohol abuse, Tim started committing robberies and burglaries. Tim found that by committing an offence just 'once, twice a week' he was able to earn 'like £300, £400' which was more than enough to, as he put it, 'get out of my face all the time'. When it came to robbery, Tim and his 'mates from the kids' home' often used to rob people by taking their bank cards and withdrawing money from their accounts. However, following an occasion when the person they were robbing gave them a false PIN number, they started keeping people 'hostage' while one of them went to verify the PIN number they had been given. When it came to holding people hostage, Tim described: 'if they started getting cheeky and that, you had to hit them to show them you were in control. The first time I did it was about two years ago now. ... [The person we were robbing] was starting to get cheeky so I just hit him and he didn't move after that. It felt good to me. I thought, "yeah I'm in control, I'm happy". It's like a power rage. [You] just get the power and you think "yeah I want more of this".

Gareth's story of traumatic bereavement and growing up in care

Gareth grew up with his mother, step-father and twin brother. When he was ten, his step-father died from a drugs overdose. As Gareth remembered: 'I was only in primary school when I found me step-Dad one morning asleep on the settee. I said "I'm going to school"

now". He didn't even move and his face was like all white and pale. I ran upstairs to my Mum, she tried [to] wake him up, tried blowing his mouth and pump his stomach, and nothing was happening. Then he had to go to hospital and they rang her up and said he's died'. Gareth used to 'get on well' with his step-father who 'used to look after' Gareth 'a lot'.

After his step-father died, Gareth's mother 'started cracking up'. As Gareth noted; 'it was sad really ... cos of her sorrows, she was always shouting and things like that'. When she shouted, Gareth 'just used to try and forget it' because he 'never used to like it'. When she started cracking up, Gareth 'didn't know what was happening' - he and his brother just 'had to go straight into care'. When Gareth first went into care he was 'scared' and 'well sad about' leaving his mother. As he recalled: 'I thought it was like a prison and I was only in primary school'. These feelings were exacerbated by the fact that he and his brother were put in 'two different kids' homes'. In spite of this, Gareth still managed to meet up with his brother during the day. As he noted: 'we still used to hang around with each other [though]. [I] used to catch the bus and go up his kids' home, [or] he used to come down mine'.

A year or so after going into care, Gareth and his brother found a friend's father who had hanged himself. As Gareth recalled; 'We went to my mate's house and I noticed that the house was boarded-up so we went round the back, opened the door and [his father] was just hanging. I just ran to my Mum's house, started crying my eyes out to her saying what's happened and we rang the police, rang the ambulance and that. I was scared, you would be, wouldn't you. ... It made us [Gareth and his brother] stressed out, finding them both. Like nobody else in the kids' homes had ever seen anyone dead, only us, twice, and it felt like "why does it have to be us, can't it be someone else?'".

Shortly after this, Gareth started 'burgling houses, burgling shops, nicking motorbikes, stuff like that'. As he noted; it 'used to get me out of me troubles, out of me anger, [because] when I was doing it, it made me feel good, just having fun'. As Gareth noted: 'everyone says I

need to see a psychiatrist, but I always refuse, I don't need it ... cos I hate talking about it, just reminds me about it really'. As he added: 'I just try and forget things like me Mum cracking up and me step-Dad dying and finding my mate's Dad hung, all them horrible things from a young age'.

Rob's story of parental substance misuse

When his parents split up, Rob 'went to live' with his mother. As Rob recalled: 'it was good [when I first went to live with her]. She did my bedroom up, she got me some goldfish, she felt like a proper Mum'. However, when Rob was 11 he 'found out' his mother was addicted to heroin. Up until then, his mother had been 'hiding' her drug use, but then she suddenly 'stopped hiding it' and the 'whole family knew'. As he recounted: 'she changed, her looks changed, everything changed, [it was] just horrible. She stopped going out [and] she just closed herself off from everyone. It's all about her and her drugs now'. As Rob remembered; 'when I first smelt it [heroin] I'd keep it to myself, but when it was happening every day, I just started smashing my room up, hitting walls, chucking things about the house. I didn't like it. No kid should have to wake up smelling heroin'. In addition, Rob found the fact that his mother was a heroin addict 'embarrassing'. As he explained: 'I don't want a Mum that's going in jail, shoplifting and fucking shit like that. She's barred from every shop on the estate. ... I don't like that. She's a Mum, she's supposed to be allowed in the shops'.

It was around this time in his life that Rob started to drink. As he recalled: 'I used to just go out drinking. ... I used to just go sit in a doorway somewhere [and] get drunk'. As he went on to note: 'I'm bothered [by my mother's drug use] but I make it look as if I ain't, I keep it all in. But when I have a drink it all comes out [and] I start smashing windows, smashing things up'. As Rob continued: 'Things get to me sometimes, loads of things, everything. If I can get a chance to let some anger out, I'll take it. If anyone says anything to me, or speaks

to me funny, I just always take the chance [to] let it out'. Indeed Rob would often find himself 'walking round the streets' and if he saw 'something' that he 'didn't like', he would 'just lose it'.

During this difficult time, Rob would sometimes go to live with his father. When it came to his father, Rob felt he had 'never really got on with him'. As Rob recalled, he would 'take all [his] problems' to his father but he 'never used to help' - Rob was never able to 'sit down and talk about feelings' with him. Added to this, Rob's father was 'an aggressive man' who would often 'hit' him.

"Dealing with it, it's hard"

Adopting Boswell's (1996) definition of trauma, the events that Tim, Gareth and Rob lived through can clearly be classed as traumatic. All three experienced emotional abuse in the form of neglect and/or rejection. In addition, Tim and Rob experienced physical abuse, and Gareth experienced loss in the form of bereavement. The three stories graphically highlight the impact that traumatic experiences can have. Indeed all three of the young men articulated how they felt that aspects of their behaviour (such as the offending, the violence, the substance misuse) were a result of them struggling to deal with the traumatic experiences that they had lived through.

For all of them, what evidently contributed to this struggle was the fact that none of them appeared to have been effectively helped to come to terms with or resolve the traumatic experiences through which they had lived. For example, both Tim and Gareth had spent large portions of their young lives in multiple local authority care placements, and as a result found it hard to build any meaningful relationships with the staff in the children's homes. As Tim recounted: 'You see so many different people [staff] in a day, you don't know whether you're coming or going. ... [And] cos you don't know them, you go dead quiet. ... You don't speak to them for like a few days and then you just start getting to know them and then it's straight off

to a different place'. Although Rob did not go into care, this did not alleviate the problem of having no one to talk to about his experiences. As Rob recalled, even though he would 'take all [his] problems' to his father, his father 'never used to help' him; Rob found that he was never able to 'sit down and talk about feelings' with him. With no one to help them to make sense of or resolve their traumatic experiences, it appears that the young men in this paper tried to deal with the painful feelings and anxieties that their experiences engendered as best they could: through destructive violent behaviour and/or self-destructive substance misuse.

While clearly not all young people who experience trauma later become violent, nor have all violent offenders experienced trauma in their lives (Boswell 1998), research has found that those who commit violent offences have themselves often been victims of childhood abuse and/or suffered some form of loss (see Renn 2000). A number of explanations have been put forward as to why it is that 'abused and neglected children are at increased risk of becoming aggressive and inflicting pain and suffering on others' (Gilbert et al. 2009, p.77). It has been argued, for example, that abused and neglected children experience a 'catastrophic loss of power' which they seek to redress by rendering others similarly powerless (Batmanghelidjh 2006, p.53). Indeed, psychoanalysts argue that to compensate for feelings of powerlessness, individuals often seek powerful positions where they can control and bully others (Minsky 1998). This appeared to be the case with Tim, for example, who had been rendered powerless and out of control when it came to: his mother's illness and what it meant for both their lives; him finding out that he had the same debilitating hereditary disease as his mother; him being put into care; the physical abuse he suffered while in care; and then him being moved from care home to care home. Tim reported that it 'felt good' holding people hostage while he and his friends robbed them. As he recounted: 'I thought, "yeah I'm in control, I'm happy". Alternatively, it has been argued that violent behaviour can result from emotional rejection and/or neglect. For example, Gilligan (2000,

p.118) argues that one way people 'conceal the vulnerability of the wish to be loved by others is to reveal only the seemingly opposite wish, the wish to be invulnerable to others, by expressing only active hate and rage'. This appeared to be the case with Rob, for example, who wanted a 'proper Mum', not one who was addicted to heroin and had 'closed herself off from everyone'. As Rob recalled: 'If I can get a chance to let some anger out, I'll take it. If anyone says anything to me, or speaks to me funny, I just always take the chance [to] let it out'.

Whatever the 'driver' for their violent behaviour - be it feelings of powerlessness or emotional rejection and/or neglect - it would appear that the common thread linking the cases of Tim and Rob is that their violent destructive behaviour was a form of 'psychical survival' (Minsky 1998, p.164). According to psychoanalytic theory, when a person's painful feelings or anxieties reach a high enough level, they will evacuate them, more often than not in the form of destructive behaviour such as violence (Minsky 1998). However, as also evidenced in Tim and Rob's stories, the evacuation of anxieties can take the form of self-destructive behaviour (Minsky 1998); in both their cases, this took the form of extreme substance misuse. Hyatt Williams (1998, p.250) argues that drugs and alcohol are often abused because they can provide 'relief of psychic pain'; they enable the abuser to go into a 'kind of emotional limbo' where his or her anxieties are no longer so distressing. They are used to 'diminish feelings of emotional pain' (Batmanghelidjh 2006, p.35). This appeared to be the case with both Tim and Rob. For example, to help Tim 'deal with' seeing his mother ill he 'smoked drugs and took drugs'. In addition to this, he also 'started drinking large amounts of alcohol' until he would 'pass out somewhere'. As he recalled: 'Basically it was just like anything to block it out'. Similarly, when Rob woke up smelling heroin in the house, he would 'go sit in a doorway somewhere [and] get drunk'.

As can be seen, the three young men in this paper had all experienced, to differing degrees, situations where they felt powerless and/or emotionally rejected and/or neglected. Crucially, as noted earlier, none of the young men appeared to have been effectively helped to think through or resolve the painful feelings and anxieties that their traumatic experiences had engendered. Instead, as evidenced in their stories, the way they reacted to their experiences was characteristically through destructive violent behaviour and/or self-destructive substance misuse. It is worth noting here that 'irritable or aggressive' behaviour and 'self-destructive or reckless' behaviour are now identified as symptoms of post-traumatic stress disorder in the most recent version of the DSM (see Criterion E, American Psychiatric Association 2013). With this in mind, this paper now turns to the question of what impact a custodial sentence might have on a young person who enters custody with their traumatic experiences unresolved.

Traumatised young people in custody

Numerous reports have identified the wide range of harmful and negative conditions experienced by young people in custody (see Howard League for Penal Reform 2009; Ministry of Justice 2011; Prisons and Probation Ombudsman 2011). These include, for example: physical and emotional neglect; bullying; poor treatment by staff; long periods of cell-based confinement; and insufficient opportunities to maintain contact with family. Unsurprisingly, research has found that the experience of custody has a harmful effect on the mental well-being of young people (see Farrant 2001; Goldson and Coles 2005; Harvey 2007; Her Majesty's Chief Inspector of Prisons 1997). Indeed Harvey (2007, p.34) found that for many young men, custody simply 'confirmed their feelings of powerlessness and helplessness', leading to them feeling 'uncertain' and 'out of control'. For others, the periods of cell-based confinement can result in too much time to dwell on past events and

experiences, and allow the 'breakthrough into consciousness ... material which the prisoner would rather not revisit' (Medlicott 2001, p.143). For example, despite Gareth's best efforts to forget the traumatic events in his past, as he recalled 'when I first come [to custody], it got to me, ... prison does it for you doesn't it. I don't know why, I was just thinking of stuff [that had happened in the past]. When you're banged up you're doing nothing, enjoying nothing, you're in a cell and there's nothing else to do but think about things, and I was thinking about that [even though] I was trying my best to like forget about it'.

Psychotherapists working in the clinical field would argue that by exacerbating any feelings of powerlessness and neglect, and/or by allowing traumatic events to resurface, custody can intensify destructive and self-destructive behaviour (Minsky 1998). While destructive behaviour can often manifest itself in the form of physical aggression to other inmates and staff or damage to physical surroundings, self-destructive behaviour commonly manifests itself as self-harming. The prevalence of self-harm has 'long been observed' among young people serving custodial sentences (Prison Reform Trust and INQUEST 2012, p.24). Indeed, it has been classed as an 'everyday feature' of life in custody (Medlicott 2001, p.19). Statistics show that in 2013/14, there was an average of 110 incidents of self-harm per month amongst prisoners aged 10 to 17 years old (Youth Justice Board 2015). As Goldson and Coles (2005) point out, these official statistics invariably fail to portray the true extent of selfharm in custodial establishments, much of which goes unrecorded. Inch, Rowlands and Soliman (1995, p.168) found in their study of young male offenders that 'the common thread linking almost all the acts of self-harm ... was a desperate desire to escape from a situation which had become intolerable and which had overwhelmed the coping mechanisms of the individual concerned'. It is telling that the lives of young people that die in custody are often characterised by traumatic experiences and events such as, 'involvement with social services and the care system, ... incidence of substance misuse and domestic violence in the family

and the deaths of significant family members' (Prison Reform Trust and INQUEST 2012, p.39).

It is regrettable that destructive and challenging behaviour can often lead to prisoners being 'punished' by being placed on the 'basic' level of the Incentives and Earned Privileges scheme, or in extreme cases, being placed in segregation (Prisons and Probation Ombudsman 2014). By doing so, the issues outlined above that led to the destructive/challenging behaviour in the first place - such as feelings of powerlessness and helplessness, and excessive time to dwell on past events and experiences - are often further exacerbated. Combined with this, factors that may have 'protected' in some way against such issues - such as association, activities and access to television - are reduced, thus intensifying the problem still further. Indeed, the Prison and Probation Ombudsman (2014) found that self-inflicted deaths occurred disproportionately among prisoners on the lowest 'basic' level of privileges.

How to best identify and support traumatised young people

Using the stories of Tim, Gareth and Rob, this paper has attempted to shed light on the way that young men deal with the painful feelings that traumatic experiences engender. Furthermore, it has highlighted how - like many young offenders who have lived through trauma (Boswell 1996, 2013) - the young men in this paper were not effectively helped to think through or resolve their experiences. As a result, all three entered custody with their traumatic experiences unresolved. Bearing in mind the negative impact of custody on young people in general - let alone those who may be struggling to deal with traumatic experiences and events - it is clear that more needs to be done to ensure that traumatised young people entering custody are, firstly better identified, and secondly, appropriately supported to help them to resolve and make sense of their experiences.

Although increasing attention is now being paid to the issue of how to best support and work with traumatised young people in the youth justice system - see, for example, the focus on trauma-informed resettlement practice (Wright and Liddle 2014a) and the 'Trauma Recovery Model' (Skuse 2013) - the fact remains that those traumatised young people who require support need to be identified in the first place. Regrettably, though, studies have repeatedly shown that young people who offend are less likely than their non-offending peers to have their health needs recognised, and these needs tend to remain unrecognised and unsupported when they enter the youth justice system (Kroll et al. 2002; Chitsabesan et al. 2006). One of the reasons put forward for this is that existing assessment tools within the youth justice system (such as Asset) are specifically designed to assess risk of re-offending. With this in mind, physical, emotional and mental health needs are assessed in relation to the extent to which these needs are associated with the likelihood of further offending. Consequently, physical, emotional and mental health problems can often be overlooked and/or underestimated (Lennox et al. 2013). The Asset forms of the three young men in this paper made little reference to what were arguably the most traumatic experiences and events in their lives. For example, Tim's Asset form mentioned that he had a kidney disorder, but his physical health was not assessed as being related in any way to a risk of re-offending. There was no mention of his mother's health or his unhappy time growing up in care. Likewise, Gareth's Asset form made no reference to him finding two dead bodies, and Rob's Asset form made no reference to his mother's heroin addiction or his violent father. Of course the simple reason for this could be that the three young men chose to not disclose this information to youth justice professionals. For example, Goff et al.'s (2007) review found evidence of under-reporting of trauma amongst violent offenders. Nonetheless, this issue of young offenders choosing not to disclose traumatic experiences and events is an important one that will be returned to below.

In acknowledgement of the limitations of existing tools to comprehensively assess physical, emotional and mental health needs, the *Offender Health Research Network* (OHRN) - a collaboration between several universities, coordinated by the University of Manchester-was commissioned by the Youth Justice Board and the Department of Health to develop the *Comprehensive Health Assessment Tool* (CHAT). CHAT grew out of the *Healthy Children, Safer Communities* strategy (HM Government 2009) which aimed to promote the health and well-being of young people in contact with the youth justice system, particularly those in the secure estate. OHRN created *CHAT: Secure* for use with young people within the secure estate (Lennox *et al.* 2013; Offender Health Research Network 2013), and since the start of 2014, *CHAT: Secure* has been rolled out across the juvenile secure estate. *CHAT: Secure* is a standardised comprehensive assessment and screening tool that aims to identify any health needs that young people entering the secure estate may have. It consists of a first night reception screen (*CHAT: Secure* replaces the previously used reception screen) followed by a comprehensive assessment of physical health, mental health and substance misuse need.

While in theory *CHAT: Secure* should help to better identify those traumatised young people who need support and signpost them to the most appropriate available support services, the very nature of trauma is such that individuals' reluctance to disclose it in the first place may limit the tool's efficacy. As touched on above, it appeared that none of the young men in this study had previously disclosed the traumatic experiences or events that they had lived through (and were continuing to live through at the time they were sentenced to custody) to youth justice professionals. This could have been due to a number of reasons. For example, research has found that traumatic experiences can lead to a general lack of trust of adults (Welfare and Hollin 2012; Wright and Liddle 2014b). It has also been found that offenders simply want to avoid thinking about or discussing painful experiences and events (see Criterion C, American Psychiatric Association 2013; Welfare and Hollin 2012; Wright

and Liddle 2014b). As Gareth noted: 'I hate talking about it, just reminds me about it really'. Additionally, male offenders often want to present themselves as 'super-masculine' and invulnerable (Goff et al. 2007, p.156). Whatever the reason for a young person choosing not to disclose any trauma, the result is generally the same: an 'unwillingness or refusal to talk with staff about their ... history prior to custody' (Welfare and Hollin 2012, p.10). Unfortunately, this unwillingness or refusal may ultimately limit the effectiveness of the CHAT: Secure tool, particularly when it comes to identifying those severely traumatised individuals who may need support the most.

Postscript

Shortly after his release from custody, Rob beat a man to death in a random unprovoked attack and is now serving a life sentence for murder.

References

- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn, Washington, DC: American Psychiatric Association.
- Arnull, E., Eagle, S., Gammampila, A., Archer, D., Johnston, V., Miller, K. and Pitcher, J. (2005) *Persistent Young Offenders: A Retrospective Study*, London: Youth Justice Board.
- Batmanghelidjh, C. (2006) *Shattered Lives. Children who live with courage and dignity*, London: Jessica Kingsley.
- Boswell, G. (1991) Waiting for Change: An exploration of the experiences and needs of Section 53 offenders, London: The Prince's Trust.
- Boswell, G. (1996) Young and Dangerous. The backgrounds and careers of Section 53 offenders, Aldershot: Ashgate.

- Boswell, G. (1998) 'Research-Minded Practice With Young Offenders Who Commit Grave Crimes', *Probation Journal*, 45, 202-207.
- Boswell, G. (2013) '*Trauma Experiences in the Backgrounds of Violent Young Offenders*',

 Paper presented at the Beyond Youth Custody conference on 'Childhood Trauma and

 Young People in the Criminal Justice System', London 19th November 2013.
- Chamberlayne, P., Bornat, J. and Wengraf, T. (2000) *The Turn to Biographical Methods in Social Science. Comparative Issues and Examples*, Abingdon: Routledge.
- Chitsabesan, P., Kroll, L., Bailey, S., Kenning, C., Sneider, S., MacDonald, W., and Theodosiou, L. (2006) 'Mental health needs of young offenders in custody and in the community', *British Journal of Psychiatry*, 188, 534-540.
- Farrant, F. (2001) Troubled Inside: Responding to the Mental Health Needs of Children and Young People in Prison, London: Prison Reform Trust.
- Gilbert, R., Spatz-Widom, C., Browne, K., Ferguson, D., Webb, E. and Janson, S. (2009) 'Burden and consequences of child maltreatment in high-income countries', *The Lancet*, 373, 68-81.
- Gilligan, J. (2000) *Violence: Reflections on our Deadliest Epidemic*, London: Jessica Kingsley Publishers.
- Goff, A., Rose, E., Rose, S. and Purves, D. (2007) 'Does PTSD occur in sentenced prison populations? A systematic literature review', *Criminal Behaviour and Mental Health*, 17, 152-162.
- Goldson, B. and Coles, D. (2005) *In the Care of the State? Child Deaths in Penal Custody in England and Wales*, London: INQUEST.
- Grimshaw, R., Schwartz, J. and Wingfield, R. (2012) My Story: Young people talk about the trauma and violence in their lives, London: Centre for Crime and Justice Studies.

- Harvey, J. (2007) Young men in prison: surviving and adapting to life inside, Cullompton: Willan.
- Her Majesty's Chief Inspector of Prisons (1997) Young Prisoners: A Thematic Review by HM

 Chief Inspector of Prisons for England and Wales, London: Home Office.
- HM Government (2009) Healthy children, safer communities a strategy to promote the health and well-being of children and young people in contact with the youth justice system, HM Government: London.
- Hollway, W. and Jefferson, T. (2000) *Doing qualitative research differently. Free association, narrative and the interview method*, London: Sage.
- Howard League for Penal Reform (2009) Analysis of the Inspectorate of Prisons Reports on young offender institutions holding children in custody, London: Howard League.
- Hyatt-Williams, A. (1998) *Cruelty, Violence and Murder. Understanding the Criminal Mind*, London: Karnac Books.
- Hyden, M. (2008) 'Narrating sensitive topics', in: M. Andrews, C. Squire and M. Tamboukou (Eds.), *Doing Narrative Research*, London: Sage.
- Inch, H., Rowlands, P. and Soliman, A. (1995) 'Deliberate self-harm in a young offenders' institution', *Journal of Forensic Psychiatry*, 6, 161-171.
- Jacobson, J, Bhardwa, B., Gyateng, T., Hunter, G. and Hough, M. (2010) *Punishing Disadvantage: A profile of children in custody*, London: Prison Reform Trust.
- Kroll, L., Rothwell, J., Bradley, D., Shah, P., Bailey, S., and Harrington R. (2002) 'Mental health needs of boys in secure care for serious or persistent offending: a prospective, longitudinal study', *The Lancet*, 359, 1975-1980.
- Lennox, C., King, C., Chitsabesan, P., Theodosiou, L. and Shaw, J. (2013) *The development and pilot of the Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Secure Estate*, Manchester: Offender Health Research Network.

- Medlicott, D. (2001) Surviving the Prison Place: Narratives of Suicidal Prisoners, Aldershot: Ashgate.
- Ministry of Justice (2011) *Safety in Custody 2010 England and Wales*, Ministry of Justice Statistics Bulletin, London: Ministry of Justice.
- Minsky, R. (1998) Psychoanalysis and Culture, Oxford: Blackwells.
- Offender Health Research Network (2013) Comprehensive Health Assessment Tool (CHAT):

 Young People in the Secure Estate, Manchester: Offender Health Research Network.
- Prison and Probation Ombudsman (2011) Learning from PPO investigations: Violence reduction, bullying and safety, London: Prison and Probation Ombudsman.
- Prisons and Probation Ombudsman (2014) Learning Lessons Bulletin: Fatal Incidents

 Investigations Issue 6, London: Prisons and Probation Ombudsman.
- Prison Reform Trust and INQUEST (2012) Fatally Flawed: Has the state learned lessons from the deaths of children and young people in prison?, London: Prison Reform Trust.
- Renn, P. (2000) 'The Link Between Childhood Trauma and Later Violent Offending: A Case Study', in: G. Boswell (Ed.), *Violent Children and Adolescents: Asking the Question Why*, London: Whurr.
- Schutze, F. (1992a) 'Pressure and guilt: the experience of a young German soldier in World War Two and its biographical implications (Part 1)', *International Sociology*, 7, 187-208.
- Schutze, F. (1992b) 'Pressure and guilt: the experience of a young German soldier in World War Two and its biographical implications (Part 2)', *International Sociology*, 7, 347-67.
- Skuse, T. (2013) 'Theory into Practice: Interventions for Complex Needs', Paper presented at the Youth Justice Board Annual Convention, Birmingham 26th November 2013.

- Welfare, H. and Hollin, C. (2012) 'Involvement in extreme violence and violence-related trauma: A review with relevance to young people in custody', *Legal and Criminological Psychology*, 17, 89-104.
- Wengraf, T. (2001) Qualitative Research Interviewing. Biographic Narrative and Semi-Structured Methods, London: Sage.
- Wengraf, T and Chamberlayne, P. (2006) *Interviewing for life histories, lived situations and personal experience: the Biographic-Narrative-Interpretive Method (BNIM)*. Short guide to BNIM interviewing and interpretation (www.uel.ac.uk/cnr/Wengraf06.rtf).
- Wright, S. and Liddle, M. (2014a) *Developing Trauma-Informed Resettlement for Young Custody Leavers*, Beyond Youth Custody Practitioner's Guide, London: Nacro.
- Wright, S. and Liddle, M. (2014b) *Young Offenders and Trauma: Experience and Impact,*Beyond Youth Custody Practitioner's Guide, London: Nacro.
- Youth Justice Board (2015) *Youth Justice Statistics 2013/14 England and Wales*, London: Ministry of Justice.

ⁱ Section 53 of the *Children and Young Persons Act 1933* was introduced to make special provision for the custody of young people under the age of 18 who were convicted by the Crown Court for murder and other grave (primarily violent) crimes. Section 53 was repealed in August 2000 and its provisions were transferred to Sections 90, 91 and 92 of the *Powers of Criminal Courts (Sentencing) Act 2000*.

ii CASE studentship award PTA-033200400001.

iii The 20 young men were purposively selected (out of a total population of 140) to reflect the heterogeneity of the YOI's population of inmates at the time of the research. All 20 were actively engaged with the YOI's resettlement team at the time of their interviews. In terms of sentences served: four of the 20 were serving Detention and Training Orders (DTOs) that were under a year in length; half of the sample were serving DTOs of between one and two years; and the remaining six were all serving longer Section 91 sentences of over two years. The sample contained first time offenders with no previous convictions through to more persistent offenders with over five previous convictions. Of the nine who had previously served a custodial sentence, four had served two or more. The offences that the young men in the sample had been sentenced for on this occasion included: actual bodily harm (ABH), arson, assault, attempted armed robbery, breach of anti-social behaviour order (ASBO), breach of supervision order, burglary, carrying an offensive weapon, criminal damage, dangerous driving, driving whilst disqualified, grievous bodily harm (GBH), handling stolen goods, possession of a firearm, robbery, supplying Class A drugs, theft, taking a vehicle without the owner's consent (TWOC), and witness intimidation. Indeed, the only offences listed in the YJB's Annual Statistics at the time that were not included in the sample were fraud and forgery, racially aggravated offences, and sexual offences (which themselves account for less than two per cent of all recorded offences). In addition to their offending histories, over a quarter of the sample had spent a portion of their lives in care, and 16 of the young men had stopped attending school by the time they were fifteen (indeed only three out of the 20 young men in this study had been accessing any form of education, training or employment when they were sentenced). To reflect the ethnic profile of young offenders serving custodial sentences in England and Wales at the time (as outlined in the

YJB's *Annual Statistics*), two of the sample were classed as 'black or black British' and one of the sample as 'mixed' - the remainder were classed as 'white'.

iv At the time of the interviews, the YOI in question had been recently inspected by Her Majesty's Inspectorate of Prisons (HMIP). The inspection had found that the resettlement provision offered was 'among the best in quality, quantity and range that [HMIP] had seen in a young offender institution'. In addition, the YOI was identified as having 'some of the best relationships between staff and young people' that HMIP had seen anywhere in the juvenile estate. It was within this context of the YOI being one of the leading YOIs in England and Wales - at least in terms of resettlement provision - that it was selected for this study.

With many of the topics that the young men talked about in their interviews relating to traumatic or upsetting events, it was clear that by agreeing to be part of this study, the young men all potentially faced some risk of psychological distress. As Hyden (2008, p.123) warns, simply talking about a 'traumatic experience ... has the potential to re-traumatise'. Despite the fact that none of the young men appeared to be visibly distressed at the end their interviews, immediately after both the first and second interviews, the emotional well-being of the young men was checked by a member of staff. However, whilst the criterion of avoiding harm is a basic ethical principle, should it be assumed that talking about distressing experiences is harmful? For Hyden (2008, p.123), 'such talk can just as well have the potential to heal' as distress, and as Hollway and Jefferson (2000, p.87) put forward, 'it can be reassuring and therapeutic to talk about an upsetting event in a safe context'. For Hollway and Jefferson, the FANI method can afford such a context. As they go on to argue, the nature of the FANI method provides the interviewee with an interviewer who is: 'capable of listening well (especially paying attention to emotional significances)'; is not 'competing for attention'; who can 'reflect back' in questions and comments an 'emotionally appropriate' recognition of the interviewee's experiences; and, by whom the interviewee should 'not feel judged' (Hollway and Jefferson 2000, p.87). What Hollway and Jefferson contend are exactly the 'characteristics of a good counselling relationship' (Hollway and Jefferson 2000, p.87). Like Hollway and Jefferson (2000, p.44), my overall impression was that the young men 'liked telling stories - even about discomforting events - once they felt reasonably trusting of the framework and relationship' within which the stories were being received.

vi Of the eight that disclosed traumatic experiences/events during their interviews: five disclosed experiences of abuse (both emotional and physical – no one disclosed sexual or organised/ritual abuse), six disclosed experiences of significant loss (four through cessation of contact and two via bereavement), and four disclosed the 'double childhood trauma' (Boswell 1996, p.91) of abuse and loss. In terms of ethnicity, all eight were classed as 'white'.

vii All names used are pseudonyms.

viii After each young person's interviews had been fully transcribed, the next step was the writing of a concise 'pen portrait' for each person. The aim of a pen portrait is to make the interviewee 'come alive for a reader' (Hollway and Jefferson 2000, p.70). Indeed a pen portrait should serve as a substitute 'whole' for a reader who will not necessarily have access to the raw narrative data but who needs to have 'a grasp of the person who figures in a case study if anything said about him or her is going to be meaningful' (Hollway and Jefferson 2000, p.70). Crucially, however, consistent with their notion of a defended subject, Hollway and Jefferson emphasise the need for pen portraits 'not to iron out inconsistencies, contradictions and puzzles' (Hollway and Jefferson 2000, p.70). The stories that feature in this article are excerpts from Tim, Gareth and Rob's pen portraits.