

Trials of Youth: Victimisation, Offending, Trauma and Self Medication

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More Sinned Against than Sinning

(Hartless et al., 1995)

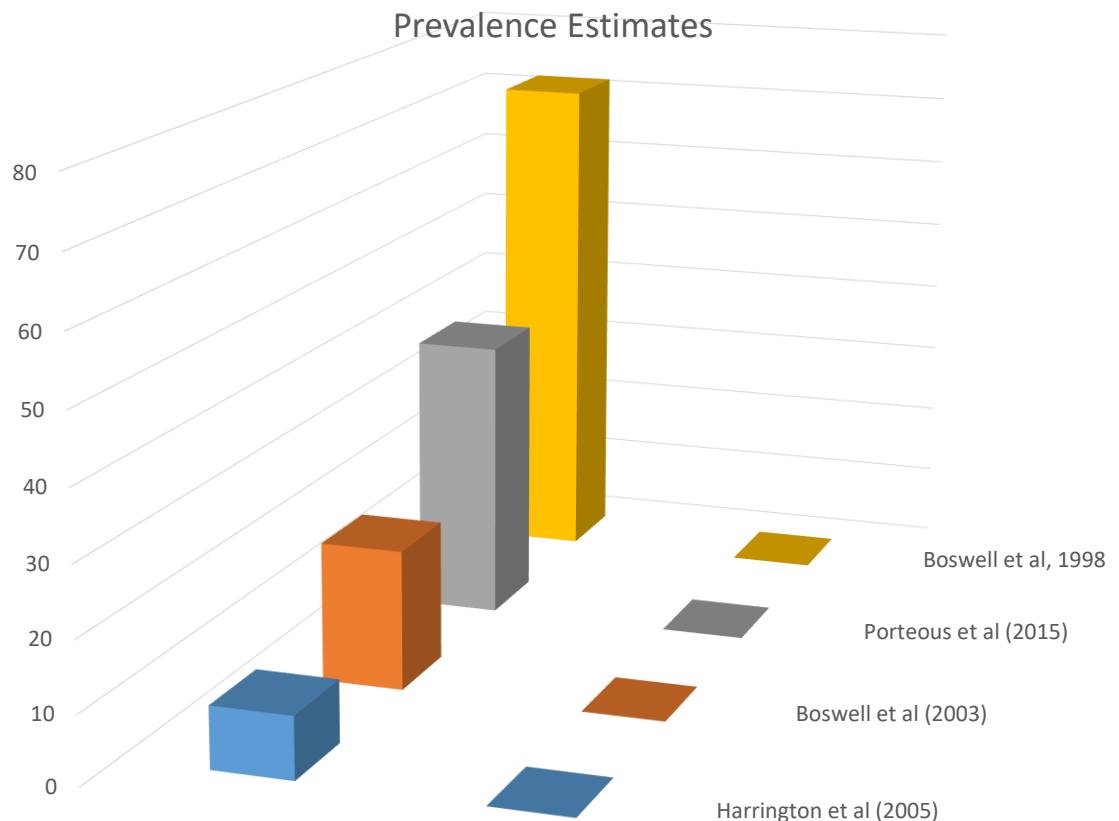
- Children and young people are more likely to be victims than adults
- Children and young people are more likely to be victims than offenders
- Children and young people who have offended are more likely to be victims than those with no offending history

(Porteous, 2016)

Offending, Deprivation and Disadvantage

- “There is a wealth of evidence to indicate that the majority of children and young people in the youth justice system in England and Wales come from the most deprived and disadvantaged families and communities and their lives are characterised by disruption, neglect and impoverished social landscapes. Many have experienced abuse and neglect and those who move through both the welfare and youth justice systems into custodial institutions tend to have particularly complex needs.” (OCC, 2011: 24)

Trauma



“Trauma exposure and its negative consequences are highly prevalent among justice-involved youth. For example, a frequently replicated finding is that *over 80 percent of detained youth report exposure to at least one potentially traumatic event* and the majority of youth report multiple forms of victimization.”
(Kerig et al., 2014)

Trauma: Causes and Consequences

(Porteous et al, 2015)

- Bereavement
- Bullying
- Street-based and domestic violence
- Sexual abuse and violence
- Experience of war
- Anxiety & Depression
- Nightmares and sleeplessness
- Anger & emotional instability
- Troubled relationships
- **Substance misuse**

“Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.” (American Psychological Association, 2015)

Mental disability and offending

Table 1. The prevalence of neurodevelopmental disorders

Neurodevelopmental disorder	Reported prevalence rates amongst young people in the general population	Reported prevalence rates amongst young people in custody
Learning disabilities ³	2 - 4% ⁴	23 - 32% ⁵
Dyslexia	10% ⁶	43 - 57% ⁷
Communication disorders	5 - 7% ⁸	60 - 90% ⁹
Attention deficit hyperactive disorder	1.7 - 9% ¹⁰	12% ¹¹
Autistic spectrum disorder	0.6 - 1.2% ¹²	15% ¹³
Traumatic brain injury	24 - 31.6% ¹⁴	65.1 - 72.1% ¹⁵
Epilepsy	0.45 - 1% ¹⁶	0.7 - 0.8% ¹⁷
Foetal alcohol syndrome	0.1 - 5% ¹⁸	10.9 - 11.7% ¹⁹

Source: Hughes et al., 2012

Traumatic Brain Injury

“The consequences of injury (‘pathology’) can result in impairments in processing within the brain that relate to functioning in daily life. After moderate to severe TBI there are often ‘neuro-cognitive deficits’ such as:

- poor memory (particularly after a delay of a few minutes or more);
- reduced concentration capacity;
- reduced ability to attend to different streams of information; and
- disorders of the executive system (‘dys-executive syndrome’ – typically poor initiation and planning, lack of self-monitoring and poor judgement [8]).

A resultant de-coupling of ‘cognition and emotion’ after injury can be expressed as:

- decreased awareness of one’s own or others emotional state;
- poor impulse control; and particularly
- poor social judgments.

Not surprisingly, then, behavioural problems are common, such as conduct disorder, attention problems, increased aggression, and impulse control problems.” (Williams, 2012: 14)

The Impacts of Trauma

- Interruption of normal childhood development
- Insecure attachments
- Dissociation and memory loss
- Abnormal brain development
- Problematic behaviours
- Denial of wrongdoing, difficulties accepting help

Trauma and Substance Use

“Multiple studies have concluded that adverse childhood experiences, such as a history of childhood abuse, are associated with having a substance use disorder (DeBellis, 2002; Ducci et al., 2009; O’Connell et al., 2007) and with initiation of early drug use (Arria et al., 2012).” (Taplin et al., 2014: 1311)

“Research has indicated that childhood trauma is a predictor of the co-occurrence of trauma-related disorders and alcohol dependence.” (Craparo et al., 2014)

“Thirty-six percent of the sample reported at least one PTE before age 11. These adolescents had a higher risk for use of marijuana (1.50), cocaine (2.78), prescription drugs (1.80), other drugs (1.90), and multiple drugs (1.74).” (Knopf, 2016: 5)

“Wu, Schairer, Dellor, and Grella (2010) assessed a broad range of traumatic events in a sample of 402 men and women in residential drug treatment programs and found that 95% of the sample experienced at least one childhood traumatic event, with 18.1% reporting six or more.” (Giordano et al., 2016: 57)

Self-Medication

- “The main implication of the self-medication hypothesis is that in the majority of cases suffering leads to substance use disorders and not the other way around” (Khantzian, 2004: 587)
- “Basically I'd just drink to take the pain away, to take all the worries away.” (Boy, cited in OCC, 2011: 24)
- “I thought, ‘yeah great. If I can forget my problems, then yeah, go for it’...I thought it was something to block out all the problems an’ that’s how I see it, it was something to block out problems and then it started to make me worse and that’s when I realised it wasn’t to help my problems, it was making them worse.” (Young woman cited in Melrose, 2000: 52)

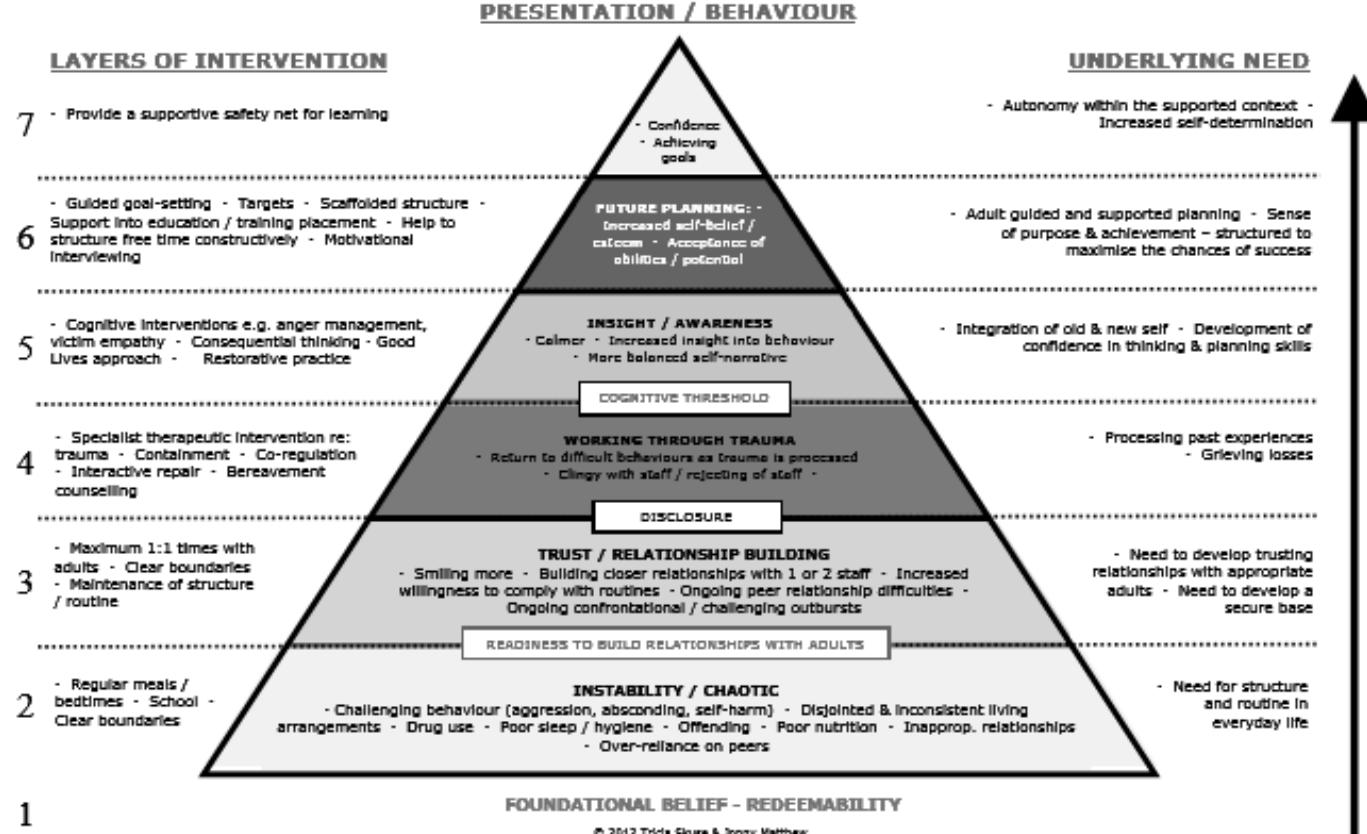
Trauma Informed Practice

- high levels of knowledge and awareness of mental health issues amongst staff, requiring ongoing training, supervision and support;
- screening, structured mental health assessments and individualised intervention plans;
- the development of trusting relationships with young people which emphasise their strengths and resiliency;
- a safe environment and knowing when young people are “ready to address their difficulties”.

(Wright, Liddle & Goodfellow, 2014)

Figure 1

TRAUMA RECOVERY MODEL



30. Karnik & Steiner (2007) see n.5; Teicher (2000) see n.29.

31. Greenwald (2000) see n.20; Karnik & Steiner (2007) see n.5.

32. 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 Psychiatry and Psychology*, 36, 929-964; Giordano, P.C., Cernovitch, S. A., Rudolph, J.L. (2002) Gender, Crime, and Desistence: Towards a Theory of Cognitive Transformation. *American Journal of Sociology*, 107,4, 990-1064.

Thinking Critically about Trauma

“Sometimes the tissues of community can be damaged in much the same way as the tissues of mind and body, as I shall suggest shortly, but even when that does not happen, traumatic wounds inflicted on individuals can combine to create a mood, an ethos – a group culture, almost – that is different from (and more than) the sum of the private wounds that make it up. Trauma, that is, has a social dimension.”

(Erikson, 1995, cited in Liddle et al., 2016: 16)

Thinking Critically about Trauma

- Implicit in the notion of trauma is both the storm and the calm which preceded it, as if all was well beforehand.
- This can be misleading – for e.g. the trauma suffered by the victims of Hurricane Katrina cannot be reduced to the storm itself but has to be understood in the context of the marginalisation, discrimination and exclusion which made some people more vulnerable than others.
- Likewise, Grenfell Tower - the trauma was caused by the fire but also by poverty, disadvantage and neglect

Concluding Thoughts

- Children First – Age of Criminal Responsibility
- Substance Use a Health Issue - Decriminalisation

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