A Literature Review into Children Abused and/or Neglected Prior Custody

Caroline Day, Policy and Research Unit, Barnardo's

Pam Hibbert, Policy and Research Unit, Barnardo's

Spike Cadman, Youth Crime Section, Policy and Research Division, Nacro

Contents

Acknowledgements

Executive summary

Background and methodology

This review was commissioned by the Youth Justice Board for England and Wales (YJB) to:

- identify the extent of abuse and/or neglect experienced by children and young people in the secure estate in England and Wales

- explore the potential impact of abuse on longer-term issues

- explore approaches that have been developed in working with young people who have been abused

- make recommendations regarding policy and practice

The review focussed on the four areas of abuse defined in *Working together to safeguard children* (DfES 2006):

- physical abuse

- sexual abuse

- emotional abuse and neglect

- traumatic loss.

The research reviewed was predominantly from English speaking countries – the United Kingdom (UK), United States of America (USA), Canada, New Zealand, Australia and also from Japan.

136 separate pieces of literature were reviewed, predominantly published since 1995[1].

The studies reviewed included large scale longitudinal research, smaller scale studies and professional and grey literature.

Summary of the review

The review indicates that past maltreatment is present in the life histories of a greater proportion of children in custody than in the general population. While it does not establish any causal link between past maltreatment and offending behaviour, its configuration with other risk facts is of clear and great significance. The existence of past maltreatment in a child's life does not have absolute predictive value in terms of the individual entering custody. However, this review suggests that the indications are that it is a factor in a greater proportion of those in custody than in the youth justice system or wider society, and should be regarded as a critical and primary pre-disposing risk factor in relation to offending behaviour.

---

[1] Although this was not a systematic review in accordance with the Campbell Collaboration guidelines.

Maltreatment in the general population

The under-reporting and recording of child abuse and neglect makes accurate estimations difficult, but a major NSPCC (National Society for the Prevention of Cruelty to Children) study in 2000 (Cawson, 2000) suggests that around 16% of children in the UK will have suffered some form of maltreatment. Other research (Quilgars in Bradshaw, 2001) indicates a prevalence of physical and emotional abuse and neglect in families affected by poverty.

Maltreatment among children in custody

A significant number of the studies reviewed, from the UK and elsewhere, indicate that anywhere between 33% and 92% of children in custody had experienced some form of maltreatment, and the figure in relation to sexual abuse among girls in custody was particularly noticeable. The variation in the figures may be explained by the use of differing definitions of maltreatment in the different studies and the reliance on self-reporting in some of the studies. Those studies researching children who had committed more serious offences suggest that there may be some correlation between serious offending and serious and ongoing abuse, and that the prevalence of abuse is higher in those who commit more serious offences. These findings are highlighted in the Boswell research in the UK, and in Spatz and Widom's work in the USA.

The potential impact and longer-term consequences of abuse

There is clear evidence from the studies reviewed that childhood maltreatment may impact in significant ways on the later life chances of children, and the review identified a significant number of research studies that found a strong correlation between child maltreatment and offending behaviour. Although this is not the same as identifying cause and effect, it is still indicative.

Some of these studies also showed a demonstrable link between previous abuse and the likelihood of receiving a custodial sentence.

The review also suggests that the incidence of later mental health problems can be as high as 80% among people who have been maltreated as children. One UK study showed that the rates of previous abuse among adolescents admitted to secure psychiatric units were between 50% and 82%.

The studies also show that previous maltreatment is a clear indicator of later behavioural difficulties, including increased likelihood of aggression, abusive behaviour, alcohol and other substance misuse and offending behaviour.

A number of studies also discussed the emergence of post traumatic stress disorder as a result of childhood maltreatment.

Research also highlighted the increased inability of abused children to develop secure and functional relationships and to develop appropriate social and cognitive skills; there is also emerging evidence that maltreatment has a physiological as well as psychological effect on brain development.

We found little research from the UK but a number of studies from the USA indicate that maltreated children are more likely to do poorly in education and have a greater risk of poor behaviour in school, becoming victims of bullying and truancy and exclusion.

Effective interventions

For the purpose of this review, we looked at interventions that seek to address the maltreatment and not the consequences; these were therapeutic interventions rather than approaches designed to address offending behaviour or substance misuse. Studies in relation to resilience and protective factors are well researched but other research in this area displays some significant gaps. For example, we found a wealth of studies on therapeutic interventions for sexual abuse but very little could be found on therapeutic interventions within the criminal justice system, including with children in custody.

Some tentative conclusions can be drawn from the evidence:

▪ The younger the child is when interventions are offered, the better the prospect for significant improvement.

▪ Directive therapies seem to be more effective than non-directive.

▪ In terms of outcomes, there appears to be little evidence of major differences between individual and group therapies, although research suggests that group work may have additional benefits such as greater engagement by parents.

▪ Most studies suggest that a multi-modal approach is the most appropriate and effective, and early findings from the use of multi-systemic therapy are promising.

It should be noted that many reviewers warn against generalisation of their findings and that critically, for the purposes of this work, the studies often do not include maltreated children in 'away from home' settings.

1. Introduction

There is little doubt that child abuse and childhood experience of loss, when no effective opportunity is provided for the child to make sense of these experiences, constitutes unresolved trauma which is likely to manifest itself in some way at a later date.

(Boswell, 1997:35)

The criminology and forensic psychology literatures on the aetiology of offending behaviour are vast. In the last 50 years there has been considerable research interest in those factors in the histories of young offenders that may affect anti-social and offending behaviour. This literature review is specifically concerned with child abuse as a factor in young offenders' histories – its prevalence in the population and possible impacts on behaviour.

The review was commissioned by the Youth Justice Board for England and Wales (YJB). It is intended to inform a report to be compiled by a task group. The task group will address the issue of past abuse and/or neglect, also termed maltreatment (and the consequent child protection issues) in the lives of children and young people who are placed in the secure estate in England and Wales as a result of their offending behaviour.

The YJB specified that the review should:

- identify the extent of abuse and/or neglect experienced by children and young people in custody in the secure estate in England and Wales

- explore the impact of abuse on longer-term issues (such as education, substance misuse, mental health problems)

- explore approaches that have been developed both nationally and internationally in working with young people who have been abused

- make recommendations regarding policy and practice developments.

The review has been undertaken by staff from Barnardo's Policy and Research Unit and Nacro Youth Crime Section, who have knowledge of child abuse, child protection and youth justice research, policy and practice. It has had additional input commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC).

The secure estate in England and Wales consists of three types of establishments. The YJB contracts placements for children on remand or sentenced for criminal matters from:

- Local authority secure children's homes (SCHs) – establishments provided by individual local authorities and governed by regulation and guidance under the 1989 Children Act; these establishments may also provide placements for children put in secure accommodation for 'welfare' reasons.

- Secure training scentres (STCs) – initially set up to provide accommodation for 12 to 14-year-old children sentenced to a Secure Training Order under the provisions of the Criminal Justice and Public Order Act 1994. In April 2000, a single juvenile custodial sentence – the Detention and Training Order (DTO) – was implemented from the 1998 Crime and Disorder Act; STCs were intended to accommodate those

serving a DTO who were aged 12 to 15 years old or who were regarded as vulnerable. They now accommodate children, both boys and girls, up to the age of 18. There are five STCs run by the private sector. They are governed by the Secure Training Centre Rules 1998.

- Young offender institutions (YOIs) – over 80% of children in custody are accommodated in YOIs; they are run by the Prison Service and are governed by prison service rules.

2. Methodology and materials used

The search strategy and criteria for this review is attached as Appendix A. The studies included in the review were chosen according to a number of criteria. An initial scoping exercise was undertaken to look at the wealth of material available. The studies were then assessed according to the Scientific Maryland Scale, on which they had to achieve Level 3. This was a prerequisite of the YJB and although was not specified at the beginning of the review, was applied retrospectively and to all studies identified from thereon. The majority of the studies had control groups. The material reviewed included research conducted in relation to young offenders in custody and in the community. In addition to the studies that have been conducted around historical child abuse, its link with youth offending and young people in custody, there is a wealth of 'grey' or professional literature based on the knowledge of experts in the field.

The review considered the aggregate *Asset* data used by the Oxford Centre for Criminological Research in their report on the first two years' use of *Asset* (Baker et al, 2004). *Asset* data analysed by Nacro Cymru for the Welsh Assembly Government was also studied, as were the findings of a survey done by the Greater Manchester Youth Trust.

Information was received from four establishments within the secure estate outlining current practice.

The review focused on the four areas of abuse taken from *Working together to safeguard children* (DfES, 2006) and specified by the YJB:

- physical abuse

- sexual abuse

- emotional abuse and neglect

- traumatic loss.

The research was predominantly from English speaking countries: the United Kingdom (UK), United States of America (USA), Canada, New Zealand, Australia and also Japan. This was a request of the YJB and was therefore adhered to, however, this has implications in itself as individual countries have different populations, customs, traditions and therefore different definitions and recording mechanisms for what they believe to be abuse. When looking at this research in the context of young people in the UK it has to be expected that figures of abuse may seem disproportional in some of the studies.

To ensure accuracy and allow for practice and policy changes that have occurred in recent years, most of the research/data has been published since 1995.

The studies in the review are a mix of sizes, including large scale longitudinal studies and smaller studies. While some would argue that small studies are not useful on the basis that the conclusions that can be drawn are limited, it was felt important to acknowledge this work based on the sheer number of such studies in existence, which piece together a wider picture of the impact of child abuse on the offending behaviour of young people.

However, the number of small studies also indicates the need for more research in this field. There is a dearth of studies in particular areas, including large scale studies to identify abuse, longitudinal studies completed over time and further research into women in prison is also needed. In addition, there is a shortage of studies that involve the views of children and young people in the present rather than retrospectively (although this would have to be undertaken with a strict ethical protocol in place and an organised support system to ensure no further harm occurred to the young person by disclosing sensitive and upsetting events).

It is important to stress that this literature review was not a systematic review in accordance with the Campbell Collaboration guidelines.

3. The prevalence of abuse in the wider population of children

> *It is difficult to say with some certainty how common child maltreatment is. As with other types of behaviour that are socially disapproved of, there is a hidden element that is not captured by official statistics, which might be likened to the submerged part of an iceberg.*

<div align="right">(Mills, 2004:9)</div>

Such a lack of information has not only made it hard to quantify just how many young people are abused in England and Wales each year, but also what trends there are and how to deliver effective interventions in the future. This is particularly the case when looking at the relationship between offending and child abuse where it was previously identified that we are not able to assess the likelihood of abused children becoming offenders, or to know if the number of abused young people in custody is representative of those abused in England and Wales (Mutale, 2006). This is something that the NSPCC sought to address in their 2000, which is study discussed later in this chapter.

Defining abuse

In England and Wales the legal definitions of abuse are set in the 1989 Children Act and expanded in the revised *Working Together to safeguard and promote the welfare of children* (see Appendix B). Notwithstanding these definitions, Boswell stated "it is widely acknowledged that child abuse is a complex concept which does not easily lend itself to definition" (1996:87). The NSPCC identifies three reasons for this:

- The difficulty of identifying the boundaries between maltreatment and other forms of harm, including harm from less than optimal parenting or from social factors, such as poverty.

- What is seen as 'acceptable' treatment of children varies across cultures, countries and generations. What is viewed as acceptable behaviour in some countries, such as the use of corporal punishment, is no longer acceptable in others.

- Policy and practice has so far been unable to develop a single definition of abuse or neglect which can be understood by all while taking into account the great variety of harms that children can experience, the possibility of both primary and secondary harm and how children's experiences of harm can vary throughout their childhood (Cawson et al, 2000).

However, maltreatment is well understood as sexual, physical and emotional abuse and neglect, and criminal acts particularly covering the first two types are well defined.

Identifying and reporting abuse

A lack of agreed definitions means the recognition and recording of abuse varies. Quilgars describes child abuse as being "defined within cultural understandings and standards" (Quilgars in Bradshaw 2001:65). This means that there are different accepted levels of abuse and subsequent rates of registration, which compound problems of measurement and make it impossible to be precise about the level of child abuse in

England and Wales (ibid.). This is particularly pertinent in assessments of the different types of abuse.

Physical abuse

Physical abuse is often difficult to identify not only because of the ethics involved in doing so but because of the intra-familial issues that may be present; different cultural acceptances, religion and loyalties to parents and siblings often prevent the open declaration of the levels of abuse that actually exist (Fergusson and Lynskey, 1997). The boundary between parental over-chastisement and physical abuse has been commented on, particularly when parental belief systems are involved. Over the past few years there has been significant pressure across the UK for legislation to ban all corporal punishment in line with recommendations from the United Nations Committee on the Rights of the Child, the European Social Rights Committee and the Parliamentary Assembly of the Council of Europe (Hooper, 2005). While many European countries have put such bans in place (such as Italy, Iceland, Romania and the Ukraine), the UK has only enforced a ban on smacking in certain contexts, such as day care, and resisted a complete ban on corporal punishment.

Neglect

The identification of neglect is also problematic. Many of the children involved with the youth justice system experience impoverished social landscapes in material, emotional and social contexts with a 'portfolio' of risk factors present in combination. In the backgrounds of such children it may be very difficult to differentiate between different forms of neglect/abuse, and there is some evidence that where neglect/abuse is present it can be in more than one form.

Sexual abuse

Sexual abuse is possibly easier to define but often hard to identify, particularly among male victims, due to the stigma that surrounds it and the impact this has on people's ability and willingness to disclose. According to the research paper by Skuse et al (1999), prevalence figures vary (between 3% and 37% for boys, and 6% to 62% for girls).

Wider issues affecting disclosure and reporting

Across all abuse types a number of cross-cutting factors make it difficult for abuse to be reported. Intra-familial issues may be present, including different cultural acceptances and religious beliefs. Loyalties to parents and siblings often prevent the open declaration of the levels of abuse that actually exist as the young person will not want them to get in trouble and therefore seek to protect them by hiding the harm they are being caused. Alternatively, they may love and be loyal to their abusers and so will make excuses for their behaviour (Cawson, 2002). What constitutes emotional abuse may well differ for each child and we know that resilience varies notwithstanding external factors.

It is important to recognise that when abuse is self-assessed it tends to be identified at a lower level of incidence than when professionally assessed. Young people may think that they have provoked, and therefore deserved, the abusive behaviour they are experiencing and that they are responsible for their abuser's actions (Bower and Knutson, 1996), thus preventing them from disclosing, in full or in part, the extent of their treatment. In addition, many of the studies investigating the incidence of child abuse are reflective, thus asking adults to describe experiences that happened in their past. Where abuse occurs in a child's formative years it is possible that experiences

could be forgotten or massively underestimated (Cawson et al, 2000) or alternatively, victims of traumatic experiences could regress or blank out the memories. A vast amount of research investigates the ability of people who have been abused to forget memories until an incident (an external or internal event) unlocks the memories that have been hidden since childhood. Thus, people can often forget traumatic events for long periods of time and disclosures often emerge later in adulthood (Brewin, 2003).

Disclosure also depends on how a young person is able to process and come to terms with what has happened to them. It is well researched that when grappling with a traumatic or unpleasant experience, males and females are known to have different ways of coping with situations and processing their thoughts and feelings. As children, both boys and girls see talking to people as a way of safeguarding themselves and keeping safe (CYPU, 2003). Parents, particularly mothers, are usually the preferred person to talk to, although friends also become increasingly important as a child gets older. As children develop into adults, girls continue to find it easier to talk about their feelings and emotions, and benefit both emotionally and mentally by sharing what is wrong as a way of coping. They therefore develop friendships and relationships where they feel safe and comfortable to do this. However, boys become less likely to talk about their problems than girls (Featherstone and Evans, 2004).

Where abuse occurs it becomes a difficult decision for a child to make as to whether to say something, especially where a parent, and thus the usual confidant of a child, is the abuser. Children are unlikely to know of other avenues to which they can turn (Hooper, 2005). They fear that they will not be believed or taken seriously, or that their experiences were their fault and they did something to deserve the abuse that they received. Telling professionals or other adults is daunting when young people do not know what their reaction will be, or what processes will be put in motion. It may set a young person on an adult-led path which they neither understand or feel comfortable with:

> *Those who experience statutory child protection intervention often feel anxious, confused and powerless, and distressed both by having to repeat their stories many times to different people and by the number of people who become involved.*

> (*ibid*:199)

Disclosure has also caused concern when the issue of offending is examined because awareness of the impact of abuse could in itself promote the creation of 'tales of abuse' by offenders to 'excuse' the crimes they had committed. This was investigated in the Boswell study but it was not found to be the case. When male offenders in the study talked about abuse it was hesitantly, with reticence and often under-reported. Some offenders were keen to identify that experiences of significant abuse, while emotionally damaging and painful, could not be blamed for their criminal behaviour.

Coping with abuse

Where young people are unable to disclose their experiences, again boys and girls cope with the knowledge and emotions differently. Girls are more likely to internalise their experiences of abuse and turn these experiences on themselves through a number of conditions such as depression, self-harm, suicidal tendencies, eating disorders, low self-esteem and psychological disorders. In contrast boys are more likely to externalise their experiences of abuse, often becoming aggressive, abusive and more likely to offend or become involved in alcohol and substance misuse (Mutale, 2006; and Department of

Justice Canada, 2005. While this cannot be assumed as a determinant of future offending behaviour on its own, it is still an important consideration, and an often overlooked one, when assessing causation of offending.

It is with this consideration in mind that a number of services have been put in place over recent years as outlets for young people to speak in confidence and at their own pace. Helplines such ChildLine, websites offering information and the introduction of school counsellors have all been positive ways of increasing the number of outlets children and young people can turn to for help and advice:

> *The evidence that while many children call ChildLine, very few refer themselves to statutory services, reflects the preference they express for spaces in which they can talk through their problems confidentially, receive some reassurance and comfort, and think through the options and their likely consequences without being rushed into action.*

> (Hooper, 2005:199)

Prevalence

It was because of this issue the NSPCC conducted a nationwide study in 2000 to ascertain the prevalence of child maltreatment across the UK (maltreatment was defined as physical, sexual and emotional abuse and neglect). This is the only study of its kind to have been completed in the UK, and one of a few worldwide (*ibid*). It used a sample study representative of the UK population and involved 2,869 young people aged 18–24. A random probability sampling technique was employed using the Postcode Address File as the basic sampling frame. The young people completed an interview using the Computer Assisted Personal Interviewing (CAPI) system through which their answers could be given privately. The question areas focused on:

- family relationships

- amount of supervision and freedom

- physical care

- verbal, physical and violent treatment

- bullying and discrimination

- emotional or psychological treatment

- sexual experience.

Those young people who indicated that they may have experienced abuse were followed up in detail. The study addressed the incidence of physical, emotional, sexual abuse and neglect amongst the participants.

Table 1: NSPCC findings (2000) into prevalence of child maltreatment in the UK

Physical abuse	Of the 2,869 young people involved in the study, 7% were assessed as seriously physically abused by parents, where violence was experienced regularly and painful lasting physical injury was caused. 14% experienced intermediate abuse where violence occurred, but more irregularly, and 3% were identified as a 'cause for concern'. More girls experienced serious physical abuse whereas boys tended to experience intermediate abuse – both of which occurred at the hands of parents or a main carer. 78% of the violent incidences occurred within the home (Cawson et al, 2000).

Emotional abuse	Emotional abuse is described as 'the least studied of all forms of child maltreatment and the area in which reliable prevalence data is almost non-existent' (*ibid*:54). It is also the most difficult to measure because of the wide range of possible behaviours involved. Emotional maltreatment was assessed in 6% of the sample, with each individual scoring on 4 out of 7 dimensions (psychological control and domination; psycho/physical control and domination; humiliation/degradation; withdrawal; antipathy; terrorising; and proxy attack). Many young people with lower scores still indicated seriously hurtful and insensitive treatment. Both parents were as likely to be the perpetrator. The state of knowledge is considerably less advanced than for physical or sexual abuse and there is a lack of a consensual paradigm within which it has been studied (*ibid*: 54).
Sexual abuse	1% percent of the sample had been abused by parents/carers – almost always involving fathers or stepfathers – and 3% had been abused by other relatives. Abuse by people known to a child but unrelated was the most common form of sexual abuse described, with 11% of the sample having this experience. Abuse by strangers or somebody just met before the incident affected 5% of the sample (Cawson et al, 2002).
Neglect	This was rated by two standards: absence of physical care, through which 6% of respondents had experienced serious neglect, 9% intermediate neglect and 2% 'cause for concern'; and absence of supervision where a serious absence had been experienced by 5% of the sample, an intermediate absence by 12% and 3% of the sample a 'cause for concern'.

The findings from this survey suggest that one in six children across the UK will experience serious abuse at some time during their childhood. It would now enable direct comparison with the proportion of the general population abused if a similar methodology were used with young people in custody.

Child abuse is an international phenomenon. UK statistics obtained from the Child Protection Register in 1999 stated 42% of referrals reported cases of neglect and 31% reported physical injury (Cawson et al, 2000). More recent figures from the DfES (2004/05) show a total of 25,900 children on the Child Protection register as of 31 March 2005:

- 11,400 for reasons of neglect

- 3,900 for physical abuse

- 2,400 for sexual abuse

- 5,200 for emotional abuse

- 3,000 for multiple reasons.

However, it is accepted that annual registration figures cannot be taken as an accurate measure of child abuse alone – young people will feature on the registration list for being 'at risk' of abuse as opposed to having already experienced it, many are excluded when they are known to have been abused, and of course there are the young people whose abuse is not yet known and is therefore not recorded (Hooper, 2005).

It is important to note here that there are still no Government statistics to evidence the extent of 'child maltreatment' across the UK. As a result, statistics that do exist come from a number of sources (e.g. National Statistics/DfES, Local Government Data Unit Wales, Scottish Executive and Police Service of Northern Ireland). These statistics therefore represent the cultural context of the country they have studied, and also allow for differences in the recording of prevalence and incidence of abuse and of the

interventions in place (Hooper, 2005). Thus we are unable to make comparisons between the four countries of the UK.

As the scope of this review was to look at studies internationally, it is also important to acknowledge an investigation held by the US Department of Justice in 2003 (childhelpusa.org, 2006). This discovered that there were over three million reported cases of child abuse made over the course of the year for which there were 906,000 convictions (although the report estimated that actual rates of child abuse could be as much as three times greater than reported). Of the reported cases, 48.3% of victims were male and 51.7% were female. The majority of victims (83.9%) were abused by a parent (40.8% maltreated by their mother alone, 18.8% maltreated by their fathers alone and 16.9% abused by both parents). The primary form of maltreatment was neglect (61%), followed by:

- physical abuse (19%)

- sexual abuse (10%)

- psychological maltreatment (5%)

- medical maltreatment (2%)

- others (17%).

The number of fatalities as a result of child abuse and neglect rose between 1995 and 2003 from 1,215 children to 1,500 children per year (mostly attributed to a population increase and an increase in reporting) – this is just over four fatalities every day (US Department of Health, 2003.

The link between poverty and abuse is one of great interest to researchers. Within UK research, some types of abuse, such as physical and emotional abuse, neglect and failure to thrive, are more prevalent in families affected by poverty. In contrast child sexual abuse is the least correlated with poverty indicators and has no link with social class as it appears across all social groups (Quilgars in Bradshaw, 2001).

4. The prevalence of previous abuse in children who display criminal and anti-social behaviour

A common belief held by many professionals in the criminal justice field is that the vast majority of incarcerated felons have been victims of physical abuse or neglect as children. A second widespread assumption is that childhood sexual abuse is associated with later criminal behaviour, particularly sexual offending. However, relatively few studies have systematically examined this issue and among those that have, rates of abuse among juvenile and adult inmates range from a low of 9% to a high of 75 to 80%.

(Weeks and Widom, 1998:1)

Studies on prevalence of previous abuse in children and adults who have engaged in criminal or anti-social behaviour

A number of studies have been undertaken in order to investigate offending behaviour in children and adolescents and the incidence of child abuse, in order to establish a common link. The US National Survey of Adolescents (Kilpatrick and Saunders, 1995) was one such study. Using a telephone study, 4,023 young people between the ages of 12 and 17 were interviewed and asked to describe their experiences of violence and abuse both within the community and at home. It reported that:

- 47.2% of boys who had been sexually abused reported involvement in offending behaviour compared to only 16.6% of those not sexually abused

- five times more girls reported offending behaviour if they had been sexually abused compared to those that had not been abused

- 46.7% of boys and 29.4% of girls who had experienced physical abuse reported having committed a serious offence, compared to 9.8% and 3.2% of the non-abused respectively

- about one third of boys and 17% of girls who had witnessed violence reported engaging in offending behaviour compared to 6.5% of boys and 1.4% of girls who had not witnessed violence.

Risk factors

In the UK, while child abuse is readily associated with the development of anti-social and criminal behaviour (Fergusson and Lynskey, 1997), much of the research has focused on the exploration of 'risk factors' in the context of the safeguarding and promotion of welfare of children. 'Risk' in the context of children in trouble with the law has, by and large, a much shorter history in the British context. Although this review examines literature written post-1995, it is important to first address the findings of two pioneering longitudinal studies. *The Newcastle 1000 Family Study* of 1947 was originally an investigation into the health of children born in Newcastle upon Tyne that went on to look at the backgrounds of children who acquired a criminal record and those who did not. It found that there was a close relationship between youth offending and family deprivation, including maternal and domestic neglect (Kolvin et al, 1990). *The Cambridge Study in Delinquent Behaviour* (West and Farrington, 1973) sought to test several hypotheses about youth offending by examining the socio-economic

conditions, schooling, friendship, parent-child relationships, extra-curricular activities, school records, and criminal records of 400 working class boys born in south London in 1953. The participants also underwent psychological tests to determine the causes of crime and delinquency. This research identified a number of major risk factors for youth offending which have been confirmed in numerous studies since. These included poor parental supervision and harsh or inconsistent discipline, family breakdown, low educational achievement, relatives and friends involved in criminal behaviour and other social and economic factors. Living in deprived households was a common factor in both studies, as was the issue of neglect or poor parental care (McGlone in Bradshaw, 2001).

In the decades since these studies were undertaken, systematic reviews of longitudinal research and the use of meta-analytical statistical techniques have been used to confirm the risk factors that appear to be implicated in the causation of offending. Risks include the link between abuse and other social and contextual factors, for example, multiple disadvantages in the child's home and social life, such as impoverished social and economic landscapes, limited education, impaired parenting skills and stress. Particular attention has been paid to the way multiple risk factors cluster together and the different ways they interact in the lives of some children, along with the absence of, or lack of promotion of, important protective factors.

Risk factors that predispose children and young people to criminal involvement can include a number of elements. While physical, sexual and emotional abuse and loss of a significant person remain significant (Russell, 1999), unstable living conditions, low income, poor housing, inadequate parenting, drug and alcohol abuse, lack of training and employment, lack of parental supervision/discipline and the personality of the child (such as aggressive and hyperactive behaviour), as well as the role of peer pressure, can all play a part (Farrington, 1996; Russell, 1999).

Studies that have investigated the links between multiple risk factors and offending have included Kaker (1996), who sought to address the causal relationship between child abuse and offending in Florida. Children aged between 11 and 16 who were recorded as abused were compared with a control sample of young people who had not experienced abuse (matched on racial group, gender and age). Overall, 10% of those abused had offending referral records in comparison with 6.4% of the young people in the control group. While Kaker believed that the study proved abused children to be at an increased risk of offending after abuse occurs in the early years of their lives, he suggested that other compounding factors were also prevalent, such as the role of peer pressure in influencing children's decisions to become involved in a situation, regardless of their background circumstances.

The work of Spatz Widom (1998) produced similar conclusions to Kaker. Her research indicated that there are multiple risk factors involved in the lives of young and adult offenders and that knowledge of abuse in their backgrounds does not automatically provide insight into whether it was these factors that led directly to the offending behaviour – a point emphasised by the knowledge that not all abused young people go on to become offenders. She believes the question to be more about the 'processes' through which experiences in early childhood lead to offending behaviour and the 'protective factors' that divert them.

A more recent longitudinal study conducted by Fergusson and Lynskey in New Zealand (1997) studied the relationship between retrospective reports of physical maltreatment in childhood and the subsequent rates of adjustment difficulties for young people at the

age of 18, including juvenile offending, substance misuse and mental health problems. The study involved 1,265 participants born in Christchurch in 1977 who were studied at birth, four months and then at annual intervals to the age of 16, and again at 18 years of age. The study concluded that young people exposed to harsh or abusive treatment as children are an 'at risk' population for youth offending, substance abuse, mental health problems and involvement in violent behaviour. The work on risk and protective factors undertaken by Communities that Care for the YJB in 2001 also confirmed that common risk factors were factors in a range of adverse outcomes and not solely for involvement in criminality.

Most recently Pitts (2004) looked at the connection between child protection registration and subsequent offending, and at the type of intervention these young people were likely to receive. He looked at three cohorts of 20 young people in a north London borough:

- Cohort 1: young people who had at some point been placed on the child protection register (CPR), were involved with a youth offending team (YOT) and had committed two or more offences.

- Cohort 2: young people who had been placed on the CPR but had not subsequently been involved with a YOT.

- Cohort 3: young people who had not been placed on the CPR who were involved with a YOT and had committed two or more offences.

This study produced a number of interesting findings:

- Child Protection registration occurred earlier in age for Cohort 1 (CPR + YOT) in comparison to Cohort 2 (CPR no YOT). This may indicate that early abuse is more likely to be linked to offending behaviour

- In Cohort 3 (YOT only, no CPR), the age of offending started much later than cohort 1.

- Young people in Cohort 1 (CPR + YOT) committed a higher number of offences and more serious offences than in Cohort 3 (YOT, no CPR). This may suggest that young offenders who have experienced child abuse are likely to commit offences more frequently and of a more serious nature.

- Young people in Cohort 1 (CPR + YOT) experienced many more family problems than young people in other cohorts.

- 55% of young people in cohort 2 (CPR only) received an individual therapeutic intervention in relation to their abuse, compared to only 25% in Cohort 1 (CPR + YOT)

- As offending escalated over time for Cohort 1 (CPR + YOT), more attention was paid to the individual's attitudes and behaviour rather than their abuse or neglect. Interventions were more geared to address offending behaviour than welfare needs.

This study was relatively small scale and so its results need to be treated with some caution. However, it is the only study that has taken place of its type, and its conclusions, though tentative, are important and need to be considered. Forms of abuse frequently exist alongside other risk factors. It can be very problematic to differentiate direct causal relationships between any single risk factor or abuse and subsequent

behaviours. Where clusters of risk factors are present, outcomes may be dependant on the interaction between different components of the clusters and the individual child's resilience rather than there being one sole driver for the behaviour. It is extremely difficult for research to isolate the impact of abuse from that of other risk factors, and few other studies have attempted to do so.

Studies in custodial settings

While most research has investigated child abuse as one of a number of risk factors involved in the histories of young offenders, investigations taking place in secure custodial facilities have sought to try and identify a more definitive causal link.

One such study was undertaken by Gwyneth Boswell (1996) into the prevalence of loss, bereavement and abuse in the backgrounds of children detained in local authority secure units under s 53 of the Children and Young Person's Act 1933 (now s 91 Powers of the Criminal Courts (Sentencing) Act 2000). Two hundred centrally held files of adult prisoners, young offenders and Department of Health establishment residents were scrutinised for evidence of child abuse or loss. In only 18 cases out of the 200 was no record (professionally or personally reported) of abuse or loss found.

Once this initial search was completed, the study involved the random selection of 32 cases to be interviewed out of the original 200 in which abuse had been identified. The cases comprised 21 adult male prisoners, eight young offenders aged 17–20 years and three male Department of Health establishment residents. Boswell (1996) identified 16 of the sample as having a background of severe child abuse (physical, sexual, emotional, and organised/ritual or combinations of these forms of abuse). This is only a small sample of offenders, which itself limits the assumptions that can be made from the results. However, it indicates that 50% of the offenders interviewed had experienced some form of abuse. Staff working in the settings with these young men, and who were familiar with signs of abuse, estimated that if the study could be done on a larger scale and if abuse had been accurately assessed, disclosed or recorded, then actual prevalence could be estimated to be as high as 90% of all inmates. However, without the evidence to corroborate this, such figures remain anecdotal.

The work of Boswell (1996) was further corroborated by Weeks and Widom (1998) when they reported similar results to the Boswell study after investigating the history of abuse amongst 301 convicted male prisoners in a New York medium security prison. This research was a response to an earlier study by Widom (1989), which focused on the propensity of young people from low-income homes to offend. The study found that 28.6% of those who reported having been abused had a criminal record in comparison to 21.1% of the control group, and 15.6% of abused men had been convicted of a violent crime compared to 10.2% of the control group. While these results helped to support her hypothesis, the figures were not distinct enough to be able to prove it significantly. To further this knowledge and look at the links between offending and abuse directly, Weeks and Widom (1998) carried out a study in a New York medium security prison. 301 convicted male prisoners were randomly selected to take part. The study found that 68% of the sample reported some form of child maltreatment taking place before the age of 12 and 38% reported severe childhood physical abuse. Sexual abuse and neglect were less commonly reported but often occurred in combination with the other types of abuse.

Further research carried out by Hamilton, Falshaw and Browne (2002) sought to investigate the link between recurrent maltreatment (physical, emotional, sexual abuse

and neglect) and offending behaviour. They consulted 79 young offenders (60 males and 19 females) aged 11 to 18 years old within a secure institution in England. The individuals were residents at various times between December 1994 and May 1996, and were all believed to be a risk either to themselves or to others. The study examined maltreatment in terms of single incidents, repeated maltreatment from the same person and re-victimisation, where maltreatment occurred repeatedly from different perpetrators. It found that 54.5% of the sample had experienced both repeated maltreatment and incidences of re-victimisation (74% of those that had experienced maltreatment were in the secure institute for committing a violent and/or sexual crime).

American statistics estimate that in the USA 36.7% of women and 14.4% of men in prison were abused as children. Children who experience child abuse and neglect are 59% more likely to be arrested as a young offender, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime (Sherman et al, 1997).

Abuse can manifest itself in a number of ways. Furthermore, the NSPCC has identified that perceptions of maltreatment can depend on cultural and generational contexts. Given this, it is important to consider a study by Chambers, Power, Louks and Swanson in Scotland (2001) that sought to address the relationship between parenting styles as a precursor for offending. Chambers et al (2001) used a shortened version of the Parental Bonding Instrument (PBI) formed by Pederson in 1994 to examine the relationship between parenting styles and the psychological distress and offending patterns of a group of 122 young male offenders held in custody. The PBI is a scale to measure parenting styles as perceived by the child. The scale is retrospective so designed to be completed by adults reflecting on the parenting they received up to the age of 16. It defines two dimensions of parenting – care (warmth and affection or coldness and rejection) and control (level of control over child, autonomy of child or rigid control/over protection). Chambers et al (2001) found that offenders who had experienced low levels of parental care displayed high levels of psychological distress. However, the study was unable to distinguish low level parental care as a singular precursor for offending behaviour. What the study was able to establish was a positive link between high parental control (overprotection of children to maintain dependence on the parent/s, resulting in a lack of self confidence and self reliance, inability to make decisions independent of the parent) and a younger age of first arrest. Of the 122 male young offenders in the study, 29.5% reported a family history of drug abuse, 36.9% a family history of alcohol abuse, 15.7% a history of physical abuse and 2.5% a history of sexual abuse. However, the report suggested that while poor parenting may increase the risk of anti-social behaviour in the child, it could not predict the influence that a young person's peers may have over time on offending behaviour and types of offences committed.

Other relevant studies

A number of specific studies have also been conducted, which are relevant in the context of offending or perpetration of abuse by young people, and examine the results where an intervention has been put in place to combat the offending behaviour.

Hawkes, Jenkins and Vizard (1997) conducted a study of 32 boys aged from 8 to 19 years attending the London Young Abusers Project (LYAP) to ascertain whether child abuse featured in the backgrounds of young people committing acts of sexual violence. Twenty-nine boys in the sample (91%) had been traumatised through abuse – 24 had been sexually abused, 15 physically abused, 15 emotionally abused, 12 experienced

neglect and six were sexually, emotionally and physically abused. Of the three non-abused boys in the sample, all had experienced other adverse life events such as changes in care placement, loss of attachment figures (although it does not indicate if these are through bereavement, breakdown of parental relationship or through becoming 'looked-after') or serious physical illness.

A specific study (Bentovim, 2002) into young people who sexually abuse others reported similar findings. The most significant factors in these young men's lives related to experiencing or witnessing intra-familial violence and experiencing rejection. Bentovim (2002) hypothesised that a key factor in the promotion of offending behaviour was the exposure to physical violence and neglect.

An evaluation of a therapeutic residential facility for sexually abusive adolescent males (Boswell and Wedge, 2002) found that of 10 young men who had been treated for their abusive behaviour, all had come from 'complex and unhappy backgrounds' where a combination of poverty, family breakdown, local authority care, abuse, loss and neglect co-existed. The majority of the young men had experienced between seven and 12 home moves, preventing the forming of positive, caring relationships, and their education had been severely disrupted.

The work of Fergusson and Lynskey (1997) shows that young people with a harsh/severe history of physical abuse/punishment in their backgrounds are increasingly likely to engage in criminal activity. They also discussed the links between certain types of abuse and the types of offending that may occur as a result. While they found that physical abuse was unrelated to offences involving property, clear and significant associations were found between reports of physical abuse and the risk of violent offending (Fergusson and Lynskey, 1997).

The risk of youth offending has also been linked to child abuse and placements in care settings. For example, Reilly (2003) found that young people leaving the foster care system had serious difficulties making the transition to life on their own. As a result, many became involved with the criminal justice system, failed to find employment and became homeless. The highest degree of problems was experienced by those that had multiple placements and less education as a result of continual movement. More positive adjustments occurred with those that had experienced training and services, and had positive supportive networks and job experiences while in care.

Material from aggregate data from Asset – Core Profiles

A vast amount of material is collected about young people before custody is imposed while they undergo assessment. This material can be used to investigate the causation of offending behaviour of young people in custody. The key method of gathering information about the young people is through *Asset*. *Asset* was introduced in April 2000 as a structured risk assessment profile for use across the youth justice system in England and Wales. Implemented by the YJB, it was developed to promote consistency of practice within the multi-disciplinary setting of the YOT and to work in a more effective way with young offenders (Baker et al, 2003).

The *Asset* profile seeks to answer a number of questions to ascertain why a young person has offended. This includes questions to identify the prevalence of abuse in their backgrounds, the quality of parenting received, the young person's mental health and emotional well-being, self-harm and suicidal tendencies, and any instances of bereavement or traumatic loss. In all of these areas the young people were asked about

their experiences in both their family and personal relationships (Core Profile Domain 2).

There have been two studies which have used material gathered by the *Asset – Core Profile* used by YOT workers when undertaking assessments on children and young people. The first and larger study was undertaken by the Oxford Centre for Criminological Research (OCCR) in their review of the first two years use of *Asset* for children involved with YOTs in the community (Baker et al, 2003). This comprised 3,395 *Asset – Core Profiles* completed by YOT workers, and 627 'self administered' *Asset* 'What Do You Think' questionnaires, which gave the opportunity to the young people to directly record their views regarding their life situation and the reasons for their offending. Of the latter, 400 were completed by children and young people involved with a YOT and an additional 300 were completed by a control group drawn from a comparative school population as a representation of the incidence of young people in the wider population. In the OCCR data (2002) on *Asset – Core Profiles*, there is no separation of cases where young people remained in the community or went into custody. However, it does distinguish between those who received a final warning and would by definition remain in the community, and those who had a pre-sentence report (PSR) written on them. This latter group would include all those who went into custody, as well as those who remained in the community.

The second study was undertaken by Sue Thomas s part of the Nacro Cymru Youth Offending Unit (2004) work programme for the Welsh Assembly Government. She analysed 366 Assets drawn from 2002, which all had a custodial sentence as an outcome

The OCCR evaluation data (2003) reported that 16% of young people in the study sample gave a 'yes' answer when asked if they had been abused as children (with the Nacro Cymru study [2004] finding a rate of 24%). This is a 50% higher prevalence of abuse among children and young people who receive a custodial sentence against all those generally on YOT caseloads. Again in terms of prevalence, the OCCR data (2002) gave a rate of 8% for those who received final warnings against 22% for those on whom a PSR was written. Witnessing violence in the family context was present in 8% of the final warning cohort and 30% of the PSR cohort, and only 6% of the wider school population in the self-report study.

The assessment of the quality of parenting received by the young people (in Domain 2 *Asset – Core Profile*) sought to answer a number of questions:

- The OCCR data (2002) gave rates of 'yes' answers for 6% for the final warning cohort and 16% for the PSR cohort when asked whether family members or carers with whom the young person has been in contact over the last six months were involved in drug or solvent abuse.

- The OCCR data (2002) produced rates of 6% and 15% respectively when asked whether there was evidence of family members or carers with whom the young person has been in contact over the last six months being involved in heavy alcohol abuse.

- The figures were 10% for the final warning cohort and 25% for those on whom PSRs were written when asked whether significant adults fail to communicate with or show care/interest in the young person. These can be contrasted with the self-assessment data in the OCCR report (2002) for which a rate of 4% of the wider school population responded 'not like me' to the statement 'know that people in their family care about me'.

In terms of Emotional Wellbeing and Mental Health (Core Profile Domain 8), the OCCR data (2002) established that:

- 1% of the final warning cohort and 2% of the PSR cohorts answered positively to the question 'Has there been a formal diagnosis of mental illness?'

- 7% and 13% of the final warning and PSR cohorts respectively answered positively when asked if they had had 'Any other contact with, or referrals to mental health services?'

- 7% and 10% of the young people respectively answered positively to whether they had 'been affected by other emotional or psychological difficulties (e.g. phobias, eating or sleep disorders, suicidal feelings not yet acted out, obsessive compulsive disorder, hypochondria)'.

Past attempt at self-harm recorded in the same Domain gave a rate of 6% for the final warning cohort and 10% for the PSR, and previous suicide attempts were recorded as 3% and 7% respectively. These figures may be contrasted with a response figure of 2% to the answer 'just like me' to the 'What do you think' self-report questionnaire in relation to statements of 'deliberately hurt themselves' and 'think about killing themselves'. Interestingly, in both of these areas a gender difference was evident, with females reporting a higher level of agreement with the statements than the males.

The emotional health of young people is also linked in the *Asset* profile to past events in the young people's lives through the question 'Is the young person's daily functioning by emotions or thoughts resulting from coming to terms with significant past events (e.g. feelings of anger, sadness, grief, bitterness)', of which 23% of the final warning cohort and 39% of the PSR answered 'yes'. This may be compared with the question in the 'Indicators of Vulnerability' section in *Asset – Core Profile* asking whether the young person is 'Likely to be vulnerable because of other events and circumstances (e.g. separation, anniversary of loss, change in care circumstances)', which gave the figures of 10% for the final warning group and 29% for the PSR. From the OCCR aggregate *Asset* data, figures for significant bereavement or loss in family or personal relationships were 14% for the final warning cohort and 25% for the PSR cohort.

Drawing on previous links between loss and abuse and serious violent offending, the Greater Manchester Youth Justice Trust (Greater Manchester Youth Justice Trust 2003) undertook a survey of the case files of young people supervised by YOTs in Greater Manchester and West Yorkshire. In a sample of 147 randomly drawn from 1027 cases, they identified one or more of loss by death, illness, bereavement, rejection and lack of permanence, as a factor in 9 out of 10 cases.

While these studies provide us with a number of figures and have been completed in consultation with young people, it is also important to recognise the limitations of the methodology, which involves a single set of questions, to explore the issue. Such questions rely on a shared understanding of what constitutes abuse and violence by young people and professionals alike. However, as we have already discussed, abuse is often perceived differently by the victim – as something that has always been the norm, something that young people believe they should be blamed for (it is their fault) and/or from experience of protecting themselves and their abusers; therefore in their eyes it is not abuse. Evidence has shown that a more extended set of questions which are worded to describe specific behaviours often result in a higher prevalence rate being recognised (Hooper, 2003). For example, in the NSPCC study of the prevalence of child abuse in the UK, abuse was recognised and described less frequently by the study participants

than by the researchers conducting the study who adhered to professional definitions (Cawson et al, 2000).

Other literature

The Children's Rights Alliance for England (CRAE) report on *Rethinking Child Imprisonment* (2002) described 'a great many children' arriving at young offender institutions as a result of gross neglect by their families and professionals working with them. This is further emphasised by Goldson (2002:96) who writes that "children placed in secure accommodation under civil/welfare statute invariably have life histories scarred by poverty, family breakdown and separation, public care, adult abuse and emotional trauma".

Although not specifically focusing on abuse, Lader et al (2000) found young males on remand were most likely to have suffered a significantly stressful event in the six months prior to the remand episode – 61% reported running away from home, with 46% homeless. Centre Point (1999) identified that just under a quarter of young people who became homeless reported fearing being hit during arguments at home.

However, while some young people who are abused turn to crime, there are a significant number of young people who do not. While research speculates why this may be, Melzak (1997:102) believed "the experience of potential violence in a child's first five years may lead to violent thoughts and behaviour in adult life if the child has no opportunity to experience a positive secure relationship". This view is further supported by McGuire (1997) whose essay highlights how poor or inconsistent supervision of children by parents and/or physical or emotional neglect are associated in general terms with later overall risks for delinquency. Thus where abuse occurs, but a child still has the opportunity to form a long-lasting secure relationship, the risk of the young person falling into patterns of negative behaviour is less likely to occur.

In the USA, the National Child Traumatic Stress Network (NCTSN) (Siegfried et al, 2004) addressed the relationship between victims of abuse and violent offending in the belief they share many of the same risk factors. They described victims and victimisers sharing homogenous social, situational and environmental characteristics and lifestyles, and use social learning theory to suggest that criminal behaviour is actually a 'learned' process through interaction with others, especially through peer networks:

> *Violence may be learned through experiencing it or observing it…it may be transmitted from one generation to the next in a 'cycle of violence'.*

> (*ibid*:6)

Women in custody

With the increasing rise in numbers of young women receiving custodial sentences – between 1993 and 2004 the number of sentences imposed annually on young women aged under 18 rose from 114 to 444 – a resultant increase in research in this field has observed the high prevalence rates of abuse and violence found among female prisoners.

In a 1995 Home Office study (2003), Morris et al found that nearly half of female prisoners detained had been physically abused and nearly a third sexually abused. More commonly cited figures are those from the Her Majesty's Inspectorate of Prisons

(HMCIP) review of 1997 which found that, of a sample of 200 female prisoners interviewed, half had been abused (one third of which had been sexually abused and one third both sexually and physically abused). Of those abused, 40% had been under 18 years old at the time and 22% were abused as both adults and children (HMCIP, 1997) This, compounded by issues of single parenthood, living on benefits, drug use, self-harm, suicide attempts, history of local authority care, low educational attainment and exclusion from school, had increased their vulnerability and the behaviour resulted in their custodial sentences.

This research was followed up in 1997 through a survey carried out by the Office for National Statistics which reported that 48% of the female prison population had experienced violence at home, a quarter had experienced bullying and 31% had experienced sexual abuse. At the same time a survey was carried out on behalf of the then Chief Inspector of Prisons, Sir David Ramsbotham, which reported that half the women interviewed had been abused, a third of these women reported sexual and physical abuse, a third sexual abuse and the remainder physical abuse. Over 40% of the women interviewed reported that they had harmed themselves intentionally and/or attempted suicide, with reasons for this ranging from histories of physical/sexual abuse, family and relationship problems, depression and stress.

Richie (2000), an American sociologist, argues that in order to understand and respond to women offenders we need to understand their status as 'crime victims' – i.e. the links between the criminal act committed and the life experiences that have led to this. In the USA, as in the UK, women are primarily imprisoned for non-violent offences such as drug dealing and trafficking, property crime and prostitution. Richie (2000) argues that drug sales and other non-violent crimes are 'survival crimes' that women commit to earn money, fund a drug dependency or escape violent relationships, and the women involved often have a history of physical, emotional and or sexual abuse (Drugscope, 2006). Tsenin (2000) reports that more than 70% of young women involved in prostitution were sexually abused between the ages of three and 14. Richie (2000) reports that in one New York prison, 40% of women had experienced domestic violence and 35% reported sexual abuse, with figures potentially as high as half of women in US prisons having been 'battered or raped' prior to their sentencing.

Widom (2000) conducted a longitudinal study of physically and sexually abused and neglected boys and girls, aged 0–11, matched with a control group and studied into young adulthood. She established that girls who had been abused or neglected in childhood were twice as likely to be arrested while adolescents, twice as likely to be arrested as adults and 2.4 times more likely to be arrested for violent crimes, than non-abused and neglected girls.. However, 70% of girls in the abused or neglected sample did not go on to offend so the relationship between the two factors was concluded as being neither 'inevitable nor deterministic'.

Messina et al (2003) compared 4,509 women and 3,595 men from 15 prison-based therapeutic communities in the USA. They found a number of important differences between the results achieved from the two groups, with the women more likely to have severe drug use histories and psychological impairment, higher usage of prescription drugs and to report histories of sexual and physical abuse (however, a level of statistical significance between the results was not indicated).

Mapson (2005) also found that the vast majority of females in the US juvenile justice system had family, mental health and substance abuse issues. She suggested these should be diverted from juvenile court processing, and services should include:

Developmental, psychological, social, educational, and cultural characteristics of this population with gender appropriate program interventions addressing a continuum of care and providing comprehensive services.

(*ibid*: Abstract)

A study in HM Prison's Cornton Vale Young Offender Institution in Scotland conducted by Batchelor (2005) found that young women in custody often had higher levels of anger and aggression related to experiences of family violence and abuse, and a negative world view that people are ready to 'put one over on you' or are 'out to get you'.

Bereavement and traumatic loss

The impact of bereavement and traumatic loss was a factor mentioned by a number of studies. Boswell (1997) focused on the effect of bereavement and loss on young people in which she found 57% of a sample study of 200 young offenders had experienced bereavement or loss. While 21% of the sample was affected by bereavement, the largest number in the sample had experienced loss – generally through loss of contact or cessation of contact, rather than through death. However, this would still be a traumatic loss to the young person concerned. The loss predominantly concerned a parent, but also related to grandparents, other relatives, other carers and friends.

Although not examined in any detail in this review, the impact of the loss of family and friends through entering the care system or entering the youth justice system itself should be recognised. Not only do many young people find themselves great distances from their friends and family (especially female offenders due to fewer custodial facilities for women and notably for Welsh young people who are placed in England), the reaction of family members to what they have done and their subsequent incarceration can be as emotionally stressful as bereavement and therefore lead to similar forms of behaviour and coping mechanisms.

5. The potential impact of abuse

*Child abuse has devastating consequences for victims. Depending on its
form(s), duration and severity, abuse may affect every aspect of a child's life; it
may have consequences that are psychological, physical, behavioural,
academic, sexual, interpersonal, self-perceptual or spiritual.*

(Department of Justice Canada, 2005:4)

While this review is particularly concerned with the impacts of child abuse on children
and young people in custodial settings, it is important to acknowledge the far-reaching
effects abuse can have on all of its victims. Physical, emotional and behavioural
consequences can arise from abuse lasting long into an individual's adult life.

Physical impacts

The physical impacts of abuse are considerable. Physical abuse itself can manifest itself
in a number of ways – hitting, shaking, choking, biting, kicking, punching, burning,
poisoning, suffocating, or being held underwater may be inflicted on a child, resulting in
a number of injuries that cause pain, suffering, medical problems (such as 'shaken baby
syndrome') and, in the most extreme cases, death (Perry, 2002). These problems can last
long into a child's adult life, especially when such abuse can leave physical and mental
scaring, sometimes including brain damage.

Emotional impacts

Beyond the physical trauma experienced by children are the emotional and
psychological sequela of physical abuse. Abused children often experience a number of
emotional disturbances. Low self-esteem and depression are common, as well as
emotions of anger, hostility, fear, humiliation, and an inability to express feelings – all
of which impact on children and young people's mental health.

*The emotional consequences can be devastating. For example, children who
are abused are at risk of experiencing low self-esteem, depression, drug/alcohol
dependence, and increased potential for child abuse as a parent.*

(Perry, 2002)

There is now a substantial body of research about children and young people's mental
health. A Canadian study found that as many as 80% of abused young people were
diagnosed with at least one psychiatric disorder by the age of 21 (Silverman et al, 1996).
In the UK, a recent study of young people with mental health difficulties, the majority
of whom were also young offenders admitted to a medium secure adolescent psychiatric
inpatient unit, found that of 34 patients (19 male and 15 female) on the programme
between 1998 and 2003, 59% had experienced sexual abuse, 44% had experienced
physical abuse, 82% emotional abuse and 88% two or more types of abuse (Mutale,
2005).

Mental health problems express themselves in a number of ways, including depression,
anxiety, flashbacks or nightmares, eating disorders and suicide attempts (Mutale, 2006)
– often referred to as post-traumatic stress disorder (PTSD). A study in Japan sought to
investigate the frequency of PTSD in young offenders detained in secure settings to

ascertain if there was a link between offending behaviour and the witnessing/experience of traumatic events (Yoshinaga et al, 2004). It was based on two research studies; one was conducted in North America, where 32% of male young offenders and 65% of female young offenders in secure settings had PTSD, the second was conducted in Russia, where 25% of male young offenders had PTSD (Ruchkin et al, 2002). The Japanese study involved 251 participants (206 males and 45 females) housed in a short detention institution. All of them were awaiting assessment before appearing in front of the family court judge. Through the completion of a 'traumatic events checklist', young people who had experienced traumatic events were identified and then followed up with a structured interview conducted by a psychiatrist. In total, 91 out of the 251 young people (36%) identified 'overwhelming experiences of traumatic events', 74 of whom had been exposed to more than one type of traumatic event. The most common event was physical assault (35 of the young people, 13.9% of the sample, had experienced a one-off incident such as an attack often perpetrated by someone unknown to the victim). The next most common event was physical abuse (31 of the young people, 12.4% of the sample, had experienced abuse over a longer time scale and most usually perpetrated by someone known to the victim). Thirteen of the young people (5.2%) had experienced traffic assaults, 10 (4%) had experienced, sexual abuse over a period of time and usually committed by someone known to the victim, 10 (4%) had experienced unwilling sexual experiences (one-off incidents, such as rape), and seven (2.8%) had witnessed other people's death or injury. However, it was not known if the levels of PTSD recognised in this study were higher than those in the general population due to the lack of such studies, and therefore credible evidence available, in Japan at that time.

Widom (1989) also investigated the link between abuse and neglect and PTSD. The study identified children abused between 1967 and 1971 and matched them with a control group, similar in terms of age, gender, culture and school attended, but who had not been abused. Both groups were studied into adulthood, followed up 20 years later and invited to be interviewed (they were not told the purpose of the study, but all gave informed consent). Of the original group of 1,575 children, 1,196 took part in the follow-up interviews (676 who had experienced abuse and/or neglect and 520 from the control group). The study concluded that a greater number of people who had experienced abuse in childhood had experienced PTSD recently or in the past, than those who had not been abused – the odds were 1.75 times higher for those abused in comparison to the control group. However, the research also outlines the role of other risk factors in the lives of abused or neglected children, which can occur concurrently with the abuse and compound the risk of developing PTSD, including substance misuse, marital disruption, low levels of education and poverty.

Research has found that child abuse can have an equally detrimental long-term effect on mental health for both men and women. For example, Dube et al (2005) found that a history of suicide attempt was more than twice as likely for both men and women who had experienced childhood sexual abuse compared to a group that had not.

Behavioural impacts

Child abuse and neglect appear to increase the likelihood of children and young people presenting behavioural difficulties. Dysfunctional behaviours are considered to be coping mechanisms adopted by victims of abuse in an attempt to overcome the trauma of past experiences. Increased aggression, abusive behaviour (including to family), increased likelihood of alcohol and substance misuse and teenage pregnancy are all made more likely, subsequently increasing the risk of offending behaviour (as young

people and adults) and custody (National Clearinghouse on Child Abuse and Neglect Information, 2005).

Sappington (2000) reviewed evidence regarding the behaviour of abused children and found that physical, sexual, emotional abuse and the witnessing of domestic abuse between parents were all found to be associated with an increased tendency for subsequent violence and psychopathology.

A review of research conducted by Siegfried (2004) at the NCTSN investigated the role of abuse and trauma experienced by young people in the development of aggressive behaviour. They described the role of PTSD in perpetuating violence by disrupting the daily lives of young people and often triggering the reliving of trauma, thus impacting on behaviour. They also believed that exposure to violence and abuse and pervasive feelings of not being safe would encourage the use of aggressive behaviour in young people through adjusting to feelings of living under 'chronic threat'. It concluded with the work of Shaffer and Ruback (2002:89) whose research stated that "violent victimisation is a warning signal for future violent offending. It is also a precursor to being a repeat victim of violence."

Many professionals have argued that experiencing sexual abuse is a precursor to the individual becoming a sexual abuser themselves. A significant study conducted by Skuse et al (1999) hypothesised that victims of child sexual abuse would only go on to be abusers themselves if other risk factors were also present. Of 78 boys originally referred to the study, 25 were selected to undergo an intensive and extensive investigation – 11 of whom had sexually abused other children and 14 who had not (exclusion from the study was based on practical constraints such as aggressive behaviour, travelling distance and denial of abuse). The assessment involved the collection of information on intelligence, level of sexual development, socioeconomic circumstances and friendships of the boys, three months of psychotherapy sessions and interviews with their birth mothers. The study found that the risk of becoming a sexual abuser was not related to the severity of abuse experienced by the boys, but to experiencing or witnessing intra-familial violence (all of the 11 sexually abusive boys had such experiences, whereas only two of the 14 non-abusing boys had witnessed such violence). In addition, six of the abusers had experienced discontinuity of care. The study however, does have a number of limitations. It openly admitted that it could not rule out the link between being abused and becoming an abuser. The sample size is also very small. In order to truly assess its validity a repeat process would be needed.

Social impacts

Social impacts exist not only for the victims of abuse, but for the society as a whole. Immediate social consequences for victims of abuse can include the inability to form secure attachments. Poor social, cognitive and language skills and a 'distrust of others' render young people unable to form friendships with peers, further presenting difficulties in the forming of relationships in adult life (Morrison et al, 1999).

For society there is also a price to pay for child abuse and neglect both in terms of the immediate costs (child welfare systems, law enforcement, health, mental health and statutory and voluntary services) and the long-term economic consequences of supporting victims of abuse (studies have shown that physically abused children are at a greater risk for mental illness, homelessness, crime, and unemployment). All of these affect the community and society in general and are the social costs of physical abuse, continuing awareness raising and preventative work.

Neurological impacts

A number of researchers have concluded that there are lasting biological effects and neurobiological impacts of child maltreatment that can be linked to offending behaviour (Anda et al, 2006; De Bellis, 2001; Heide and Solomon, 2006):

> *Long-term changes in the brain associated with child maltreatment include significantly smaller total brain cerebral volumes (DeBellis, 2001), electroencephalogram (EEG) abnormalities, decreased size of the corpus callosum (a large bundle of neurons that transmit information between the two hemispheres), impaired function of the cerebellar vermis (the central region of the cerebellum; helps inhibit limbic system structures), decreased function of pathways in the right brain and limbic system, and changes in neurotransmitter concentration and function. Abnormal development of the brain can lead to cognitive deficits; affect dysregulation, lack of empathy, rage and aggression.*

> (Heide and Solomon, 2006:229)

Brewer-Smyth et al (2004) studied 113 female inmates comparing violent and non-violent criminal convictions. They concluded:

> *Logistic regression found that morning cortisol levels, number of years since last abuse, number of prior suicide attempts and traumatic brain injuries with loss of consciousness to be significantly associated with current violent convictions, with a mean of two brain injuries with loss of consciousness per subject in the violent group.*

Chan et al (2004) also found that brain injury caused in childhood or adulthood was significantly associated with violent offences. In their study in Australia they found that case file notes passed from one agency to another failed to mention past brain injury, even when medical services had stressed the importance of specialised rehabilitation. This finding points to the necessity of effective multi-agency working.

Educational impacts

> *Most people who work with school-age children know that what happens to a child at home has a profound and lasting impact on how she or he will function at school.*

> (Mills, 2004:7)

A review of literature in this field, conducted by the NSPCC (*ibid*) identified a wealth of research indicating children affected by abuse and neglect are at a greater risk of under-performing at school and achieving poor academic success. The studies reviewed were predominantly undertaken in America, with the review identifying that 'surprisingly little research' has been undertaken into this phenomena in Britain, despite considerable interest in the academic achievement of young people. The studies identified that children who suffer abuse are at a greater risk of poor school behaviour, being bullied in school, having special educational needs, exclusion from school, and are increasingly likely to be absent from school. In addition the young people are more likely to finish education at, or before, the minimum leaving age (Cawson, 2002).

A further 92 studies conducted between 1967 and 2000 were reviewed by Veltman and Brown (2001) to examine the relationship between child abuse and cognitive development, intelligence, language and school achievement. They established that in 31 out of 34 studies (91%), abuse was related to poor school achievement; in 49 out of

65 studies (75%) children who had suffered abuse had delays in cognitive development and in 36 out of 42 studies (86%) children had delays in language development.

Widom (2000) states that it is not known why the academic and intellectual performance of children who have experienced abuse is impaired, but speculates that intellectual impairment may be caused by the result of physical abuse, such as injury to the brain, or from malnourishment, dehydration, or failure to thrive caused by neglect. It is also believed that the range of psychiatric conditions that often occur as a result of abuse, such as PTSD, depression and anxiety, cognitive distortions, dissociation, low self-esteem, and a number of behaviours such as self-harm and eating disorders, contribute to problems experienced at school, (Mills, 2004). This view is endorsed by Turney and Tanner (2005), who pointed to a link between child neglect, poor performance at school, discipline problems at school, and associated exclusions and repeat years.

The impact of impaired academic performance can be far-reaching, including lowering young people's feelings of self-esteem and self-worth and leading to a lack of a sense of control over their lives. It also has consequences for the future impacting on young people's ability to gain employment and avoid poverty – factors that also compound the incidence and levels of abuse experienced by children and adults alike. Widom (2000) describes how expectations of academic success are often higher for girls than boys and failure to reach these can elicit negative reactions from teachers and other supporting adults, thus emphasising feelings of isolation and low self-esteem.

Due to the association between abuse and attainment, Haugaard and Feerick (2002) suggest that community agencies should be activated to focus on this issue in order to prevent future offending:

> *Academic and social skills enhancement programs at many schools may be beneficial to maltreated children. Many severely maltreated children will experience one or more emotional or behavioural disorder. Teachers, counsellors, and others in the school should receive some consultation on how to handle problem situations associated with disorders that may arise…*

<div align="right">(ibid:293)</div>

6. Effective interventions

The research suggests that the experience of abuse as a child or young person, while taking into account other factors such as peer coercion, could indeed lead young people on a criminal trajectory. Of course we know that a whole train of disadvantageous consequences may be set in motion by the effects of early risk; this is not so much a direct cause and effect relationship but what Rutter (1998) calls an 'indirect chain mechanism' – a pathway along which marginalisation and disadvantage are likely to be cumulative.

However, it should be recognised that not all abused and neglected children will suffer long-term consequences as a result of their abusive experiences. This is particularly important when discussing the links between abuse and youth offending as:

> *It must be emphasised that not all children who suffer abuse and/or loss will become violent offenders; and that not all violent young offenders will as far as is known, have suffered abuse and/or loss.*

(Gwyneth Boswell in Varma, 1997:29)

Factors such as the child's age and development status at the time of abuse, the type, frequency, duration and severity of the act, as well as the measures and support and counselling put in place, can all impact on the child's ability to cope with the experience and the resultant impact on their later life.

Recent research has focused on the 'resilience' of abused children to "cope and even thrive" (Thomlison, 1997) after their experiences. Protective factors, such as the role of personal characteristics (self-esteem, optimism, intelligence, creativity, humour and independence), and family and social support, play an immense role in this, as well as the relationship between the victim and their abuser. It is therefore important to examine what is known about effective interventions and how these enhance the protective factors

Studies related to interventions for abuse

A multitude of studies exist that describe and detail different interventions for abused and neglected children. Outcome measurements vary across studies, representing the variety of changes that may occur after an intervention. For example, measurements may consist of physical (general health of the child or parent), psychological (depression, anxiety, suicidal behaviour, PTSD symptoms), cognitive (memory, perception), educational functioning (academic achievement, exclusions), parental behaviour (discipline, social support, knowledge of child development) and recidivism of cases of abuse.

James and Mennen (2001) point out there is considerably less information about the treatment of physical abuse, and most of these studies have concentrated on the abusing parent and preventing the immediate abuse. They stress that studies carried out with the child typically have 'significant shortcomings' and were mainly carried out in the eighties.

Reviewers have found that there are major differences in the types of intervention that children and families undergo depending on the type of abuse experienced. For instance,

Skowron and Reinemann (2005), in a meta-analysis of psychological interventions, concluded:

> *Child focused treatments for sexual abuse (e.g. Celano, Hazzard, Webb and McCall, 1996; Cohen and Mannarino, 1996, 1997, 1998; Deblinger and Lippman, 1999; Sullivan, Scanlan, Brookhouser, Schulte and Knutson, 1992) are designed to target thoughts and feelings about the abusive experience and perpetrator, address specific psychological symptomology, teach coping skills, and provide education on sexual abuse, body safety and healthy sexuality…*

> *Treatment for child physical abuse (e.g. Kolko, 1996a, 1996b; Moore, Armsden, and Gogerty, 1998; Wolfe, Edwards, Manion, and Koverola, 1998) is frequently parent and/or family-focused and may consist of parent training in child behaviour management techniques, changing distorted or irrational beliefs that may lead to physical abuse, training in anger control and stress reduction techniques (Azar and Wolfe, 1998), parent-child interaction training, and abuse focused family treatment (Kolko, 2002)…*

> *In sum ecological differences exist among different forms of CM (child maltreatment) and have led to the development of different treatment interventions…*

> (*ibid*)

Little research discusses or evaluates interventions in place in custodial settings aimed at rehabilitating young offenders with a history of child abuse. Where interventions do exist, they are predominantly developed to target young people's offending behaviour and not developed to specifically target young people with previous abuse histories. With the increase in the number of children and young people serving custodial sentences (from approximately 4,000 custodial sentences imposed in England and Wales in 1992 to 6,862 in 2004/05), Russell (1999) suggests that imprisoning children is failing, citing the 72% rise in the number of young adults aged between 18 and 21 who were imprisoned between 1993 and 1999, and the 90% re-conviction rate of 15 to 17–year-old boys within two years of their release from young offender institutions. Goldson (2002:159) argues that the trauma of prison itself means:

> *…children invariably leave prisons not only more damaged but also more angry, more alienated, more expert in ways of crime and more likely to commit more serious offences.*

Russell (1999) emphasises that the experience of prison is something that can only compound the emotional and physical scarring already carried by offenders who are the victims of childhood abuse. This pushes such experiences further into their past where they remain hidden and the reason the crime is committed never fully addressed.

There is a wealth of research suggesting that, on balance, community-based programmes may yield more effective outcomes than those in custodial settings, which further opens the debate about which institutions young offenders, particularly those with a history of child abuse, should be detained in, and what forms of rehabilitation are more suitable. Initial advantages of community settings are that treatment occurs close to the offender's home, and their friends and family, and doesn't remove them from the 'real' world (Utting and Vennard, 2000).

Studies related to interventions to address anti-social and offending behaviour

Effective interventions have come under the spotlight in recent years and many research studies have been done to establish 'what works' in this field (Sherman et al, 1997; Lipsey and Wilson, 1998) in contrast to the previously held view that 'nothing works' (Martinson, 1974), which in turn narrowed the law and witnessed the development of increased "crime prevention, law enforcement and increased incarceration" (Utting and Vennard, 2000:17). A synthesis of 440 evaluations by Lipsey (1995) indicated that three types of programmes showed an average reoffending reduction rate of 20%. These were:

- programmes designed to improve personal and social skills

- programmes focusing on changing behaviour

- multiple service programmes combining a number of different approaches.

In contrast, the types of intervention that did not work, or resulted in an increase in offending behaviour, included:

- vocational counselling

- outward bound programmes

- shock or 'scared straight' programmes that try and deter young people from crime by giving them the opportunity to experience prison life.

Relatively few community-based programmes for young offenders have been accurately evaluated in Britain, therefore existing evidence of work tends to rely heavily on research carried out in the USA and Canada, where a template to classify evaluative evidence has been developed by Sherman et al (1997). Utting and Vennard (2000) describe how this template developed for the US congress has been adopted by Home Office researchers in the UK to rank evaluations based on how effective they were in at least one non-randomised study of comparable groups. The interventions in the section below have all been assessed in this manner:

Intervention methods

Parenting programmes

The relationship between parenting and the increased risk of youth offending cannot be denied. For this reason parenting programmes have increased in recent years to target this link. Particularly used in the USA, parenting skills programmes have achieved positive outcomes (Webster-Stratton, 1996).

Family functional therapy

This "connects child and adolescent conduct problems to beliefs, behaviour and relationships within the family system" (Utting and Vennard, 2000:30). The therapy seeks to improve communication and behaviour within the family unit by reinforcing and rewarding positive behaviour. The intervention has been successful in improving family communication, reducing the amount of youth reoffending, as well as halving the likeliness of younger siblings developing offending behaviours. The 'Parenting Wisely' programme has since been developed based on this and was recently piloted by four YOTs across the UK.

Multi-systemic therapy

Many literature reviewers have drawn the conclusion that a multi-modal form of intervention, where two or more interventions are used together, is the most effective approach when treating the effects of child abuse and neglect. Turney and Tanner (2005) suggest that as neglect and abuse is unlikely to be mono-causal; it is best to adopt a similar perspective in treatment. This involves looking at the way in which variables on different levels interact, including the individual or intra-personal, the inter-personal or family level, the social/community levels and the societal level. They suggest:

> *The ecological approach to social work adopts a systems framework and, to understand the ways in which personal functioning is affected, focuses on the mutual interactions between individuals, their families, communities and wider society. Social work assessments within this approach consider the balance between stressors and supports, or risks and protective factors…The importance of the ecological perspective for social work lies in its ability to reveal the complex web of social interactions which help to shape personal behaviour and which need to be considered in the construction of preventative and therapeutic interventions.*

> (Jack, 2000 in Turney and Tanner, 2005)

Multi-systemic therapy (MST) is one of the most commonly used interventions with young offenders in the USA. It involves a combination of family and behavioural therapy strategies and intensive family support provided by a multi-disciplinary support team via a 24-hour on-call system. It enlists the support of the young person and their family's wider environment – school, work, friends/peers and the community, to influence the child or young person's behaviour. It targets the negative factors in a child or young person's life that are impacting on their behaviour (such as peer groups, poor parenting practice, mental health problems, low education) by equipping them and their families with the services, strategies and treatment needed to reduce the offending behaviour. The advantage of such a programme is its community-based structure, which enables violent or offending behaviour to be tackled without separating the young person from their support networks. A four-year study established that young people allocated to this programme had a significantly lower re-arrest rate that those who attended other forms of therapy (Utting and Vennard, 2000).

A successful project in the USA called Family Connections adopted this approach and offers a wide range of services including:

> *…the provision of 'concrete resources', social support, developmental remediation, cognitive or behavioural interventions, individually oriented interventions, and or family focused interventions.*

> (Turney and Tanner, 2005)

In a similar nature, other reviews come to the same conclusion:

- Haugaard and Feerick (2002), in their review of interventions for abused and neglected children to reduce juvenile delinquency, argued that in order to be effective, interventions should be "wide-ranging and should focus on several levels, including the individual level, the family level, and the community level".

- Mudaly and Goddard (2006:114) in their review stated that:

...working with children and families where abuse has occurred recognises that a multi-faceted treatment approach that includes individual and family treatment, as well as a wide range of community services, is required.

- Allin et al (2005) in their review pointed to the importance of targeting the root of the problem, which is often parental or family dysfunction. They stressed that there is a strong association between poverty and other environmental factors and neglect, so provision of social support or improvements in the environment may reduce the likelihood of neglect persisting.

- Brunk et al (in Allin et al, 2005) evaluated a treatment that involved individualised MST in the home or clinic, with additional parent training groups, coaching and emotional support for both parents and children. This group was contrasted with a comparison group that only received group parent training. They found that those experiencing MST more effectively improved negative parent-child interactions over and above the comparison group. However, parent training more effectively reduced social problems. Both of the groups showed decreased psychiatric symptomology, decreased stress levels, and fewer individual and family difficulties.

Shaeffer and Borduin (2005) recently published a follow-up study of 176 youth offenders that had received either individual therapy (IT) or MST in a randomised clinical trial. Details of the original participants' arrest and incarceration rates were obtained on average 13.7 years after the intervention, so the study provided a good chance to assess the long-term impact of MST. The results found that the MST group had significantly lower recidivism rates than the IT group (50% versus 81% respectively), 54% fewer arrests and 57% fewer days of confinement in adult detention facilities, providing evidence that the positive benefits of receiving MST are long-lasting.

The possibility of adapting MST to clinic-based settings rather than home delivery modes are also being considered, in addition to neighbourhood locations for youths with less intensive family work. Although expensive, MST is argued to be cost-effective in the long-term (Home Office, 2001).

Fostering

The role of significant adults can help to influence the behaviour of young people through the use of positive reinforcement, support, interest, rewards and implementation of realistic boundaries/sanctions for behaviour. Given this, and on the back of the success of parenting programmes and family therapy, fostering schemes have been implemented to encourage young offenders who would otherwise be placed in secure care or custody, to remain in the community.

In the USA, the Oregon Social Learning Centre developed a Treatment Foster Care Programme for serious and chronic young offenders who would alternatively have been placed in custody. A mixture of family therapy, education support and supervision is provided to more than 90 young people whose progress is measured through a series of points and subsequent rewards (progressing from constant adult supervision to having free time and making home visits). Evaluation studies have demonstrated its effectiveness when compared with custody and other community-based placements. One study compared matched samples of recidivist young offenders and found that those who were placed in fostering spent less time in custody during the following two

years compared to those young offenders who were allocated to alternative placements (Chamberlain, 1990 in Utting and Vennard, 2000). A subsequent trial compared the outcomes of 79 boys aged 12 to 18 with long records of offending who were randomly allocated to either the fostering programme, or to 'group care' accommodation. A year after their placements, those who had been in fostering had fewer arrests, had spent less time in custody and more time living at home than their group care counterparts (Chamberlain, 1998 in Utting and Vennard, 2000).

There has been a growth in the number of fostering schemes in England and Wales, some of which developed as pilots by the YJB. These schemes have sought to reduce the number of young people, including violent persistent offenders, young people with challenging behaviour, and drug mis-users, from being remanded into custody. The strength of such schemes has been the ability to show young people a more rewarding lifestyle away from anti-social and criminal behaviour. While evaluations of such services are still being developed or are small in nature, preliminary findings show such schemes in Britain have succeeded in recruiting and retaining foster parents and a high proportion of repeat offenders have been successful in staying out of trouble during their placement (Utting and Vennard, 2000).

Cognitive-behavioural therapy interventions

This approach combines three theories to help address young people's offending behaviour:

- 'behaviourism' – this refers to the environmental factors that shape a person's actions, such as positive or negative reinforcement

- 'cognitive theory' – the assessment of thought processes, including memory, reasoning and problem solving

- 'social learning theory' – the role of social factors in a person's background.

The main components of cognitive-behavioural therapies (CBT) are behaviour modification and training in social skills (self instruction, problem solving, anger control and moral reasoning) delivered through combined or 'multi-modal' programmes (Losel, 1995).

While used widely across the USA and the UK, much of the evidence tends to stem from the USA as few UK-based programmes have been thoroughly evaluated, and where they have, samples are too small to convey reliable information (Utting and Vennard, 2000).

However, one example is the Freagarrach project, a Barnardo's managed service in Scotland, which works to:

> *...reduce and ultimately stop the offending behaviour of young people aged 12–18 years who are at risk of being removed from their communities because of the frequency/severity of their offending'*

> (Barnardo's Freagarrach Falkirk Annual Report, 2004-05)

In the process of evaluating their work, the service noted that in the year after adopting a multi-agency cognitive-behavioural approach, the overall rate of offending by the young people decreased by between 20% and 50% (Lobley et al, 2001), measured by comparing the number of police charges received by each young person during a comparable period before and after referral. While these results are positive, it must be

recognised that any effect could also have been a result of natural desistance and not necessarily attributable to the programme.

International reviews conducted on this form of directive therapy as an effective intervention have compared it with more non-direct forms of therapy (such as play therapy). Meta-analysis and evaluations of programmes, such as that by Losel (1995) concluded that multi-modal and skills-orientated programmes had the greatest impact in reducing the rate of reoffending (10–16%). In addition, a review by Haugaard and Feerick (2002) concluded that studies consistently point to the effectiveness of CBT over more non-direct therapies for a range of outcomes. The following table demonstrates the results of the studies they reviewed.

Table 2: Results of studies reviewed by Haugaard and Feerick (2002)

Study	Treatment/study protocol	Results
Deblinger et al, 1996	Compared CBT with non-directive therapy (the comparison group) for PTSD symptoms of sexually abused 7–13 year olds	CBT was more effective than non-directive therapy for PTSD symptoms
Celano et al, 1996	Compared CBT for a group of sexually abused girls and their parents with non-directive therapy	CBT group resulted in greater parent support for the children than non-directive therapy
Cohen and Mannarino, 1996; 1998	Compared CBT and non-directive therapy for PTSD, decreasing sexually inappropriate behaviours, internalising and externalising behaviours	CBT was more effective than non-directive therapy for decreasing PTSD, sexually inappropriate behaviours, internalising and externalising behaviours
Kolko, 1996	Physical abuse; compared individually focused CBT for parents and children, family therapy and routine community care	CBT and family therapy were more effective than routine community care at reducing aggression and violence in the family and externalising behaviour problems in the child

Jones and Ramchandani (1999) concluded that adults who had experienced individual, abuse-specific treatment were more able to cognitively process the traumatic event and had better outcomes. Furthermore, Ramchandani and Jones (2003) reviewed the treatment of the psychological symptoms displayed by sexually abused children and concluded that the most effective treatment with the best results was CBT. Similarly, James and Mennen (2001) reviewed treatment outcome research for sexually abused children and concluded:

> *Of all the treatment approaches utilised, the most empirical support exists for the effectiveness of cognitive-behavioural interventions in addressing a variety of symptoms and problems – a finding that is congruent with the efficacy literature.*

> (James and Menon, 2001:81)

While the majority of studies indicate CBT interventions to be successful, some exceptions have occurred in the literature, for instance a study by Celano et al (1996)

(cited in Ramchandani and Jones, 2003) compared an abuse-specific programme for African American girls with non-directive supportive therapy. In this study, although a difference was found in the parents being treated, no difference was found in the effectiveness of the treatments between the two groups of children. In addition, while CBT has been generally considered to be a suitable treatment for most types of abuse, James and Mennen (2001) in their review stress that in the case of childhood neglect and physical abuse, psychotherapy alone would not be sufficient and that multi-service interventions combining behavioural and social support approaches may be necessary to address the multiple and systemic issues that may be present for young people, and to provide extra support for undergoing change. However, the contribution of single treatment components has not been analysed in the literature so the relative effectiveness of CBT here is unknown. Generally however, a recurrent conclusion in the literature is that more direct therapies, such as CBT, are more effective than non-direct.

Group therapy

Many of the reviews on effective interventions compared the effectiveness of group treatment versus individual. The premise behind group treatment is that it provides an extra opportunity for children to interact with others with similar experiences, within a safe therapeutic environment.

James and Mennen (2001) reviewed a number of non-controlled studies and concluded that group therapy was effective at reducing a wide range of problem behaviours, but it was not more effective than individual treatment. At the time of their study there were no controlled studies of the effectiveness of group therapy in the wider literature. Ramchandani and Jones (2003) concluded more generally that there is no consistent evidence favouring one form of therapy delivery over another with sexually abused young people. For example, they refer to Trowell et al (2002), who found that there was no difference in relation to global rating of outcomes with individual therapy, although there was some improvement with PTSD where this occurred.

However, a number of authors suggest that there is the possibility that group work may be effective when pursued in partnership with other interventions (Skowron and Reinemann 2005). For example, Hyde, Bentovim and Monck (1995) found that group work for sexually abused young people, when used in addition to family therapy, led to a number of outcomes, including:

- improvements in the child's ability to share painful experiences

- the child's ability to speak without being 'scapegoated' within the family

- the child's ability to see positive features in his/herself

- the family's ability to recognise the children's needs and the damaging effects of the abuse.

The Great Ormond Street study (Hyde et al, 1995) concluded that families where a child had been abused viewed the opportunity to meet with children and families who had had similar experiences as a positive one.

Education, training and employment

Educational underachievement and lack of commitment in school, when compounded by a history of child abuse, has consistently been linked with the increased risk of offending and potential custodial sentences.

A survey by the Audit Commission (1996) of young offenders sentenced in a youth court showed that 42% had been excluded from school and a further 23% had histories of significant truancy. As a result, a number of initiatives in the UK have sought to re-integrate young offenders into mainstream schooling, further education, training or employment (Utting and Vennard, 2000). Young people in custody are required to attend 30 hours of 'purposeful activity' a week, which, for offenders under the age of 15, must include 15 hours of education (CRAE, 2002).

There is little evidence to indicate the effectiveness of education programmes in reducing reoffending. However, an evaluation of the Apex CueTen programme in Scotland suggests that education programmes can be successful in engaging offenders, sustaining their involvement and reducing the risk of reoffending. However, it also recognised the need for staff to be adequately prepared to support young people with the significant family and social problems present in their backgrounds, including family dislocation and parental abuse (Lobley and Smith, 1999).

Mentoring

Mentoring programmes offer young people friendship and support through frequent contact with an adult or older peer. Mentors are typically trained volunteers from the same community from which the young person comes, and contact is maintained through one-to-one meetings, telephone contact and attendance at group activities. Mentors provide education, careers advice, advocacy and support (renewel.net, 2006).

In the UK there are a number of mentoring programmes working with young people on a range of issues, including poor school attendance, anti-social behaviour and offending behaviour (Utting and Vennard, 2000). In 2001, the YJB provided funding for 39 mentoring projects throughout England and Wales, half of which are run by local YOTs (renewal.net, 2006). Mentoring tends to focus on those young people deemed to be at risk of offending to try and deter further offending rather than on those who have offended and are now in custody as a result. While there is evidence to suggest that mentoring programmes do address some of the major risk factors associated with offending and help reduce reoffending, there is a lack of more rigorous evaluation and no evidence of such interventions within the custodial system.

Counselling

There is little evidence regarding the prevalence of counselling services in custodial settings, or that evaluates the impact that counselling services have on helping offenders of any age come to terms with their histories, especially where child abuse exists.

Scott (2003) reports that most prison-based counselling services are provided by voluntary sector agencies or independent counsellors, and emphasises the need for more facilities, especially for women, to respond to the information that offenders often disclose.

Stoke Heath establishment has commissioned specific counselling services for their inmates. This includes both counselling for individual young people and the counsellors working with groups of staff. The service provides counselling to young men identified as having been subjected to physical and/or emotional and/or sexual abuse, or who have suffered a traumatic event. The service uses the Clinical Outcomes in Routine Evaluation (CORE) and initial monitoring suggests that the situation for most young men improves over the time period that the counselling takes place. A sampling

outcomes exercise on 25 young men (Sugden, 2003) indicated that in three out of four young men deemed to be 'a risk to others', the risk had decreased over the counselling period, and in four young men deemed to be at 'risk of suicide or self-harm', the risk had decreased for all of them. However, the sampling did indicate that counselling was not so effective with those young men identified as having a cognitive or learning difficulty.

Social support systems

Social support systems have also been found more generally to help prevent future problems. For example, a study by Skuse et al (1999) found that childhood victims of sexual abuse who formed a close relationship with a peer, sibling or adult were less likely to become perpetrators of sexual abuse. Turney and Tanner (2005) stated that statutory agencies' effectiveness in treating childhood neglect is often due to the social support that they offer and the mirroring of everyday relationships and networks.

Relating this to attachment theories, James and Mennen (2001) and Allin et al (2005) in their reviews cite a study by Fantuzzo et al (1996) that may provide some evidence for changes in attachment or interaction patterns. Their study looked at resilient peer treatment applied to a Head Start classroom for children that had been exposed to physical abuse or neglect. Children in the experimental group were paired with a resilient peer for 15 play sessions, all supervised by an adult assistant. They found that positive interactive play increased for both maltreated and non-maltreated socially withdrawn children, and at two months post-treatment, there were fewer internalising and externalising behaviour problems.

Psycho-biological treatments

An area of growing research is psycho-biological research into the link between child abuse and youth offending. As a result of such studies, a number of suggestions for taking things forward in terms of interventions have been made.

Nemeroff (2004) carried out a review of preclinical and clinical studies evaluating the consequences of early abuse. After finding consistent references to alterations in central neurobiological systems (especially with the corticotrophin-releasing factor system), with increased responsiveness to stress, he suggests:

> *Identification of the neurobiological substrates that are affected by adverse experiences in early life should lead to the development of more effective treatments of these disorders.*

Skowron and Reinemann (2005) took things a step further in their review of effective psychological treatments for child maltreatment, suggesting that measurement of neurobiological correlates alongside longer term follow-up data may help to determine:

- the nature of 'sleeper effects' (where symptoms emerge some time after the abuse)

- the developmental nature of symptoms

- how sleeper effects could be reduced with early intervention

- the most effective ways in which treatments may improve functioning.

The latest published reviews of this field in 2006 start to point to existing treatment interventions and implications. For example, Heide and Soloman (2006) believe that

CBT has limitations as a form of treatment, for example in cases where the offender may not be able to process the traumatic (episodic) memories or resolve physiological hyper-arousal. Stimuli may therefore continue to trigger the limbic system and in turn be a reminder of traumatic experiences creating a maladaptive response. These authors suggest the use of biologically informed psychotherapy so that episodic memories can be processed and transferred from the limbic system to the cortex, and so prevent maladaptive responses in the future.

Many of the researchers also argue that, for young offenders, there is a need to carry out a trauma history and careful assessment of the impact that maltreatment has had biologically. Heide and Soloman (2006) conclude their review by asking:

> *As we learn more about the brain and individual or group differences in our capacity to control feelings, thoughts and behaviour, will we as a society have the social conscience needed to "re-invent justice"? Will we do what is necessary to ensure that the law is fair, just, and humane to those who are constitutionally more at risk of responding and behaving maladaptively through no fault of their own?*

> (*ibid*: 231)

Future studies would need to examine the cause and effect nature of social experiences and neurobiological correlates. It may be, for instance, that mediating factors between abuse and offending also relate to neurobiological correlates and therapeutic interventions could alter these. The neurobiological studies indicate that investigation into these areas during interventions may be important in the future.

Case examples

Young offender institutions

Four young offender institutions (YOIs) provided information about their processes for dealing with disclosure of abuse. All of the units confirmed that they would refer such cases through their child protection procedures. In addition, three of the units were able to offer a generic counselling service and all accessed information and guidance through links to appropriate outside agencies. The units clearly outlined the constraints to providing an effective and targeted service – shortness of placement, staffing levels etc.

Therapeutic interventions

An example of a therapeutic programme is McGregor Hall, a residential therapeutic facility administered by the Friends Therapeutic Community Trust – a Quaker-led institution. It works with young male perpetrators of sexual abuse within a residential facility to understand and change the behaviours they display. Each young man undertakes a programme of therapy 24 hours a day, seven days a week, based on restorative justice principles where the development of self-esteem, confidence, mutual respect and valuing is encouraged and punishment prohibited. The approach is to work on young people's behaviour by both nurturing and challenging it so that they learn to conduct themselves in ways which will be socially acceptable when transferred to other day-to-day societal settings. Activities include individual counselling, group work, work experience, creative arts and drama, education and leisure activities, and a specialist 'Relapse Prevention Programme' to address their behaviour and the consequences. Fifteen young men who had experienced the therapeutic intervention were identified for the study, of which 10 were interviewed. They were compared to a control group of 10 young men who had been referred to the therapy programme but had not taken part (due

to a number of reasons, including personal withdrawal or not being suitable for the programme). While the study does not indicate if it is statistically significant, and allowing for the small size of the study, overall the prevalence of criminally convicted sexual offending was much reduced for the young men who had attended McGregor Hall in comparison to a control group of young people who did not receive the therapeutic intervention. In addition, the levels of general criminal activity were also reduced in comparison to the control group, who continued to offend (sexually and non-sexually) after their referral (Boswell and Wedge, 2002).

Unevaluated interventions

In addition to the interventions above, there are a number of therapeutic interventions being used in custodial settings which are as yet unevaluated. While the level of effectiveness is viewed by staff as positive, it is impossible to say without a formal evaluation what the impact has been. However, they may be useful 'up-and-coming' tools which could potentially be used in the future. An example of this is a study by Almont (2003) which suggests that exposure to violence in the family system contributes to the way in which children learn to solve problems and cope with life's pressures. She describes an intervention for children and adolescents in correctional settings that focuses on the use of a workbook format called *Choosing My Tomorrow*. The workbook contains four chapters:

- Street Smarts (community violence)

- Hot House (family violence)

- Friendly Fire (peer violence)

- Angry Adults (child maltreatment)**.**

Each chapter has a set format with subsections including:

- a Short Narrative

- Choosing My Tomorrow

- This Is My Story.

The intervention is designed to be facilitated by therapists, parents and other adults to help:

> *…demonstrate to violent and aggressive offenders aged 9-15, ways in which problems can be solved using peaceful, pro-social decision-making skills. Cognitive-behavioural and narrative story telling techniques are incorporated into an easy to read, colourfully illustrated self directed workbook.*

> (Almont, 2003:Abstract)

Although this is a dissertation study, it was the only type of its kind found in the literature that looked at addressing child abuse in custody. Interestingly, the intervention contains many elements of effective interventions for child abuse, such as CBT and involving the family.

Factors that impact on the effectiveness of interventions

Throughout the literature a number of variables consistently emerged as having significant influences for treatment outcome regardless of the type of intervention.

The severity and diversity of the problems experienced by young people were researched by Haugaard and Feerick (2002), who stressed that it is important to consider the diversity of cases of maltreatment in relation to the impact of treatment on the young people concerned. Saywitz et al (2000) found that children experiencing severe or chronic maltreatment were likely to need a great deal of help and interventions. However, children experiencing very mild maltreatment would need fewer and more limited interventions. James and Mennen (2001) similarly concluded that some children will improve at significantly faster rates than others and lengthier treatments may be necessary for some children. Daro (in Turney and Tanner 2005) found that the severity of the family's problems was the most powerful outcome predictor, regardless of the type of treatment. However, the mediating factors underlying this have not been researched extensively.

Skowron and Reinemann (2005) in their review of effective psychological interventions concluded that different levels of intervention should occur for the differing levels of symptoms experienced by young people:

> *For families with youngsters who evidence mild symptomology, a psycho-educational approach may best suit their needs, whereas those who evidence moderate levels of symptomology may benefit from time-limited, abuse-focused, cognitive behavioural therapy (Saywitz et al, 2000). Finally multi-component, longer term treatment may best be reserved for those who experienced early, severe victimization and who evidence significant psychopathology.*

<div align="right">(Skowron and Reinemann, 2005:67)</div>

The literature has produced some consistent messages regarding symptomology levels of young people and appropriate treatment options. In their review, James and Mennen (2001) cited a number of studies that suggest certain symptoms are more difficult to treat. For instance, Lanktree and Briere (1995) found that externalising and sexualised behaviours are more resistant to intervention. Additionally, a study by Freidrich (1996) found that there was great diversity in the reporting of symptoms in children and that no one symptom could be identified as being characteristic of the majority of children.

Some authors (Lanktree and Briere, 1995) have even suggested that grouping children together by symptom rather than treatment methods may be more appropriate for future research. As Mesie (1999) reports it:

> *...may then be possible to make some tentative suggestions as to which sorts of intervention may be more successful with children displaying different symptoms.*

The research has also consistently found that benefits from therapy are more likely to occur in children that are symptomatic (with symptoms of PTSD or behavioural problems). It has therefore been suggested that if resources are limited, it is best to focus on symptomatic children first (Ramchandani and Jones, 2003).

A theme in the literature has been the positive effect of involving the non-abusing parent for treatment outcome. For example, Ramchandani and Jones (2003) in their review highlight the most convincing evidence of work on effectiveness for sexually abused children as a study by Cohen and Mannarino (1996, 1997), where pre-school children received 12 sessions of therapy in conjunction with their non-abusing parent. In their review they concluded that involving the non-abusive carer in therapy was found consistently to improve treatment outcome. Cohen and Mannarino (1998) found that the strongest predictor of a good outcome for the child from therapy was the presence of

parental support. Saywitz et al (2000) and Haugaard and Feerick (2002) concluded similarly. A number of other researchers have also concluded that a critical element of any successful intervention is helping the non-offending parent to cope with the maltreatment and its aftermath (Friedrich 1996; Jones, 1997 in Haugaard and Feerick 2002; Saywitz et al, 2000).

Although not systematically studied, much research suggests that many abused parents and children often drop out of treatment or do not engage or attend sessions on a regular basis (Kolko, 1998 in James and Mennen, 2001). Reasons for this can be two-fold; parents may be in denial of the abuse that has happened and refuse to attend or additionally premature drop-out is a result of low motivation (Stevenson, 1999).

In terms of generalising these findings to all cases of abuse with all sub-samples, many reviewers add a note of caution. For example, Ramchandani and Jones (2003) point out that children recruited to the types of trials in which research is carried out are often different to the children in clinical practice. For the majority of cases, children with learning disabilities, severe mental illness and substance misuse problems are often excluded, resulting in a biased sample. Furthermore, James and Mennen (2001) point out that research studies often fail to include abused children in out-of-home care. Friedrich (1996), in his examination of clinical issues regarding treatment of children, suggests that such findings may not therefore apply to the most severely abused children that come into contact with public social services agencies.

Shirk and Eltz (1998) have also concluded that it is difficult to determine which types of treatment are effective for different types of maltreatment, as studies typically contain subsets of children that have experienced other forms of victimisation or varying types of abuse. It is therefore important to note that it is difficult to determine which of the general findings regarding the effectiveness of therapeutic interventions for abused and neglected children will apply to youth offending without specific studies of this sub-sample and future research.

Assessments

Most of the reviews and research point to the importance of developing adequate assessment methods. For example, Turney and Tanner (2005) stress that any intervention for child abuse should involve an in-depth assessment of the child and family in order to determine the causes of difficulties and to identify strengths. In addition, Skowron and Reinemann (2005) recommend that comprehensive assessments of psychological symptoms of young people that have been abused need to be carried out by professionals in order to determine the type of treatment that is needed. They suggest a continuum of severity of symptoms to determine level of intervention that an individual will receive.

Much of the research also points to the importance of consulting and listening to children for assessments. For example, a conclusion reached by the Bridge Childcare Consultancy Service (1995) is:

> [Children] are living the experience and can give a more accurate picture of what life is like in a family than any assessment made externally by a professional.

> (*ibid*, 1995)

The views of children are looked at in greater detail in chapter 7.

Issues regarding multi-agency working, solutions and barriers to implementation of such therapeutic interventions were also referred to frequently in the literature. Reder and Duncan (cited in Turney and Tanner, 2005) stress the importance of matching up and co-ordinating information from different agencies in cases of child abuse. Isolated pieces of information may not in themselves indicate risk or concern, but a combined approach may give a fuller picture and point the way forward in terms of interventions.

One way of achieving this is outlined in research conducted by Crittenden (1996), who suggests that in cases of child neglect a small number of professionals should be working with one family, with very careful co-ordination of services. This allows for a more limited social competency of family members while recognising that if too many services or professionals are introduced, families and young people may become overwhelmed.

Ramchandani and Jones (2003) in their review of treatment approaches for sexually abused children also conclude that a multi-disciplinary approach is crucial, and suggest that therapies such as CBT might require either supervision or delivery by specialist child and adolescent mental health services.

Finally, in their review of interventions for maltreated children, Haugaard and Feerick (2002) conclude that to reduce the likelihood of maltreated children engaging in delinquency:

> *Many types of community agencies, including law enforcement agencies, must learn about the connection between maltreatment and delinquency so that the motivations and needs of some maltreated children and adolescents can be better addressed.*

The difficulties presented for interventions in custodial settings

The children involved need to be kept safe. A growing body of literature exists around the treatment of children and young people in custodial settings, primarily investigations conducted by Goldson (2002) and Lord Carlile on behalf of the Howard League for Penal Reform (2006). Such research studies exploring the 'voices of children' in young offender institutions point to experiences in custody that may serve to replicate past experiences of abuse (e.g. physical fights, verbal insults etc.). Dimond et al (2001) argues that this may contribute to additional mental disorder. Other literature exploring young people's experiences in custody frequently refer to accounts of childhood abuse/disruption:

> *We've all been through social services, foster, children's homes, getting kicked out of school, secure unit…I'm sure we've all been through that road, it's like a journey and we've all collected out tickets along the way.*
>
> Young woman (Dimond et al, 2001:26)

There has long been concern regarding the use of certain methods to 'control' young offenders, such as restraint, punishment blocks and strip searching. Many people have asked whether it necessary and/or within the human rights of the young people involved. The Carlile inquiry was an independent investigation into the use of restraint, solitary confinement and strip-searching in penal institutions arising from the death of a 15-year-old boy while being restrained. A panel of experts visited 11 different institutions, carried out interviews and consultations with 80 staff and over 30 children and reviewed the current literature. The report investigated the incidence of each

method of control, the regulations surrounding it and the impact on the young people involved.

While differences in procedures were viewed in all institutions and calls were made to ensure such practices were not used over and above need, the interviews with young people highlighted the embarrassment, frustration, anger and lack of understanding as to why they were put through these situations. They also described physical injuries as a result of restraint. Strip-searching was of particular concern. While it is viewed as a method of ensuring that dangerous items, such as weapons or drugs, are not brought into custodial situations, the Carlile Report concluded that:

> *Within the custodial context a strip search is more than just the removal of clothes for a visual inspection. It is a manifestation of power relations. A strip search involves adult staff forcing a child to undress in front of them. Forcing a person to strip takes all control away and can be demeaning and dehumanising. This power is compounded by the threat, or actual use, of force to those showing any reluctance to strip.*

> (Lord Carlile, 2006:58)

Restraint and strip-searching are distressing experiences for all young people, but particularly for those who have been abused, with the physical procedures and vulnerability emulating and bringing back the memories of past experiences. It is also viewed as counter-productive to the development of a relationship between the young person and staff.

Recent independent reports such as that by Lord Carlile for the Howard League (2006) and the Zahid Mubarek Inquiry point to the importance of ensuring that young people in YOIs are safeguarded from other inmates and implementing systemic support systems. In terms of replicating past experiences of abuse, research has also consistently found, in light of other mediating factors, there can often be what is termed as a 'cycle of abuse' in which victims of abuse go on to adopt offending behaviours themselves. This has been particularly researched in the field of sexual abuse, where it has been evidenced that victims can become perpetrators (Bentovim, 2002; Mutale, 2005). This is an important factor to consider when designing any intervention. Bentovim (2002), for example, argues that it is important to consider this possibility in therapeutic work with young male victims of sexual abuse.

The research literature points to a strong correlation between childhood abuse and adolescent and adult mental disorder (Bifulco and Moran 1998; Nemeroff, 2004; and Skowron and Reinemann, 2005). High rates of mental disorder have also been found in adolescents in custody (Bickel and Campbell, 2002; Chitsabesan and Bailey et al, 2006). An important issue for any intervention therefore is to consider how the mental health needs of these young offenders are managed. A recent literature review on mood disorder among juvenile offenders examines the evidence regarding prevalence, diagnosis and effective interventions (Ryan and Redding, 2004). They point out that youth offenders may be more likely to be abused or neglected in custody because symptoms associated with mood disorders, such as irritability, could easily be mistaken for delinquent or defiant behaviour. This could therefore lead to a replication of previous abusive experiences.

7. The voices of children

During the course of the research we were unable to identify any significant material which incorporated the views and opinions of children specifically about their experiences of abuse and custody. However, a number of studies were available, including the newly published research by Mudaly and Goddard (2006), which has gone some way to exploring children's experiences of abuse generally, and professional interventions.

The Children's Rights Alliance for England (2003) held a consultation event with 13 children seeking their views on issues of abuse, including the sorts of behaviour that might indicate abuse and positive interventions. Children were clear that 'bad' behaviour could be a sign of abuse but was often not recognised as such by adults. In terms of positive interventions, they stressed the need for intervention at the child's pace, and recognition that it could take time and patience:

> *Support needs to last for a long time…[it] needs to be kept up so if the child or young person needs help in the future, they'll know where to go to/who to see and they won't be back to square one.*

(Children's Rights Alliance for England, 2003:8)

Since 2001 there have been three major reports gathering the views and perceptions of children in custody published by the Home Office, HM Inspector of Prisons and the YJB. While all these consultations asked the young people about their backgrounds, none of the questions specifically related to experiences of abuse or traumatic events. However, in all three reports there were significant numbers of children who reported care experiences, parental drug or alcohol use and traumatic loss – in one report (HM Inspector of Prisons, 2004), 54% had experienced the death of a relative or close friend within the last two years. Children also reported bullying and feeling unsafe while in custody, and there was indication that some children understood that living with violence had an effect on their own lives, with one young person quoted as saying: "All me uncles and me dad, even me mum's been to jail for violence" (HM Inspector of Prisons 2004:8).

The crucial role of a key worker has long been identified in terms of young people's experiences in institutions and this relationship is of paramount importance in the closed setting of establishments in the secure estate. This role is variable within the three kinds of establishments in the secure estate:

- **Young offender institutions (YOIs)**
  The role of the personal officers in all YOIs is governed by Prison Service Order 4950 – Regimes for juveniles. This order specifies that all young people must be allocated a personal officer during the induction programme. The officer should be the person to whom the young person can turn to 'in all issues of concern'; they should provide any link for the young person with family or outside agencies and are responsible for ensuring the review of sentence plans.

- **Secure training centres (STCs)**
  The YJB contracts with STCs require a key worker for all children. However, the specification for the role varies between the five establishments. As an example, in one STC, key workers are responsible for ensuring children know the practicalities

and rules and regulations of the establishment, for holding formal 'key worker' sessions with the child, assisting the case manager in preparing review reports and attending reviews to support the child.

- **Local Authority Secure Children's Homes (LASCHs)**
  The key worker concept has been adopted for a number of years in almost all local authority residential provision. LASCH's adopt a 'whole system' pro-social modelling role in their work with children.

Training and supervision for staff who have a key worker or personal officer role is also varied across the secure estate. Staff in LASCHs are more likely to have come from a social welfare background, while those in STCs and YOIs will not necessarily have had any social welfare experience. The YJB has instituted In Service Training (INSET) training based on the 15 key elements of effective practice, and also the Juvenile Awareness Staff Programme (JASP), which is aimed at Prison Service staff. The key elements of effective practice do not have a specific child development or safeguarding element; the JASP lasts for seven days, of which one and a half cover child protection and safeguarding issues.

The importance of listening to, and promoting, children's voices and experiences of treatment interventions must be recognised (Butler et al, 2003; Mudaly, 2002; Saunders, 2005; Tucci, 2004, all in Mudaly and Goddard, 2006). This holds true for both policy and research in the current climate; in the Children Act 1989, reference is made to the importance of making children feel properly consulted:

> *Children should feel that they have been properly consulted, that their views have been properly considered and that they have participated as partners in the decision making process. However, they should not be made to feel that the burden of decision making has fallen totally upon them.*

> (Children Act, 1989, Vol 3: Para: 5.35)

Voices of children who have received interventions for child abuse

Some of the voices of children who have received interventions for child abuse have been represented in this section. Ideally research would be carried out with the specific sub-sample (young offenders) to identify their views and experiences.

Material and quotes in this section were taken from a recently published book *The Truth is Longer than a Lie* by Mudaly and Goddard (2006). For this research study the authors interviewed children who had experienced therapeutic interventions for child abuse at one centre. They found a number of reoccurring themes pointing to important messages for practice. Some of these are discussed below:

I'm better now

Many children referred to the benefits of counselling and recognised that it had helped them to change and deal with some of their problematic behaviours:

> *Ummm and then when I had counselling, like, it all changed. I was still getting into trouble but not as much and, like, I knew it wasn't my fault. I thought it was me, but then now I know it's not me...Umm, I learnt how to cool myself out. If I'm like, really stressed out when people tease me, I just ignore them.*

> 12-year-old male (Mudaly and Goddard, 2006:15)

That's what I'm doing with (counsellor) as well, because I lose my temper a lot too and that's what I'm doing. That's why I'm here because I'm seeing other ways to control my temper and that.

12-year-old female (Mudaly and Goddard, 2006:115)

The hardest part about counselling

Questions were also asked in the study to find out what some children thought the hardest part about counselling was. Many referred to the focus on abuse at the beginning:

Sometimes it was boring and sometimes it was not too bad, okay. Ummm, probably the worst part about counselling, ummm, like, it was they wanted to know immediately what happened sort of. What happened? I didn't really feel comfortable at the start and then after a while, did I tell them? I think I did, yeah, I'm pretty sure.

13-year-old male (Mudaly and Goddard, 2006:117)

Others had a different view:

Um, there wasn't a worse part, well, probably when I cried that would have to be the worse part.

12-year-old female (Mudaly and Goddard, 2006:117)

Ways to improve counselling

Reference was also made to the ways in which counselling could be improved. Many children spoke about the importance of having a balance between activities and talking/counselling:

Just, like, you have a break sometimes. Ah, like, cut it down to half an hour or something and just play the games, and, talk for about 20 minutes and that's the way to do it.

11-year-old male (Mudaly and Goddard, 2006:118)

Yeah, I think you need bits and pieces, it can sort of get a bit much if you're just sitting around all the time talking and talking, whatever. Like, sometimes it was great because I just wanted to feel like a kid and be treated like a kid and it was a relief or whatever. It was good to be sort of talking about things with you guys other than the abuse. But other times it had me really shitty 'cos I didn't want to have anything to do and I was thinking, you know, I'm 17 or whatever and here I am playing games. I know it's hard, but you really need to find a balance because like I said, sometimes I just longed to feel like a kid and be treated that way, but other times, I felt years beyond my age and I just wanted to be treated like an adult and whatever.

18-year-old female (Mudaly and Goddard, 2006:118)

Involving children's support networks

Many children also referred to involving support networks as a vital way to improve things:

I really feel that you should work a lot more on building support systems, friends, family and all that kind of thing. Because in my case it was basically I had counselling as support and that was all. There was nothing else there.

Conclusions from the interviews

The authors concluded that taking into account the view of children's experiences of services is vital in designing future interventions:

We have been struck by the number of children who have demonstrated an ability to make sense of their experiences of abuse and about which interventions had been helpful to them.

(Mudaly and Goddard, 2006:12)

Research involving children who have been abused has continued to be neglected. Amid professionals crossing swords, it is hardly surprising that the voice and the experience of the child who has been abused are the most silenced of all. The reasons for this may be that professionals have experienced difficulty in talking with the child (Doyle, 1997 Goddard, 1996) or that children's legal and social dependence and concerns about their competence mean that in most spheres modern childhood in Western European countries is characterised by protection and exclusion.

(Mudaly and Goddard, 2006:12)

Assessing young people who have been abused

The young people provided an informative insight into the process of carrying out assessments with young people that have been abused (*ibid*: 2006). A number of themes and considerations were identified.

Disclosure

One consideration identified was the importance of not forcing children into making a disclosure. One girl referred to the way she appreciated her mother's approach:

She (mother) helped by not making me, not rushing me to get it out, which, um, I think it's a really stupid idea to make kids get it out A.S.A.P.

11-year-old female (Mudaly and Goddard, 2006:91)

Threats from family/the abuser may accompany possible disclosure:

He threatened to beat me up if like I, um, I didn't do what he said or if I told anyone, he'd really get me then…then I didn't tell anyone for, I think it was a year, half a year, or…I'm not sure.

12-year-old male (Mudaly and Goddard, 2006:92)

Facilitating disclosure may lead to impacts on the functioning of the whole family:

Oh, we've always had a pretty rocky relationship; we've always sort of been at each other, stirring each other. Yeah we had a pretty good relationship; we had a lot of good times together. Makes it a bit difficult now…Because like I keep saying, everything was normal to me back then so, it was great. There was no tension between the two of us, there was no, sort of none of the bullshit that goes on now. So…it's screwed things up completely.

18-year-old female (Mudaly and Goddard, 2006:92)

Carrying out an adequate assessment may lead to first time disclosures of abuse and hence all of the issues above need to be considered. The research points to the need for sensitive and flexible assessment procedures and skilled staff.

Recognising the lasting impact of abuse

> *Well, I found a huge issue for me is that for a while it's all out in the open you get endless amounts of support, everyone's there for you, but after a while, you know everyone kind of forgets, but you still carry the pain, it's not necessarily any less. I really wish people were aware of that.*
>
> 18-year-old female (Mudaly and Goddard, 2006:91)

This review and the emerging conclusions will be used by the YJB to inform any review of future policy and practice.

Appendix A: Search strategy

Methodology of the research review

This review of research relating to the consequences of historic child abuse for children held in custody was conducted on the basis of systematic searches between the years 1995 and 2006 within the following databases:

Applied Social Sciences Index and Abstracts (ASSIA)	NCB
Barnardo's Library	NCJRS – DIALOG 21
British Library	NSPCC Inform
ChildData	PSYCHINFO – DATASTAR
Google Scholar	SCIE – Social Care Online
Lawlinks	SPP
Mental Health Abstracts	

The following internet sites were consulted:

British Psychological Society (UK)	PsycArticles (EBSCO) – via Royal Holloway University Library
Community Care Online	PsychINFO (EBSCO) – via Royal Holloway University Library
Copac	PubMed
Dissertation Abstracts Online	Royal College of Psychiatry (UK)
Home Office	Science Direct (Elsevier)
IBSS: International Bibliography of the Social Sciences	Social Care Online
JSTOR	Social Exclusion Unit
National Association for Youth Justice Electronic Library	Social Science Citation Index (SSCI)
Project Muse	

In addition, a 'call for information and advice' was sent to prominent researchers in the field to ensure that 'grey literature', unpublished work and work in progress was included in the review.

Primary searches were conducted on the following:

Abusive histories of children and young people in custody

- Incidence/prevalence of previous abuse of children and young people held in custodial care, including:

  - physical abuse

  - emotional abuse

  - sexual abuse

- neglect
- Incidence/prevalence of traumatic loss experienced by children and young people held in custodial care

Consequences and impact of abuse

- Offending behaviour
- Emotional behaviour

Search strategy for children in custodial care

- Incidence/prevalence of children and young people in custodial care (2003)
- Breakdown of 'custodial' population by gender and ethnicity
- Reasons for entering prison
- Impact of secure regimes
- International perspectives

Consequences of historic child abuse for children held in custody

All secondary search categories were cross-referenced against the following terms:

Category	Search terms
Children and young people in custody	Children in prison/custody Young people in prison/custody Young offender/s Youth offending Juvenile prison population Juvenile offender/s
Risk factors for children in custody	Child abuse Abuse Emotional abuse Physical abuse Sexual abuse Neglect Cruelty Abandonment Bereavement Grief Traumatic loss Child mistreatment

Secondary search

Category	Search terms
'Offender' terms	Secure[units] Security Special hospital[s]

	Incarcerate[ed][ion] Detained Detention Prison Imprison[ed] Probation Crime[inal] Criminal activity Offence[s][der][ders]
Specific offender 'groups'	Young women Women Black Ethnic minority Minority ethnic
Interventions	*Asset* Therapy Therapeutic Counselling Treatment

Appendix B: Definitions

The meaning of child abuse and neglect – some definitions

In 2006, the DfES published revised guidance on child safeguarding and protection, called *Working Together to Safeguard Children*. It applies to all children who live in England. Parallel and similar guidance, using the same definitions is being produced by the Welsh Assembly Government.

The guidance requires all relevant agencies to own the shared responsibility for safeguarding and promoting the welfare of children. In this context a child is anyone under 18, and safeguarding and promoting the welfare of children is defined as

- protecting children from maltreatment

- preventing impairment of children's health or development

- ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

That role should be undertaken so as to enable those children to have optimum life chances and to enter adulthood successfully.

Working Together to Safeguard Children defines child protection as a part of this safeguarding responsibility, which is undertaken to protect specific children who are at risk of suffering significant harm. When judging what constitutes significant harm, there are no absolute criteria – for example it may include the degree, the extent, the duration, the frequency, whether premeditated, whether associated with threats, coercion, sadism or other bizarre or unusual elements. It could be a single traumatic event but more often is a compilation of significant events both acute and long standing which interrupt, change or damage the child's physical or psychological development.

- Harm means ill treatment or the impairment of health or development and can include witnessing the ill treatment of another; development means physical, social, intellectual, emotional or behavioural development.

- Health means physical or mental health and ill treatment includes sexual abuse and forms of ill treatment which are not physical.

- Whether the harm being suffered by a child is deemed to be significant depends on their health and development when compared with what could be reasonably expected of a similar child.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

- Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and continual adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways (Jones, 2003).

- Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter, including exclusion from home or abandonment. It may involve a parent or carer failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision, including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Forms of abuse and neglect vary in their ability to be identified. It is clear what constitutes sexual abuse; it is less clear what constitutes physical abuse, particularly when physical chastisement is involved – some see it as completely unacceptable where for others it is an acceptable part of their beliefs. Emotional abuse is much more difficult to identify and indeed the first case in which it was established in family proceedings was only in the mid 1980s. Neglect is more problematic; many of the children involved with the youth justice system experience impoverished social landscapes in material, emotional and social contexts, with numerous risk factors present in combination. In the backgrounds of such children it may be very difficult to differentiate between different forms of neglect/abuse and there is some evidence that where they are present it can be in more than one form.

Bibliography

Allin, H., Wathen, C.N. and MacMillan, H. (2005) 'Treatment of Child Neglect: A Systematic Review', *Canadian Journal of Psychiatry*, 50(8), pp.497–504.

Almont, T.M. (2003) 'Creative Interventions for Juveniles Incarcerated for Violent Crime: A Workbook for Violent Youth', *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64(5-B), pp.2377.

Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D, Dube, S.R. and Giles, W.H (2006) 'The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology', *Eur Arch Psychiatry Clin Neuroscience*, 256, pp.174–186.

Audit Commission (1996) *Misspent Youth: Young People and Crime*. London: Audit Commission.

Baker, K., Jones, S., Roberts, C. and Merrington, S. (2003) *The Evaluation of the Validity and Reliability of the Youth Justice Board's Assessment for Young Offenders*: *Findings from the first two years of the use of Asset*. London: Youth Justice Board.

Barnardo's (2005) *Freagarrach Falkirk Annual Report, 2004–5*. London: Barnardo's.

Batchelor, S. (2005) '"Prove me the Bam"! Victimization and Agency in the Lives of Young Women who Commit Violent Offences', *Probation Journal*, 52(4), pp.358-375.

Bentovim, A. (2002) 'Preventing Sexually Abused Young People from becoming Abusers and Treating the Victimization Experiences of Young People who Offend Sexually', *Child Abuse and Neglect,* 26, pp.661–678.

Bickel, R. and Campbell, A. (2002) 'Mental Health of Adolescents in Custody: The Use of the "Adolescent Psychopathology Scale" in a Tasmanian context', *Australian and New Zealand Journal of Psychiatry*, 36(5), pp.603–609.

Bifulco, A. and Moran, P. (1998) *Wednesday's Child: Research into Women's Experience of Neglect and Abuse in Childhood, and Adult Depression*. London: Routledge.

Boswell, G.R. (1996) *The Prevalence of Abuse and Loss in the Lives of Section 53 Offenders: Young and Dangerous – the Background and Careers of Section 53 Offenders*. London: The Princes Trust.

Boswell, G.R (1997) 'The Backgrounds of Violent Young Offenders' in Varma, V. (ed.) *Violence in Children and Adolescents*. London: Jessica Kingsley Publishers.

Boswell, G. and Wedge, P. (2002) *Sexually Abusive Adolescent Males: An evaluation of a Residential Therapeutic Facility,* Community and Criminal Justice Monograph 3. Leciester: De Montfort University.

Bower, M.E. and Knutson, J.F. (1996) 'Attitudes towards Physical Discipline as a Function of Disciplinary History and Self-labelling as Physical Abuse', *Child Abuse and Neglect,* 20(8), pp.689–699.

Bradshaw, J (ed.) (2001) *Poverty: The Outcomes for Children*. London: Family Policy Studies Centre.

Brewer-Smyth, K., Wolbert Burgess, A.W. and Shults, J. (2004) 'Physical and Sexual Abuse, Salivary Cortisol, and Neurologic Correlates of Violent Criminal Behaviour in Female Prison Inmates', *Biological Psychiatry*, 55, pp.21–31.

Brewin, C. (2003) *Post Traumatic Stress Disorder: Malady or Myth?* Newhaven and London: Yale University Press.

Bridge Childcare Consultancy (1995) *Paul: Death through Neglect*. London: Bridge Consultancy Services.

Brunk, M., Henggeler, S.W. and Whelan, J.P. (1987) 'Comparison of Multi-systemic Therapy and Parent Training in the Brief Treatment of Child Abuse and Neglect', *Journal of Consulting and Clinical Psychology*, 55(2), pp.171–178.

Butler, I., Scanlan, L., Robinson, G.D. and Murch, M. (2003) *Divorcing Children: Children's Experiences of their Parents' Divorce*. London: Jessica Kingsley Publishers.

Cawson, P. (2002) *Child Maltreatment in the Family: The Experience of a National Sample of Young People*. London: NSPCC.

Cawson, P., Wattam, C., Brooker, S. and Kelly, G. (2000) *Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect*. London: NSPCC.

Celano, M., Hazzard, A., Webb, C. and McCall, C. (1996) 'Treatment of Traumagenic Beliefs Among Sexually Abused Girls and Their Mothers: An Evaluation Study', *Journal of Abnormal Child Psychology*, 24(1), pp.1–17.

Centre Point (1999) *Taking Risks: An analysis of the risks of homelessness for young people in London*. London: Safe in the City.

Chamberlain, P. (1998) 'Treatment Foster Care', *Juvenile Justice Bulletin.* Washington DC: Office of Juvenile Justice and Delinquency Prevention.

Chamberlain, P. (1990) 'Comparative Evaluation of Specialised Foster Care for Seriously Delinquent Youths: A First Step', *Community Alternatives: International Journal of Family Care*, 2, pp.21–36.

Chambers, J., Power, K., Louks, N. and Swanson, V. (2001) 'The Interaction of Perceived Maternal and Paternal Parenting Styles and their Relation with the Psychological Distress and Offending Characteristics of Incarcerated Young Offenders', *Journal of Adolescence*, 24, pp.209–227.

Chan, J., Hudson, C. and Parmenter, T. (2004) 'An Exploratory Study of Crime and Brain Injury: Implications for Mental Health Management', *Australian e-Journal for the Advancement of Mental Health*, 3(1). Available online at: www.auseinet.com/journal/vol3iss1/chanhudsonparmenter.pdf.

Child Help USA (2000) *National Child Abuse Statistics*. Available online at: http://www.childhelpusa.org/resources/learning-centre/statistics (accessed 19/04/06).

Children Act 1989, Guidance (Volume 3). London: The Stationery Office.

Children and Young People Unit (2003) *Consultation on Building a Strategy: Children and young people's wellbeing: What's important.* Unpublished paper.

Children's Rights Alliance for England (CRAE) (2002) *Rethinking Child Imprisonment: A Report on Young Offender Institutions*. London: CRAE.

Children's Rights Alliance for England (CRAE) (2003) 'Let them have their Childhood again', *What to do if you're Worried a Child is being Abused,* National training pack. London: CRAE.

Chitsabesan, P., Kroll, L., Bailey, S., Kenning, C., Sneider, S., Macdonald, W. and Theodosious, L. (2006) 'Mental Health, Educational and Social Needs of Young Offenders in Custody and in the Community', *British Journal of Psychiatry*, 188, pp.534–540.

Cohen, A. and Mannarino, A. (1996) 'Factors That Mediate Treatment Outcome of Sexually Abused Preschool Children', *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(10), pp.1402–1410.

Cohen, A. and Mannarino, A. (1997) 'A Treatment Study for Sexually Abused Preschool Children: Outcome During a One-Year Follow-up', *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(9), pp.1228–1235.

Cohen, A. and Mannarino, A. (1998) 'Factors That Mediate Treatment Outcome of Sexually Abused Preschool Children: Six- and 12-Month Follow-up', *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(1), pp.44–51.

Crittenden, P. (1996) 'Research on Maltreating Families: Implications for Intervention', in Briere, J., Berliner, L., Bulkley, J., Jenny, C. and Reid, T. (eds.) *The APSAC Handbook on Child Maltreatment*. Thousand Oaks, CA: Sage.

DeBellis, M. D. (2001) 'Developmental Traumatology: The Psychobiological Development of Maltreated Children and its Implications for Research, Treatment, and Policy', *Development and Psychopathology*, 13, pp.539–564.

Deblinger, E., Lippmann, J. and Steer, R. (1996) 'Sexually Abused Children Suffering Posttraumatic Stress Symptoms: Initial Treatment Outcome Findings', *Child Maltreatment*, 1(4), pp.310–321.

Department for Education and Skills (DfES) (2005) *Statistics of Education: Referrals, Assessments and Children and Young People on Child Protection Registers: Year Ending 31 March 2005*. Available online at: www.dfes.gov.uk/rsgateway/DB/VOL/v000632/index.shtml (accessed 08/06/06).

Department for Education and Skills (DfES) (2006) *Working together to safeguard children.* London: DfES.

Department of Justice Canada (2005) *Child Abuse: A fact sheet from the Department of Justice Canada*. Available online at: www.justice.gc.ca/en/ps/fm/childafs.html.

Dimond, C., Misch, P. and Goldberg, D. (2001) 'On Being in a Young Offender Institution: What Boys in Remand Told a Child Psychiatrist', *Psychiatric Bulletin*, 25, pp.342–345.

Doyle, C. (1997) *Working with Abused Children*. Basingstoke: Macmillan.

Drugscope (2006) *Using Women.* Available online at: http://www.drugscope.org.uk/NR/rdonlyres/695251B2-1FDB-4416-85C2-F42E0E7BAF34/0/UWflyer.pdf.

Dube, S.R., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Dong, M. and Giles, W.H. (2005) 'Long-Term Consequences of Childhood Sexual Abuse by Gender of Victim', *American Journal of Preventative Medicine*, 28(5), pp.430–438.

Fantuzzo, J., Childs, S., Stevenson. H., Coolahan, K., Ginsberg, M., Gay, K., Debnam, D. and Watson. C. (1996) 'The Head Start Teaching Centre', *Early Childhood Quarterly Review*, Vol. 11, No. 1, March 1996, pp.79–99.

Farrington, D. (1996) 'Understanding and Preventing Youth Crime: Findings', *Social Policy Research,* 93. York: Joseph Rowntree.

Featherstone, B. and Evans, H (2004) *Children Experiencing Maltreatment: Who do they turn to?* London: NSPCC.

Fergusson, D.M. and Lynskey, M.T. (1997) 'Physical Punishment/Maltreatment during Childhood and Adjustment in Young Adulthood', *Child Abuse and Neglect: The International Journal*, 21(7). New Zealand: Elsevier.

Finch, A.J., Nelson, W.M. and Ott, E.S. (1993) *Cognitive-behavioural Procedures with Children and Adolescents: A Practical Guide*. Boston: Allyn and Bacon.

Friedrich, W.N. (1996) 'Clinical Considerations of Empirical Treatment Studies of Abused Children', *Child Maltreatment*, 1(4), pp.343–347.

Goddard, C. (1996) *Child Abuse and Child Protection: A Guide for Health, Education and Welfare Workers*. Melbourne, Australia: Churchill Livingstone.

Goldson, B. (2002) *Vulnerable Inside: Children in Secure and Penal Settings*. London: The Children's Society.

Greater Manchester Youth Trust (2003) *On the Case: A survey of over 1,000 children and young people under supervision by Youth Offending Teams in Greater Manchester.* Manchester: Youth Justice Trust.

Hamilton, C. E., Falshaw, L. and Browne, K. D. (2002) 'The Link between Recurrent Maltreatment and Offending Behaviour', *International Journal of Offender Therapy and Comparative Criminology*, 46(1), pp.75–94.

Haugaard, J.J. and Feerick, M. (2002) 'Interventions for Maltreated Children to Reduce Their Likelihood of Engaging in Juvenile Delinquency', *Children's Services: Social Policy, Research, and Practice*, 5(4), pp.285–297.

Hawkes, C., Jenkins, J. A. and Vizard, E. (1997) 'Roots of Sexual Violence in Children and Adolescents' in Varma, V. (ed.) *Violence in Children and Adolescents*. London: Jessica Kingsley Publishers.

Heide, K.M. and Soloman, E.P. (2006) 'Biology, Childhood Trauma, and Murder: Rethinking Justice', *International Journal of Law and Psychiatry*, 29, pp.220–233.

HM Inspector of Prisons (2004) *Juveniles in Custody: a Unique Insight into the Perceptions of Young People held in Prison Service*.

HMCIP (1997) *Women in Prison: A Thematic Review*. London: Home Office.

Home Office (2001) *Tell Them so they'll Listen: Messages from Young People in Custody,* Home Office Research Study 201.

Home Office (2001) *Intervening to Prevent Antisocial Personality Disorder: A Scoping Review*, Home Office Research Study 225.

Home Office (2003) *Statistics on Women and the Criminal Justice System,* Home Office Publication under Section 95 of the Criminal Justice Act 1991.

Hooper, C.A. (2003) *Abuse, Interventions and Women in Prison: A Literature Review*. Women's Estate Policy Unit, HM Prison Service/University of York.

Hooper, C.A. (2005) 'Child Maltreatment' in Bradshaw, J. and Mayhew, E. (eds.) *The Wellbeing of Children in the UK*. London: Save the Children/University of York.

Howard League for Penal Reform (2006) 'The Carlile Inquiry: An Independent Inquiry into the Use of Physical Restraint, Solitary Confinement and Strip Searching for Children in Detention', *Childright*, 244 (March), pp.6–7.

Hyde, C., Bentovim, A. and Monck, E. (1995) 'Some Clinical and Methodological Implications of a Treatment Outcome Study of Sexually Abused Children', *Child Abuse and Neglect*, 19, pp.1387–1399.

James, S. and Mennen, F. (2001) 'Treatment Outcome Research: How Effective Are Treatments for Abused Children?', *Child and Adolescent Social Work Journal*, 18(2), pp.73–95.

Jones, D.P.H. and Ramchandani, P. (1999) *Child Sexual Abuse: Informing Practice from Research*. Oxon: Radcliffe Medical Press.

Jones, D.P.H. (2003) *Communicating with vulnerable children: a guide for practitioners*. London: Gaskell.

Kaker, S., Lanham, M.D. (1996) 'Child Abuse and Delinquency' in *The Social Science Journals*, Vol. 35, No. 3, p. 473–475. USA: University Press of America.

Kilpatrick, D.G. and Saunders, B.E. (1995) *National Survey of Adolescents in the United States*. Charlestown, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Centre.

Kolko, D.J (1996) 'Individual Cognitive Behavioural Treatment and Family Therapy for Physically Abused Children and their Offending Parents', *Child Maltreatment*, 1, pp.322–342.

Kolvin I., Miller, F., Scott, D., Gatzanis, S. and Fleeting, M. (1990) *Continuities of Deprivation? The Newcastle Thousand Family Survey*. Aldershot: Avebury.

Lader, D., Singleton, N. and Meltzer, H. (2000) *Psychiatric Morbidity among Young Offenders in England and Wales*. London: London Office for National Statistics.

Lanktree, C.B. and Briere, J. (1995) 'Outcome of Therapy for Sexually Abused Children: A Repeated Measures Study', *Child Abuse and Neglect*, 19, pp.1145–1154.

Lipsey, M.W. (1995) 'What Do We Learn from 400 Research Studies on the Effectiveness of Treatment with Juvenile Delinquents?' in McGuire, J. (ed.), *What Works: Reducing Re-offending*. Chichester: John Wiley & Sons Inc.

Lipsey, M.W and Wilson, D.B. (1998) 'Effective Intervention for Serious Juvenile Offenders: A Synthesis of Research' in Loeber, R. and Farrington, D.P. (eds.) *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. London: Sage.

Lobley, D. and Smith, D. (1999) *Working with Persistent Juvenile Offenders: An evaluation of the Apex Cue Ten Project*. Edinburgh: The Scottish Office Central Research Unit.

Lobley, D., Smith, D. and Stern, C. (2001) 'Freagarrach: An evaluation of a Project for Persistent Juvenile Offenders', *Crime and Criminal Justice Research Finding,* No 53. Edinburgh: Scottish Executive Central Research Unit.

Losel, F. (1995) 'Increasing Consensus in the Evaluation of Offender Rehabilitation? Lessons from Recent Research Synthesis', *Psychology, Crime and Law*, 2, pp.19–39.

Lutzker, J.R. and Rice, J.M. (1984) 'Project 12-Ways: Measuring Outcome of a Large In-Home Service for Treatment and Prevention of Child Abuse and Neglect', *Child Abuse and Neglect*, (8), pp.519–524.

Lutzker, J.R. and Rice, J.M. (1987) 'Using Recidivism Data to Evaluate Project 12-Ways: An Eco-behavioural Approach to the Treatment and Prevention of Child Abuse and Neglect', *Journal of Family Violence*, 2(4), pp.283–290.

Mapson, A.V. (2005) 'Hanging on by a Thread: Mentally Ill Female Offenders Involved in the Juvenile Justice System', *Journal of Evidence-Based Social Work*, 2(3/4), pp.85–95.

Martinson, R. (1974) 'What Works? Questions and Answers about Prison Reform', *The Public Interest*, 35, pp.22–54.

McGlone, F. (2001) 'Youth Crime' in Bradshaw, J. (ed.), *Poverty: The Outcomes for Children*. London: Family Policy Studies Centre.

McGuire, J. (1997) 'Psycho-social Approaches to the Understanding and Reduction of Violence of Young People' in Varma, V. (ed.), *Violence in Children and Adolescents*. London: Jessica Kingsley Publishers.

Melzak, S. (1997) 'The Emotional Impact of Violence on Children' in Varma, V. (ed.), *Violence in Children and Adolescents*. London: Jessica Kingsley Publishers.

Mesie, J. (2001) 'Evaluation of Treatment Services to Abused Children', *National Mapping of Family Services in England and Wales.* London: Family and Parenting Institute.

Messina, N.P., Burdon, W.M. and Prendergast, M.L. (2003) 'Assessing the Needs of Women in Institutional Therapeutic Communities', *Journal of Offender Rehabilitation*, 37(2), pp.89–106. Chicago: University of Illinois.

Mills, C. (2004) *Problems at Home, Problems at School – The Effects of Maltreatment in the Home on Children's Functioning at School: An Overview of Recent Research*. London: NSPCC.

Morrison, T. (1999) 'Is there a strategy out there?' in Erooga, M. and Masson, H. (eds.) *Children and young people who sexually abuse others: challenges and responses.* London: Routledge

Mudaly, N. (2002) *Listening to Children who have been Abused. What they Tell us about Abuse and Professional Interventions,* PhD thesis. Melbourne: Monash University.

Mudaly, N. and Goddard, C. (2006) *The Truth is Longer Than a Lie: Children's Experiences of Abuse and Professional Interventions*. London and Philadelphia: Jessica Kingsley Publishers.

Mutale, T. (2005) RAMBO: *The evaluation of an intervention program for UK mentally abnormal young offenders*. London: Elsevier.

Mutale, T. (2006). Personal conversation.

Nacro Cymru Youth Offending Unit (2004) *Reducing Custody: Risk Factors Family and Personal Relationships*. Swansea: Nacro.

National Clearinghouse on Child Abuse and Neglect Information (NCCANI) (now the Child Welfare Information Gateway) (2006) *Long-term Consequences of Child Abuse and Neglect*. Available online at: http://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm.

Nemeroff, C.B. (2004) 'Neurobiological Consequences of Childhood Trauma', *Journal of Clinical Psychiatry*, 65 (suppl. 1), pp.18–28.

Newman, T. (2004) *What Works in Building Resilience?* London: Barnardo's.

Pepler, D.J., King, G. and Byrd, B. (1991) 'A Social Cognitively Based Social Skills Training Program for Aggressive Children' in Pepler, D.J. and Rubin, K.H. (eds.) *The Development and Treatment of Childhood Aggression*, pp.361–379. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

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, pp.79–100.

Pitts, J. (2004) 'Youth Justice: An examination into the Connection between Child Protection Registration and Subsequent Offending', *Research Matters*, April–October, pp.79–88.

Quilgars, D. (2001) 'Child Abuse' in Bradshaw, J. (ed.) *Poverty: The Outcomes for Children*. London: Family Policy Studies Centre.

Ramchandani, P. and Jones, P.H. (2003) 'Treating Psychological Symptoms in Sexually Abused Children: From Research Findings to Service Provision', *British Journal of Psychiatry*, 183, pp.484–490.

Reilly, T. (2003) 'Transition from Care: Status and Outcomes of Youth Who Age Out of Foster Care', *Child Welfare*, 82(6), pp.727–746.

Renewal.net (2006) *Youth Offending: Mentoring Interventions*. Available online at: http://www.renewal.net/Documents/RNET/Solving%20the%20Problem/Youthoffending mentoring.DOC.

Richie, B. (2000) *Exploring the Link between Violence against Women and Women's Involvement in Illegal Activity. Research on Women and Girls in the Justice System*. Washington: US Department of Justice.

Ruchkin, V., Stiener. H., Garcia. G., Matthews. Z. (2002) 'Violence Exposure, Posttraumatic Stress and Personality Disorder in Incarcerated Juvenile Delinquents', *Journal of Academic Child Adolescence and Psychiatry,* 41, pp.322–329.

Russell, F. (1999) 'Children in Prison: Compounding Vulnerability in Church of England Prisons', *A Study in Vulnerability: A Collection of Essays from the Board for Social Responsibility*. London: Church House Publishing.

Rutter, M., Giller, H. and Hagell, A. (1998) *Anti-social Behaviour by Young People*. Cambridge: Cambridge University Press.

Ryan, E.P. and Redding, R.E. (2004) 'A Review of Mood Disorders Among Juvenile Offenders', *Psychiatric Services*, 55(12), pp.1397–1407.

Sappington, A.A. (2000) 'Childhood Abuse as a Possible Locus for Early Intervention into Problems of Violence and Psychopathology, Aggression and Violent Behaviour', *A Review Journal*, 5(3), pp.255–66.

Saunders, B. (2005) '*Because There's a Better Way than Hurting Someone': Children, Parents, Grandparents and Professionals share their experiences of, and views about, physical punishment in childhood*, PhD thesis. Melbourne: Monash University.

Saywitz, K.J., Mannarino, A.P., Berliner, L. and Cohen, J.A. (2000) 'Treatment for Sexually Abused Children and Adolescents', *American Psychologist*, 55(9), pp.1040–1049.

Schaeffer, C.M. and Borduin, C.M. (2005) 'Long-Term Follow-Up to a Randomised Clinical Trial of Multi-systemic Therapy with Serious and Violent Juvenile Offenders', *Journal of Consulting and Clinical Psychology*, 73(3), pp.445–453.

Scott, S. (2003) 'Opening a Can of Worms? Women Prisoners' Views on a Prison Counselling Service', *Feminism and Psychology*, 2004, 14, pp.256–261.

Shaffer, J.N. and Ruback, R.B. (2002) 'Violent Victimisation as a Risk Factor for Violent Offending among Juveniles*', OJJDP Juvenile Justice Bulletin*. Washington, D.C: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Shapiro, F. (1999) 'Eye Movement Desensitization and Reprocessing (EMDR) and the Anxiety Disorders: Clinical and Research Implications of an Integrated Psychotherapy Treatment', *Journal of Anxiety Disorders*, 13(1-2), pp.35–67.

Sherman, L., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P. and Bushway, S. (1997) *Preventing Crime: What Works, What Doesn't, What's Promising: a report to the United States Congress*. Washington DC: US Department of Justice, Office of Justice Programs.

Shirk, S.R. and Eltz, M. (1998) 'Multiple Victimization and the Process and Outcome of Child Psychotherapy', *Journal of Aggression, Maltreatment and Trauma*, 2, pp.233–251.

Siegfried, C.B., Ko, S.J. and Kelley, A. (2004) *Victimisation and Juvenile Offending*. Los Angeles, California: The National Child Traumatic Stress Network.

Silverman, A.B., Reinherz, H.Z., and Giaconia, R.M. (1996) 'The Long Term Sequelea of Child and Adolescent Abuse: A Longitudinal Community Study', *Child Abuse and Neglect*, 20(8), pp.709–723.

Skowron, E. and Reinemann, D.H.S. (2005) 'Effectiveness of Psychological Interventions for Child Maltreatment: A Meta-Analysis', *Psychotherapy: Theory, Research, Practice, Training*, 42(1), pp.52–71.

Skuse, D. and Bentovim, A. (1999) *Sexually Abusive Behaviour in Males: Origins and Development*. Conference given at Institute of Child Health, Great Ormond Street Hospital, 30 September 1999.

Skuse, D., Bentovim, A., Hodges, J., Stevenson, J., Andreou, C., Lanyado, M., New, M., Williams, B. and McMillan, D. (1999) 'Risk Factors for Development of Sexually Abusive Behaviour in Sexually Victimised Adolescent Boys: Cross Sectional Study', *British Medical Journal*, 1998, 317, pp.175–179.

Social Exclusion Unit (SEU) (2002) Reducing re-offending by ex-prisoners. Available online at:

http://www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/publications_1997_to_2006/reducing_report.pdf

Stauffer, L.B. and Deblinger, E. (1996) 'Cognitive Behavioural Groups for Non-offending Mothers and their Young Sexually Abused Children: A Preliminary Treatment Outcome Study'. Child Maltreatment, 1(1), pp.65–76.

Stevenson, J. (1999) 'The Treatment of the Long-term Sequelae of Child Abuse', *Journal Child Psychology and Psychiatry*, 40(1), pp.89–111.

Sugden, K. (2003) *Report on the Counselling Outcomes for a Sample of Clients from Stoke Heath Young Offenders Institute,* Internal report. Essex: Barnardo's.

Thomlison, B. (1997) 'Risk and Protective Factors in Child Maltreatment' in Fraser, M.W. (ed.), *Risk and Resilience in Childhood: An Ecological Perspective*. Washington, DC: NASW Press.

Trowell, J., Kolvin I., Weeramanthrui, T., Sadowski, H., Berelowitz, M., Glasser, D. and Leitch, I. (2002) 'Psychotherapy for Sexually Abused Girls: Psychopathological Outcome Findings and Patterns of Change', *British Journal of Psychiatry*, 180, pp.234–247.

Tsenin, K. (2000) *One Judicial Perspective on the Sex Trade: Research on Women and Girls in the Justice System*. Washington: US Department of Justice.

Tucci, J. (2004) *Towards an Understanding of Emotional and Psychological Abuse: Exploring the Views of Children, Carers and Professionals Involved in the Child Protection System in Victoria,* PhD thesis. Melbourne: Monash University.

Turney, D. and Tanner, K. (2005) 'Understanding and Working with Neglect', *Research and Practice Briefings: Children and Families*, No.10.

US Department of Health and Human Services, Administration on Children, Youth and Families (2005) *Child Maltreatment 2003*. Washington DC: US Government Printing Office.

Utting, D. and Vennard, J. (2000) *What Works with Young Offenders in the Community?* Essex: Barnardo's.

Varma, V. (1997) *Violence in Children and Adolescents*. London: Jessica Kingsley Publishers.

Veltman, M. and Brown, K. (2001) 'Three Decades of Child Maltreatment Research: Implications for the School Years', *Trauma, Violence and Abuse,* 2(3), pp.215–39.

Webster-Stratton, C. (1996) 'Early Intervention for Families of Preschool Children with Conduct Problems' in Guralnik, M.J. (ed.) *The Effectiveness of Early Intervention.* Brookes Publishing Company.

West, D.J. and Farrington, D.P. (1973) *Who Becomes Delinquent?* London: Heinemann.

West, D.J. and Farrington, D.P. (1977) *The Delinquent Way of Life*. London: Heinemann.

Widom, C. S. (1989) 'Posttraumatic Stress Disorder in Abused and Neglected Children Grown Up', *American Journal of Psychiatry, Generation Research*, pp.156. Baltimore: Paul H. Brookes.

Weeks, R. and Widom, C.S. (1998) 'Self-reports of Early Childhood Victimization among incarcerated Male Felons', *Journal of Interpersonal Violence*, 13(3), pp.346–361.

Widom, C.S. (1998) 'Child Abuse, Neglect, and Adult Behaviour: Research Design and Findings on Criminality, Violence and Child Abuse', *American Journal of Orthopsychiatry*, 59(3), pp.355–67.

Widom, C.S. (2000) *Childhood Victimisation and the Derailment of Girls and Women to the Criminal Justice System: Research on Women and Girls in the Justice System*. Washington: US Department of Justice.

Yoshinaga, C., Kadomoto, I., Otani, T., Sasaki, T., and Kato, N. (2004). 'Prevalence of Post-traumatic Stress Disorder in Incarcerated Juvenile Delinquents in Japan', *Psychiatry and Clinical Neurosciences,* 58, pp.383–388.

Youth Justice Board (2001) *Risk and Protective Factors Associated with Youth Crime and Effective Interventions to Prevent it*. London: Youth Justice Board.

Youth Justice Board (2003) *Speaking Out: the Views of Young People, Parents and Victims about the Youth Justice System and Interventions to Reduce Re-offending*. London: Youth Justice Board.

Youth Justice Trust (2003) *On the case: A Survey of Over 1,000 Children and Young People under Supervision by Youth Offending Teams in Greater Manchester and West Yorkshire*. Manchester: Youth Justice Trust.