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# Examining experiences of transition, instability and coping for young offenders in the community: A qualitative analysis

*Clinical Child Psychology*

*and Psychiatry*

1–17

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## Abstract [AQ1]

This article explores experiences of transition, instability and coping using a qualitative approach with young offenders within a specialist forensic child and adolescent mental health service (CAMHS). Participants were four young people (aged 14–17 years) on community orders under the supervision of local youth offending teams (YOTs). Semi-structured interviews were conducted and data analysed using an inductive thematic analysis approach. Three main themes were identified: (i) people and places; (ii) growth; and (iii) managing difficult experiences. Findings suggest that young offenders are exposed to a wide range of challenging contextual factors including unpredictable or inadequate home environments, numerous transitions (between family members/foster placements and schools), limited engagement with educational settings and a lack of social support, supporting the findings of Paton et al. Findings also portrayed a sense of participants' 'psychological growth' with development along a trajectory from a young child 'acting out' in response to the environments in which they were living; through a more reflective stage, in which they were able to begin to consider the situations they found themselves in; before reaching a position in which they were able to look beyond their day-to-day circumstances with some hope that their lives could be different in the future. Furthermore, accounts revealed that these young people had a limited range of functional coping strategies and had largely negative experiences of services. Clinical implications and the need for further research developing professionals' understanding of the influence of early experiences on young offenders' behaviour are discussed.

## Keywords

Young offenders, life experience, transition, instability, coping, qualitative

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## Introduction

### *Background*

Young people who offend experience a significantly higher rate of mental health difficulties than adolescents in the general population, with rates estimated between 31% and 76% (Anderson, Vostanis, & Spencer, 2004; Stallard, Thomason, & Churchyard, 2003). However, despite growing recognition of these difficulties, services are failing to address these needs adequately (Callaghan, Young, Pace, & Vostanis, 2003; Carswell, Maughan, Davis, Davenport, & Goddard, 2004; Chitsabesan et al., 2006; Paton, Crouch, & Camic, 2009; Stallard et al., 2003). In order to develop appropriate and accessible services for this vulnerable population, it is important that the views and experiences of young people who access such services are explored (Naylor, Lincoln, & Goddard, 2008; Walsh, Scaife, Notley, Dodsworth, & Schofield, 2011).

Historically, research regarding the lives and experiences of children and young people has been conducted with professionals or adult caregivers, rather than with young people themselves (Kirk, 2007). This may be because of a belief that interviewing young people about difficult experiences may cause distress, or that they lack the verbal abilities necessary to produce rich accounts of their experiences. Furthermore, they may be deemed overly suggestible (potentially producing unreliable data) or unable to fully understand their own worlds (Kirk, 2007). However, in recent years, there has been an increase in the involvement of young people in research (Kirk, 2007), with value given to their accounts and perspectives, regardless of whether their representation of events is factually accurate.

### *Traumatic stressors*

Young offenders commonly experience a wide range of traumatic stressors including victimisation (abuse, family and community violence), neglect, drug and alcohol misuse, life threatening accidents, interpersonal losses and socioeconomic disadvantage, with a high percentage of those with community sentences living within unstable family backgrounds and with the absence of parental figures (Bekaert, 2004; Callaghan et al., 2003; Carswell et al., 2004; Cruise & Ford, 2011; Paton et al., 2009; Stallard et al., 2003).

In a study exploring young offenders' experiences of trauma, Paton et al. (2009) highlighted repeated patterns of instability and multiple transitions, both at home and school. Participants described high levels of uncertainty about living arrangements following breakdown in home circumstances, with some young people spending extended periods of time living with other family members or in the care of the local authority. The study also raised questions about the impact of these transitions and experiences of instability as well as questioning the availability or accessibility of support for young offenders in the community.

Parallels can be drawn from literature outside the young offender field. For example, cumulative exposure to traumatic stressors, either from repeated episodes over a prolonged period of time or as a result of exposure to multiple traumatic factors, places children and young people at risk of a range of internalising and externalising difficulties including post-traumatic stress, anxiety, depression, anger, aggression and substance misuse (Cruise & Ford, 2011). Similarly, young people within the 'looked-after' system experience multiple transitions and instability. Multiple placement moves are often experienced as a series of significant losses which may leave the young person with difficulties in building and maintaining relationships and in trusting others (Unrau, Seita, & Putney, 2008). While many young offenders experience a similar number of transitions between various family members, without ever formally entering

the 'looked-after' system (Paton et al., 2009), this is not reflected within the mental health literature.

### *Education*

Up to 40% of young offenders in the United Kingdom are reportedly not engaged in education, training or employment, often as a result of frequent exclusions or truancy (Anderson et al., 2004; Paton et al., 2009; Stallard et al., 2003), with a further 16% attending 'alternative provision', for example pupil referral units (Ashkar & Kenny, 2009). Therefore, the important monitoring role that schools can play is often not available to this vulnerable young population. Research has also highlighted transitions (e.g. between primary and secondary provision, or those within a school day) as difficult periods, particularly for those adolescents who may lack the emotional/social resources to manage these challenges, as a result of difficult early experiences (Bombèr, 2009; Paton et al., 2009; Stewart, Livingston, & Dennison, 2008). Given that school failure and rejection by peers have been linked to offending behaviour, this is an area that requires further consideration (Ashkar & Kenny, 2009).

### *Rationale and aim for the current study*

Effective mental health services for young people who have had difficult early experiences are crucial (Department of Health (DH), 2004). Stewart et al. (2008) suggest that adolescents who 'act-out' (i.e. display behaviours that are deemed unacceptable by society) are less likely than younger children to receive sympathetic attention from the people around them. Adolescents may be more likely to run away or engage in criminal activities in order to survive, thus attracting police intervention. In turn, this will further criminalise the young person and reduce the likelihood of them receiving necessary therapeutic input.

In order to develop services that can adequately address young offenders' mental health needs, it is important to listen to the experiences of young people themselves (Anderson et al., 2004; Naylor et al., 2008; Paton et al., 2009). While quantitative research can provide useful information about the number and types of offences and risk factors that may lead to offending behaviour, it cannot explain how these offences or life events (such as periods of instability or transition) are *experienced and understood* by young people. Young people often underreport difficulties on self-report measures and may use different language or perceive situations differently to professionals working with them (Paton et al., 2009; Stallard et al., 2003). Consequently, a mismatch between professional understanding and perspectives of young people may hinder services from providing meaningful intervention. By allowing participants to communicate in their own words, qualitative methodologies enable researchers to reduce these barriers and afford participants more power over research outcomes (Kirk, 2007; Naylor et al., 2008).

The current study aimed to build on the findings of Paton et al. (2009) by exploring issues of transition, instability and coping behaviours for young offenders within a specialist forensic child and adolescent mental health service (CAMHS). The research interview in Paton et al.'s study was, for many participants, their first contact with a clinical psychologist. This may have impacted their engagement with the researcher and consequently the depth of their accounts. In contrast, the current study recruited participants from a specialised service for young offenders who were already engaged with a clinical psychologist. Thus, it was hoped that participants

would be more at ease and produce richer accounts of their experiences, facilitating a better understanding of this complex client group. In turn, this may allow services to target interventions more appropriately and facilitate better engagement with young offenders in the community.

### *Research question*

The study aimed to address the question: ‘How do young offenders in the community make sense of life experiences such as transition and instability, and how does this impact on coping behaviours?’

## **Method**

### *Setting*

The study was conducted within a forensic CAMHS which provides clinical assessment and focused therapeutic interventions to young offenders (aged between 10 and 18 years) who have received a court order and are under the supervision of a local youth offending team (YOT).

*Ethical considerations* The scientific merit of the study was approved by an Independent Peer Review Panel and Local National Health Service (NHS) Research Ethics Committee approval was granted. [AQ3] Recruitment of NHS participants was approved by the local Research and Development Department. Written informed consent was obtained from all participating young people and standardised NHS Trust guidelines on dealing with risk and working within child protection guidelines were followed. As the forensic CAMHS was not able to offer a crisis service, phone numbers of helpful out-of-hours contacts (NHS Direct, Childline and Parentline Plus) were made available to participants and carers as appropriate.

### *Participants*

*Recruitment.* Following presentation of the proposed research to staff within the forensic CAMHS team, initial contact with potential participants was made by clinical psychologists from the team, according to the study’s inclusion and exclusion criteria. Thus, via purposive sampling, appropriate young people were invited to take part in the study. It was made clear that participation or non-participation would have no impact on the clinical service received. If, after discussing the aims and purpose of the research, the young person felt that they would like to take part, their name and contact details were passed to the researcher.

*Demographics* Four young people (two male and two female aged between 14 and 17 years) were recruited. Two were looked after by the local authority (although one was in the process of leaving care). Of the two young people not looked after by the local authority, one was living with a biological parent, while the other was ‘sofa-surfing’. All were currently engaged with the forensic CAMHS although the stage and progress of the interventions they were receiving varied, as did the offences they had committed (see Table 1).

**Table 1.** Summary of participants (\*pseudonyms used to preserve anonymity). [AQ4]

Participant*	Gender	Age (years)	Offence	Residential status	
1	Zoe	Female	14	Assault	LAC Residential centre
2	Ben	Male	17	Possession of an offensive weapon	LAC Independent living
3	Sam	Male	16	Drunk and disorderly	Living with father
4	Mae	Female	16	Theft and perverting the course of justice	Living with a friend

### *Procedure*

Each participant met with the researcher on one occasion for a semi-structured interview. During this meeting, the aim of the research was discussed and participants were encouraged to ask questions about the study. Written consent forms were completed and consent was also obtained from a residential key-worker for one young person (Zoe) as she was under 16. Interviews lasted between 29 and 46 minutes and were audio-recorded. They were carried out in the locations where participants met with their psychologist, in the hope that they might feel more at ease talking in a familiar environment. Each participant was asked open-ended questions and prompted as necessary from an interview topic guide. Topics included childhood experiences, family and peer relationships, hobbies, school experiences, supportive adults and health. At the end of each interview, participants were asked how they found the experience and whether there were any elements of the discussion that they wished to be omitted from the analysis. Participants were also offered a summary of the results to be sent to an address of their choice.

### *Data analysis*

Interviews were transcribed verbatim, with names and other identifiable details changed in order to preserve anonymity. Data were analysed using an inductive thematic analysis approach as described by Braun and Clarke (2006). This methodology was selected as it is an epistemologically flexible approach that is appropriate to explore a diverse range of participants' experiences without trying to fit them within any specific theoretical frameworks. After listening to audio-recordings several times and 'repeated reading' of transcripts, the entire data set was coded in a systematic fashion to identify features that were pertinent to the research question. Codes were then sorted into potential themes and relevant coded data extracts for each theme collated.

As suggested by Braun and Clarke (2006), thematic maps were developed as visual representations to aid the generation of themes. Themes were then reviewed and refined; first at the level of the coded extracts, checking that they appeared to form a coherent pattern, and second at the level of the entire data set, considering the validity of individual themes in relation to the data set as a whole. Once a satisfactory thematic map had been produced, themes were further 'defined and refined' by organising collated data extracts into a coherent story for each theme, as well as considering how these related to the overall story. The final phase involved writing up the analysis and the selection of compelling extracts from the transcripts in order to illustrate themes. In an effort to ensure the quality of the analysis, the *15-point checklist of criteria for good thematic analysis* (Braun & Clarke, 2006) was referred to throughout each stage of analysis.

**Table 2.** Summary of main themes and sub-themes.

Main themes	Sub-themes
1. People and places	<i>Environmental factors</i> living conditions, multiple changes at home and school, violence, lack of choice <i>Relationships</i> fragility of support networks, transient/superficial relationships, trust
2. Growth	<i>Personal identity</i> : aggression, control, development, empowerment, expectations <i>Emotional and psychological messages</i> : content, language, reflections
3. Managing difficult experiences	<i>Strategies</i> avoidance, self-harm, substance abuse, image, protective factors <i>Receiving services</i> : engaging with professionals, perceived value and accessibility of services

## Findings

Three main themes and six sub-themes were identified (see Table 2). The main themes are (i) people and places; (ii) growth; and (iii) managing difficult experiences.

### *People and places*

This main theme describes participants' evaluations of the settings in which they grew up. The accounts described many difficult and challenging experiences including multiple transitions, a lack of care from (or availability of) parents/carers, repeated patterns of violence across multiple contexts, and difficulties with building or maintaining relationships. This main theme comprises two sub-themes.

*Environmental factors* Participants described exposure to a range of difficult experiences while growing up including unpredictable home environments; inadequate living conditions; multiple moves; and a variety of familial difficulties (e.g. substance misuse, domestic violence and poor mental health):

... we moved to a refuge as well ... for a little bit ... [it was] horrible ... it's rough, living in refuges. All the girls there ... all the kids give you funny looks and everything and they break all your toys and it's just horrible ... I never want to go back to one of them. (Zoe)

... we didn't get a house straight away, we went and lived with me nutty aunty Jane like ... it was like me, me mum and me dad in a bed, then me sister and brother ... don't know where they were and me nutty aunty Jane, she used to live downstairs and she'd invite the whole street in when she'd had a drink ... (Sam)

All four young people described challenging environmental factors but made few direct references to any consequences of these experiences. However, one young person did demonstrate some awareness that his circumstances were not 'the norm':

We lived on one of the roughest closes ... the coppers only come on in fives ... When it was Halloween, people used to give us whiskey and that ... yeah, like them little bottles ... and we were just like, 'Oh, is that what you get around here?!' ... (Sam)



Exposure to violence appeared to be commonplace as all four young people described violence at home and at school, as well as with peers in their local communities:

... fighting, getting into trouble ... got worse ... went into care ... got even worse. (Ben)

The accounts depicted repeating patterns of violence across generations with family members as both victims and perpetrators of violence:

... it's just like ... family tradition. It's like my dad, when he was younger ... He got one of his brothers ... he stabbed him. When they were kids like ... (Sam)

Me and my brother used to fight. My brother stabbed me in the leg before. Him and me sister used to fight. Me and my mum used to fight, me and dad ... mum and my dad used to fight ... (Mae)

Parallels can be identified between those young people who formally entered the care system and those who moved between family members, as they had little say in where they lived or when they moved:

I've been all over the place ... You don't get a choice. (Ben)

I went to live with me mum for a bit, then I went back to me dad and I just kept doing that ... then in 2005 I moved out cos me dad won the court case, so basically he had custody of me then I went back with dad for a couple of years and then I went back with mum ... ever since I've been with dad cos mum's moved over [abroad]. (Sam)

All four young people described multiple exclusions and changes in academic provision. Three made direct reference to changes within primary provision as well as difficulties in secondary school, with all accounts giving little or no reference to the impact of such moves (e.g. on academic progress or any social/practical implications of these transitions):

... got excluded most months from primary school ... I changed school about 10 times. (Ben)

I never got on at school, not good with socialising ... got kicked out of primary school as well. I didn't get on with the teachers. (Mae)

I moved around a lot because of obviously my mum had an argument with my dad so then she had to move away ... I went to about 6 different primary schools ... (Zoe)

*Relationships* A number of difficulties were reported in building and maintaining relationships. Accounts suggest a sense of fragility or instability within participants' support networks, with high levels of conflict between family members and few people for participants to rely on:

I don't trust a lot of people I don't. I trust my mates and that ... I don't trust my family. (Mae)

She's [mum] blocked me [on Facebook]. Made it clear that she doesn't want anything to do with me no more ... (Sam)

These young people also described frequently being let down by the adults who should have been available to offer care and support:

. . . all my life I've always had shit dads . . . (Zoe)

I could have been bailed at nine o'clock that night cos I got arrested at half six but me mum was too lazy, couldn't be bothered to drive down . . . I was there for 18 hours . . .! (Sam)

However, despite high levels of conflict and the unreliable nature of family relationships, some accounts still alluded to the importance of family loyalty. For example, Mae described dropping charges against her brother:

. . . he just stabbed me I suppose. I got him arrested and then I dropped the charges on it cos he's my brother . . . (Mae)

In addition, participants recognised potential drawbacks of building relationships with peers, both in terms of the transient nature of these relationships (as peers may experience similar levels of chaos and instability in their own lives) and the 'risks' of confiding in others who could potentially share that information or use it against them:

Since I was living in the third care home . . . I was there for seven years. I made quite a lot of friends there. Some good, some not so good. (Ben)

I've got quite a few friends it's just that I don't really see them . . . I do meet them now and then but . . . they like to drink and that and I just can't be arsed . . . and they just want to get into trouble and that and I can't get in trouble again . . . (Mae)

## *Growth*

This main theme describes participants' perceptions of their identity and development over time, with consideration given to the emotional and psychological content of their descriptions. Accounts provided a sense of moving along a trajectory from young children 'acting out' in response to their environments; through a more reflective stage, in which young people took a step back and began to consider situations they found themselves in; before reaching a position in which participants were able to look beyond their day-to-day circumstances with some hope that their lives could be different in the future.

*Personal identity.* All four participants referred to aggression or violence as one of their defining characteristics and described using, or threatening to use, violence in order to exert influence over others:

I went a bit psychopathic and I tried to stab him. I took a weapon into school and nearly got 5 years for it. (Zoe)

I would have broken their nose . . . it's what I'm known for. (Ben)

When discussing what was happening in their lives when they first came into contact with the youth justice service, participants described a range of difficult behaviours and conflict across all settings. It is interesting to note that none of the young people explained their challenging behaviours as resulting from the complex (often arguably traumatic) factors that they experienced, preferring to describe their difficulties using diagnostic terms (e.g. Attention Deficit Hyperactivity Disorder (ADHD), attachment disorder) or with language that internalised these behaviours:

I suffer from attachment disorder so I find it really difficult to form relationships . . . I've been diagnosed with it since I was a baby. (Zoe)

I'm an angry person . . . but, I have been since I was young. (Ben)

Accounts illustrated frustration around the judgements made by others; in particular, the expectations of authority figures such as teachers, social workers and the police:

. . . apparently I was a 'nutcase' . . . [laughs] . . . so, I put his window through. (Ben)

Participants' language further highlighted a perceived lack of control over decisions made about them, with phrases such as 'sent to' or 'put in', suggesting an external locus of control:

Instead of going to an average high school they put me in a behaviour school for naughty children . . . got kicked out of there after four months too and then sent to another one. (Ben)

The expectations of others appeared to play an important role in determining behaviour, with accounts illustrating aggressive behaviour as a method of standing up for themselves against day-to-day injustices:

. . . if you didn't do what you were told, they'd get physical and so I got physical with them . . . I broke a teacher's nose. (Ben)

. . . one of the teachers kicked off and I head-butted him . . . cos he gripped me. I was going up the right way on the stairs and he told me to go that way, which was the wrong way and I thought 'nah, I'm going this way' and he just gripped me, so I head-butted him . . . (Sam)

However, there was also a suggestion that participants held some 'rules' for violence, with participants assessing situations and displaying a level of control over aggressive behaviour in certain circumstances:

I rang the old bill instead of punching her . . . cos it was a woman, so I weren't going to punch her, I rung the old bill instead. (Ben)

The accounts provide a range of examples of participants taking control in potentially difficult or challenging situations. For example, when talking about one of his foster placements, Ben described feeling that although the eventual outcome was inevitable, he took control of how and when that outcome would occur:

I knew I'd be there a short time . . . I made sure of it. (Ben)

Participants also spoke of taking charge of their lives in order to refute the assumptions made about them or to maintain the positive relationships in their lives:

I might have a bit of a smoke and a drink some days, but I won't tell her [girlfriend] . . . I told her that I've quit smoking but when she's here I have to tell my dad not to chuck me a fag. (Sam)

I've proved most people wrong because they expected me to be in prison by now . . . (Ben)

Similarly, both Zoe and Mae took control over the end of their research interviews:

. . . how long's left of this interview . . . ? How much more information do you need? It's just . . . I've got plans . . . (Zoe)

Is that enough now? I need more sugar for my coffee, it's too strong . . . (Mae)

*Emotional and psychological messages.* An interesting point is that participants' accounts contained very few 'emotional labels' (e.g. anxiety, fear, depression) commonly used by professionals or researchers; however, their accounts provide a very rich sense of emotional content. For instance, although none talked explicitly about *traumatic* events or feelings of *vulnerability* or *distress*, the language used gives a very strong indication of these emotional or psychological states:

I lost my baby . . . it was just shit man. I didn't want to eat or . . . I didn't want to eat after it or anything like but . . . shit happens! My mum didn't care either, nor my sister or brother. They don't give a shit because it's not about them, is it?! (Mae)

Participants also portrayed a sense of being unprotected and vulnerable as they described managing difficult life experiences on their own due to an absence of emotional support and, at times, abuse from caregivers:

The woman [foster-carer] was an abusing bitch and if I met her now, I'd break her jaw . . . I was physically assaulted for two years. (Ben)

Back then like when I first did that offence . . . errrr, I wasn't bothered like . . . cos no-one give a crap. Cos then I was living with me mum and she wasn't bothered if I was drugging it or getting smashed . . . (Sam)

Three participants (Zoe, Ben and Sam) offered some reflection on how they had changed over time. This was discussed largely in terms of behavioural changes and increased opportunities to make choices for themselves but offered a sense of hope that their lives might be different in the future:

I used to be a little shit when I was little. I used to put holes in the walls and everything . . . I've calmed down a lot like, cos I used to be hot headed. I used to always like fighting and then, when you grow up like, you grow out of it. (Sam)

Furthermore, these participants also demonstrated that they had been able to take a step back from the complexities of day-to-day life and consider options available to them. In doing this, they reported a greater sense of empowerment with the ability to consider their own role and the role of others in their current situations:

Obviously when I was a bit older and had choices I made them myself . . . they were my mistakes but, where I lived, who I was cared by wasn't my choice. So, I can't hold that responsibility. Me getting into trouble with the police . . . I chose to do that, but did I choose to be in foster care? Did I choose to be in care homes? Nope. They chose that. So that's their fault. (Ben)

In contrast, Mae's account gave a sense that she had not moved as far along this 'trajectory' as the other participants. Rather than discussing 'change', Mae appeared generally 'stuck' at a stage in which she felt angry and powerless about her situation, simply dealing with each difficult experience as it occurred; this did not appear to be related to her age or cognitive development:

I wasn't even meant to be. They didn't even want me . . . My mum, she told me straight. She didn't want me. Well its tough shit, cos I'm here . . .! (Mae)

### *Managing difficult experiences*

This theme is defined by the ability of young people to manage the difficult experiences that they face on a day-to-day basis. The main theme incorporates two sub-themes which detail the use of a range of coping strategies, together with a discussion of participants' experiences of receiving services from professionals.

*Strategies* All four accounts suggested some avoidance or denial of affect. Participants described many challenging or traumatic experiences and appeared almost resigned to accepting these experiences as part of everyday life:

. . . it's just the way the cookie crumbles though, isn't it . . .? (Zoe)

That was just the way it was . . . it doesn't bother me . . . it's just one of those things that you get over . . . (Ben)

In contrast however, despite stating that they did not care about these challenging experiences, all four young people spoke about putting themselves in risky situations or the use of harmful behaviours (e.g. cutting, alcohol, drugs) as useful coping strategies:

You just don't think, do you, you just . . . you get that pissed you don't understand . . . fighting . . . the streets . . . no rules. Just letting out aggression . . . (Ben)

After I had cut myself that was it then. It was all done, all better . . . yeah, people saw it. I didn't hide it. I wasn't ashamed of it. I had no reason to be. (Mae)

Three participants were able to identify more positive strategies (hobbies, college, making choices for themselves):

. . . I didn't really want to do it [running club] at first but then I thought it takes all my anger out so . . . I start college after next week . . . just studying cars and that really. I know a lot about them already like . . . it's just so I can get my certificate and then get a job. (Sam)

I'm going to be going to college . . . so I'm not actually going to have time to misbehave. (Zoe)

However, there was still a sense that these young people felt that they would revert back to old coping behaviours in times of stress:

. . . me dad as well like, he hasn't got long to live . . . he's got cancer . . . Me girlfriend's mum said she'll be there for me like but I don't want to rely on them, you know what I mean? I'd rely on myself to be honest. That's what I've said to my girlfriend, that I'll probably go back on the drugs and beer . . . but . . . it's nowt to worry about. It's not like it's something I haven't done before . . . (Sam)

*Receiving services* Young people expressed some feelings of frustration and even anger about services received from professionals. A common criticism was that professionals did not take time to build a relationship with them before forming hypotheses:

CAMHS are shit! They think they know it all . . . thinking they know everything about you, they've met you and cos they've got a brief description on a piece of paper, they 'know' you. (Ben)

I hate them [social services] I do . . . they don't listen to you . . . they say they're here to help you but all they do is flippin' whinge all the time . . . when I got arrested and that, I had one, a stupid fucking social worker and she just kept asking me if I wanted to live at home and that. She was saying that I'd be better off away from home and that. She didn't even fucking know me! She didn't even know me to say that . . . (Mae)

Another area of dissatisfaction related to young people's perceived value of services. In particular, long waiting lists, the appropriateness of services and professionals using patronising language were all factors contributing to participants disengaging from services:

. . . it's just the way they talk to you . . . terms they use that make it really patronising, I'd rather talk to someone my own age and whatever . . . they're not going to judge me, they're not going to like laugh . . . (Zoe)

I only went for a couple of weeks. Then I got bored and I thought to myself 'nah, this aint doing no good' . . . you have to wait six months to get in too. (Sam)

However, two young people highlighted some positive experiences of services, focusing on the personal characteristics of the workers, rather than professional background or type of intervention used:

They [psychologists] just didn't try to judge me . . . they didn't reckon they knew it all. They weren't as cocky as CAMHS. (Ben)

Qualities that were highly valued included being patient, allowing the young person to talk in their own time and the perceived accessibility or flexibility of the worker in terms of appointment times/venues:

I feel I can just talk to her [YOT health-worker] . . . I can just ring her, whenever I need to yeah . . . it's flexible. (Mae)

## Discussion

The importance of effective mental health services for young people who have had difficult early experiences, and of listening to the views of young people themselves, has been well documented (Anderson et al., 2004; DH, 2004, 2009; Naylor et al., 2008; Paton et al., 2009). The current study explored issues around transition, instability and coping behaviours with young people attending a specialist forensic CAMHS. Three main themes were identified: people and places; growth; and managing difficult experiences.

Consistent with previous research, participants in this study described a range of challenging contextual factors including inadequate living arrangements; multiple moves; difficulties building and maintaining relationships; fragile support systems; and widespread experiences of violence or conflict (Bekaert, 2004; Callaghan et al., 2003; Carswell et al., 2004; Cruise & Ford, 2011; Dallos, 2005; Paton et al., 2009; Stallard et al., 2003;). Participants referred to violence or aggression as one of their defining characteristics and described the use of threatening behaviour as a means of self-protection. This finding is also reflected within existing research (Paton et al., 2009).

In contrast however, while participants in the current study spoke about a number of transitions between foster placements/carers, they also reported numerous transitions between educational settings. Paton et al. (2009) described difficulties for this population beginning at secondary transfer, whereas the participants in the current study highlighted difficulties at a much earlier stage with several transitions between primary schools. As it has been demonstrated that multiple transitions may be experienced as a series of significant losses, resulting in difficulties building trust or maintaining relationships, this is an area that requires further research (Unrau et al., 2008).

A finding from the current study that does not appear to be reflected in existing research is the sense of 'psychological growth' portrayed by three of the participants. These accounts provided an impression of *developing* or *moving along* a trajectory from a young child 'acting out' in response to the environments in which they were living, through a more reflective stage, in which they were able to take a step back and consider the situations they found themselves in, before reaching a position in which they were able to look beyond their day-to-day circumstances with some hope that their lives could be different in the future. A central aspect of this growth was 'choice'. Fuelled by a sense of frustration from appraisals made about them and a desire to contradict these opinions, young people described a sense of empowerment from taking a step back and making considered choices about their actions. However, there was still a sense that they may revert to old patterns of coping behaviour in times of stress.

Evidence has suggested that young offenders (particularly those serving community sentences) lack appropriate coping strategies and protective influences (Carswell et al., 2004; Paton et al., 2009; Stallard et al., 2003). One of the most notable defences illustrated by participants in this study was an avoidance or denial of affect. Despite all four young people using self-harming or self-punishing behaviours (e.g. cutting, substance misuse or risk-taking) as

a way of dealing with difficult emotions, their accounts of arguably distressing life experiences contained very few 'emotional labels' or terms that may be used by professionals or researchers (e.g. anxiety, fear or trauma). This finding is supported by existing research (Paton et al., 2009) and further highlights the need for services to consider levels of emotional literacy or psychological understanding when developing screening tools or assessment measures. Although the participants in the current study did not describe themselves as 'fearful' or 'distressed', their accounts provided a very rich sense of this emotional content.

Previous studies have documented a range of psychological, social and cultural barriers for young offenders accessing services in the community (Walsh et al., 2011). The current study provides further support for this as participants experienced receiving services as largely unhelpful due to long waiting lists, limited flexibility/availability of professionals and the use of patronising or judgemental language. In contrast, when describing positive experiences of services, participants tended to focus on the personal characteristics of the workers rather than specifics of the intervention or service itself, consistent with the findings of Naylor et al. (2008).

### *Clinical implications*

Given the avoidance or denial of affect often shown by young offenders, there are clinical implications for individual work that focuses on the recognition and expression of emotions as well as support to develop resiliency skills. There may be an argument for the use of narrative approaches to help young people to externalise or re-story some of their experiences, particularly as this population has been shown to internalise negative characteristics (Dallos, 2005). Systemic approaches may also be helpful in building up protective factors for the young person before embarking on any individual therapeutic work. Similarly, there is also a role for experienced CAMHS clinicians from a wide variety of backgrounds to offer training and consultation for YOTs, schools and other agencies to promote understanding of young people's transitions, mental health and the impact of trauma or difficult early experiences. By providing psychological support to the systems around the young person, those systems can then be helped to promote satisfactory attachment relationships, allowing the young person to build trust in others and to develop their own emotional understanding and regulation. To this end, findings from this study have been shared with relevant YOTs to inform screening and intervention.

### *Limitations and future research*

A number of difficulties were encountered in recruiting for this study. Although several potentially suitable participants were identified, the majority did not wish to take part. Furthermore, despite efforts to stress the confidential nature of participation, they were still actively involved with the YOT and may have had some reservations about sharing information in case it was used against them. This may highlight concerns regarding how trustworthy professionals are seen to be by young people. Furthermore, by accessing young people already engaged with a clinical psychologist, it was hoped that participants would be familiar with talking about life events and would therefore be in a position to provide rich accounts of these experiences. However, the length of time that young people had been engaging with forensic CAMHS was not measured. It is possible, therefore, that some participants may have had little experience of 'telling their stories'. Future research may benefit from accessing young people at the completion of therapeutic intervention.



There is a clear need for further research with young offenders in the community. However, findings have illustrated long-standing difficulties in engaging this population as professionals and researchers are often faced with resistance or distrust. Research interviews in this study were conducted in surroundings that were familiar to participants in an effort to make them feel more at ease. However, given that these environments were also the therapeutic spaces in which participants met with their psychologists, it is possible that these settings themselves may have influenced topics that participants felt they should talk about. Future research may benefit from the careful consideration of contextual factors, finding a balance between neutral environments in which the researcher is not perceived to hold ‘power’ (e.g. clinics, schools) while also not imposing on a young person’s personal space.

In light of the findings around psychological growth, further exploration of the conditions under which this ‘growth’ can take place is warranted. It appears that those participants who described experiencing change over time had been given opportunities and space for reflection and as a result, benefitted from a sense of greater empowerment. However, there was also a suggestion that in times of stress, they may revert to ‘old’ coping strategies and behaviours. Further examination of the ways in which young people can be supported to reflect on their experiences in a non-judgemental/non-blaming way and the development of strategies for providing consistent, reliable support to enable them to ‘hold on to’/generalise positive changes may be beneficial.

Given that differences in language used by young people and professionals when talking about life experiences have been highlighted, it seems imperative that this is taken into consideration by professionals when engaging with ‘hard-to-reach’ groups of young people. In order to facilitate these interactions and to promote narratives of change, it is important to develop a shared language, which is informative and free of jargon. More specifically, as young offenders in the community have been identified as a group who typically find accessing community mental health services challenging, it may be valuable to consider how typical ‘initial appointments’ within these services are experienced by young people. In particular, the language used in common screening tools and assessment measures and the difficulties that these may pose for young people who are not experienced in using emotional or psychological labels could be considered. This is arguably even more challenging when working through interpreters or where English is not a first language and highlights a need for sensitive, flexible approaches to assessment and for partnership agencies (such as interpreting services) to develop a broad understanding of mental health presentations and associated risk factors.

## Conclusion

This study explored issues of transition, instability and coping behaviours for young offenders within a specialist forensic CAMHS. Findings suggest that young offenders are exposed to a wide range of challenging contextual factors including unpredictable or inadequate home environments, numerous transitions, limited engagement with educational settings, and a lack of social support, lending further support to the findings of Paton et al. (2009). Furthermore, accounts revealed that these young people had largely negative experiences of services, tending to use a range of self-harming or self-punishing behaviours as coping strategies in times of stress. Given that psychosocial stressors, such as those illustrated by the current study, have been associated with the onset or deterioration of mental health difficulties (Cruise & Ford, 2011), the need for further research to develop professionals’ understanding of the influence of early experiences on young offenders’ behaviour is indicated.

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**Author biographies** [AQ6]