

# Addressing the Mental Health Needs of Young Offenders

by

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World Awareness for Children in Trauma (WACIT)



## Young offenders

Who we mean by 'young offenders' differs, depending on the age of criminal responsibility, which varies enormously between countries.

Age of criminal responsibility is the minimum age when an individual becomes responsible for their actions in the eyes of the court system.

- This can be as low as nine years in Gambia. The majority of countries have an age of responsibility between 10-12 years, but it can be as high as 18 years in countries such as Brazil and Chile. This means that those young people who commit an offence and are under 18 are dealt with by socio-educative measures, which could include community service.

Even when young people are deemed to have criminal responsibility, there should be more of a concern with rehabilitation than incarceration, as well as tackling underlying risk factors for the offending behaviours.

Overall, evidence suggests that community-based interventions linked with family psychosocial and educational support are more effective than narrow programmes that only target the offending behaviours. Such programmes maybe in their infancy in many countries, not widely available, or lack adequate resources.

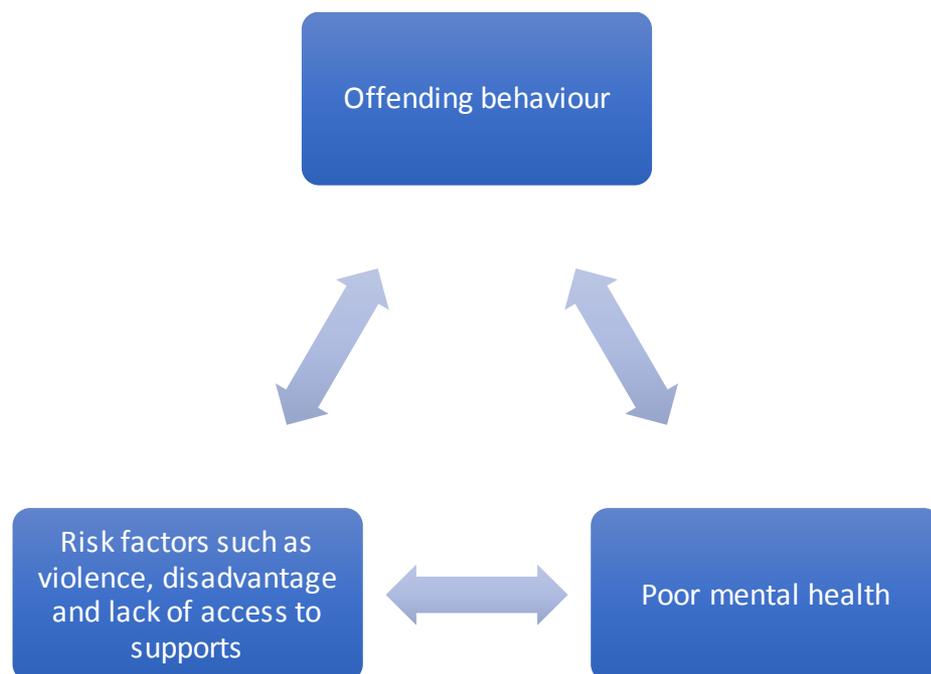
When the nature of a serious offence leads to a secure placement, this should also be driven by the same principles of holistic care and rehabilitation, as much as possible.

## Mental health and offending

Mental health includes emotional and social wellbeing. This is processed and expressed through thoughts, feelings and acts. All these domains in a child's or young person's mental wellbeing can play a role in relation to offending behaviour.

The role of mental health in offending behaviour can be either causal in the behaviour, or a consequence of the child's experiences (stressors) after the offence such as receiving a custodial sentence. Most commonly though both functions are influenced by common risk factors within the home and the community.

Such risk factors include experience or exposure to violence (domestic, physical or sexual abuse, bullying or community violence), other traumatic events, living in a disadvantaged environment, school and social exclusion.



- Children living in poverty can be more exposed to offending behaviour and violence in their neighbourhoods. High levels of unemployment and no escape routes means that a high proportion of young people are turning to illegal means of gaining money. This is compounded by lack of activities, resulting boredom, and peer pressure.

- Drug and alcohol use play an additional role in this perpetuation of offending in young life.

**Examples of this vicious cycle can be:**

- Children growing up in poor environments are more likely to experience harsh and rejecting parenting styles, and to witness domestic and community violence on a regular basis, which gives violence a normalized connotation.

- These children can often be victims of physical or sexual abuse, bullying and community violence themselves. Suffering recurrent and inter-linked trauma can result in the child experiencing emotions that they find difficult to understand. These can, in turn, lead to both mental health problems and offending behaviours, if these experiences are not understood and the child does not build resilience, instead turning to violence and offending as maladaptive coping strategies.

## Emotional dysregulation as a mediating factor between experiencing trauma and offending

Emotional dysregulation is a lack of ability to control or regulate emotional responses.

This can happen after a child has suffered trauma such as emotional, physical or sexual abuse. Emotional dysregulation is a sign that the child is not understanding their emotions as they should at that age, because they misconstrue their past experiences as a blueprint for their life. Unless these children are given an alternative upbringing, nurturing and other appropriate supports, they may continue to act on that false blueprint.

Being a victim can create a complex mix of emotions such as fear, guilt, and even responsibility for the incident against them. Consequently, the child cannot process their emotions effectively or understand them. This resulting emotional dysregulation may be masked by aggressive and offending behaviour. Unless caregivers and professionals view such behaviours in the context of having suffered trauma, and try to tackle *both* the cause (trauma) and effect (behaviour), this pattern is unlikely to change.

In addition to acting out through aggression, children who have experienced trauma and cannot regulate their emotions usually also internalize their distress through anxiety, low mood or deliberate self-harm as a way of coping with their complex mix of emotions. These emotional experiences are easily missed if caregivers and professionals involved only focus on the offending behaviour.

Low self-esteem, family and peer relationship difficulties, school exclusion and the consequences of offending are likely to reinforce these mental health difficulties unless the child receives help at different levels.

## Pattern of mental health problems among young offenders

Many studies have been conducted across the world, and in different juvenile (community or custodial settings). They have all found high rates of mental health problems, ranging from 25% to over 60%, compared with about 10% in the general population.

Mental health problems can increase as a result of:

- Stressful judicial process
- Punitive custodial settings and other environments
- Restrictive access to families and limited control over their day
- Bullying, abuse or fear of abuse, which are common risk factors in secure settings

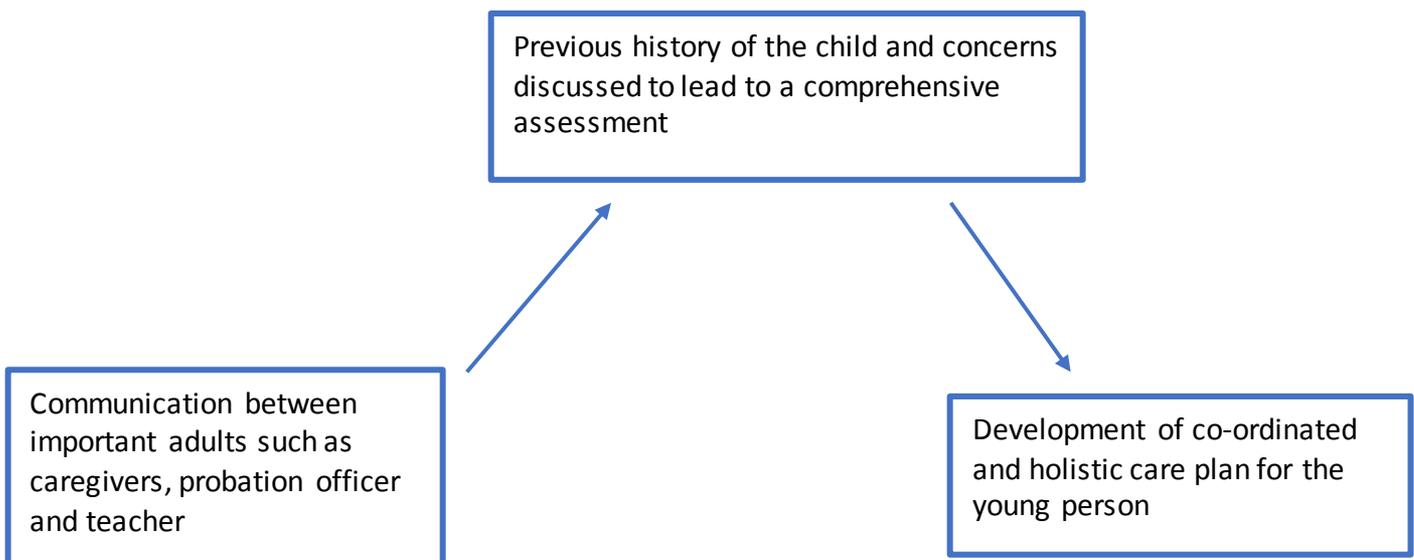
Suicidal ideation and acts are particularly prominent in secure settings, with many tragedies routinely being reported globally.

## Establishing a young person's mental health needs

In addition to engaging and meeting with the young person, it is important to involve all important adults involved in their care such as:

- Parents or caregivers
- Probation or other juvenile officer
- Social worker, teacher or other professional

Corroboration of concerns, previous history and, preferably, discussion at an inter-agency meeting will help to establish a comprehensive picture of the young person's needs, and to formulate a co-ordinated and holistic care plan.



## Engaging the young person may be difficult, but is paramount for any intervention to be effective

- Take into account their background. Have they experienced violence and a lot of instability? This is important, as what a young person has experienced in their past will affect how they view and respond, for example, to adults in authority or specific actions such as being shouted at. This needs acknowledgment, as otherwise the young person may not be willing to talk in particular situations.
- The way to properly take into account a young offender's background is through careful preparation and understanding in detail of their past and what may have led to the current offending behaviour. It is important to create a safe space to allow the young person to have some control over their emotions and not to feel patronized.
- Alongside this, it is important to have feedback from all the adults involved in their care. An adult who the young person particularly trusts should accompany them to appointments.
- It is not usually helpful to jump straight into sensitive subjects such as past trauma, unless the young person gives a clear indication that they want to share such information. It is likely that the young person will have seen different professionals before, and maybe suspicious or anxious because of the court involvement. It may thus take a few meetings before establishing a therapeutic relationship, so that they feel safe and comfortable.

## Principles and strategies of addressing mental health needs

As already discussed, the relationship between offending and mental health is complex, and involves other risk factors in the young person's environment.

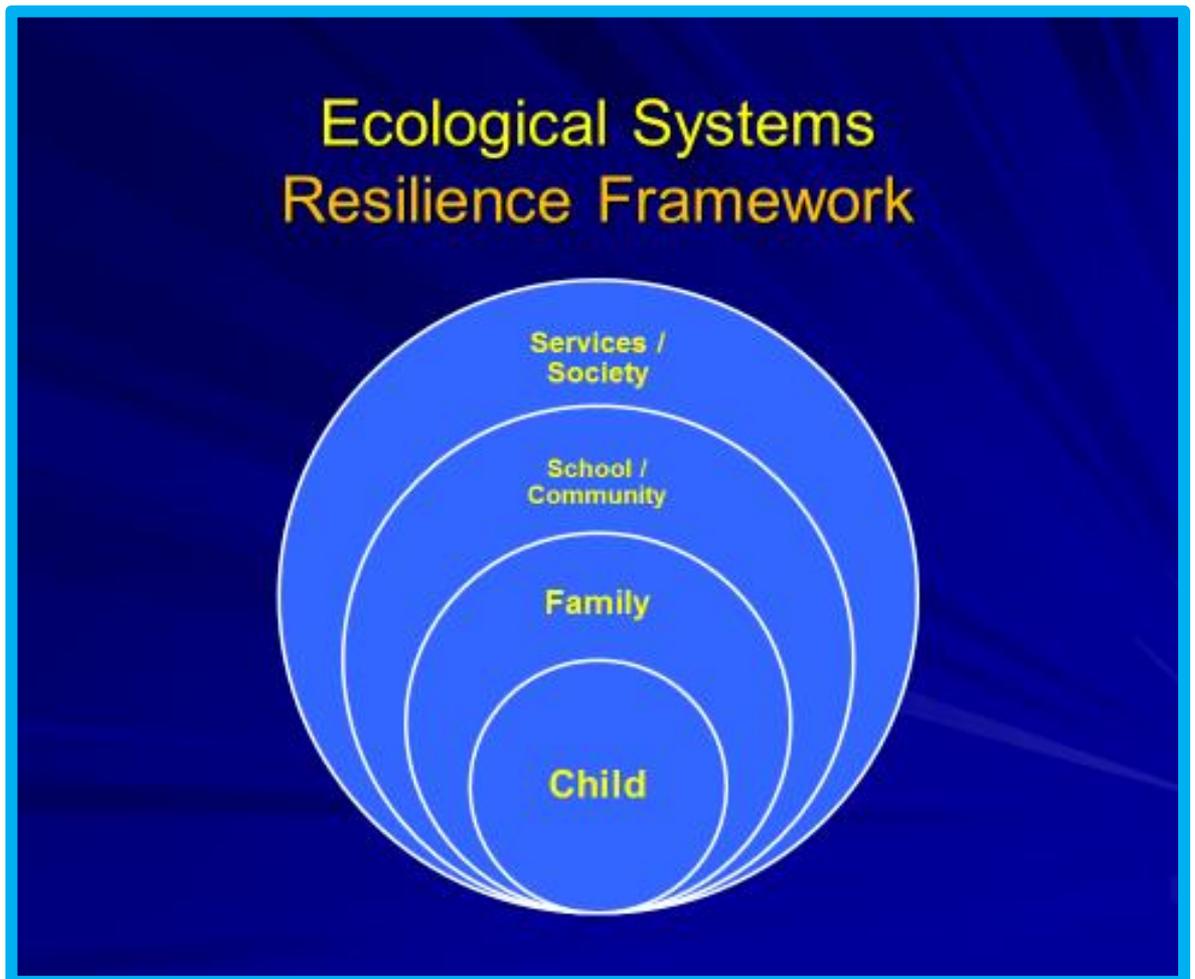
Consequently, it is important to understand those factors in each situation and develop a tailored plan.

Interventions are more likely to be effective if these factors are addressed jointly by agencies involved, for example an individual mental health intervention (if deemed appropriate), family support, educational re-integration, and management of the offending behaviour.

Such a holistic approach should aim to enhance the young person's resilience across all the relevant domains, in order to reduce the possibility of them entering back into offending behaviour.



As with other vulnerable groups, it can be useful to view the child or young person through an ecological systems framework, which can help to identify areas for intervention at individual, family, school and community level.



## Additional strategies and skills

In addition to each of the above levels of intervention, every caregiver and practitioner involved can help the young person by developing a trusting relationship, acting as role model, enhancing their self-esteem through new opportunities tailored to their strengths, and reducing their isolation.

These include positive approaches, not often endorsed through the juvenile process, such as:

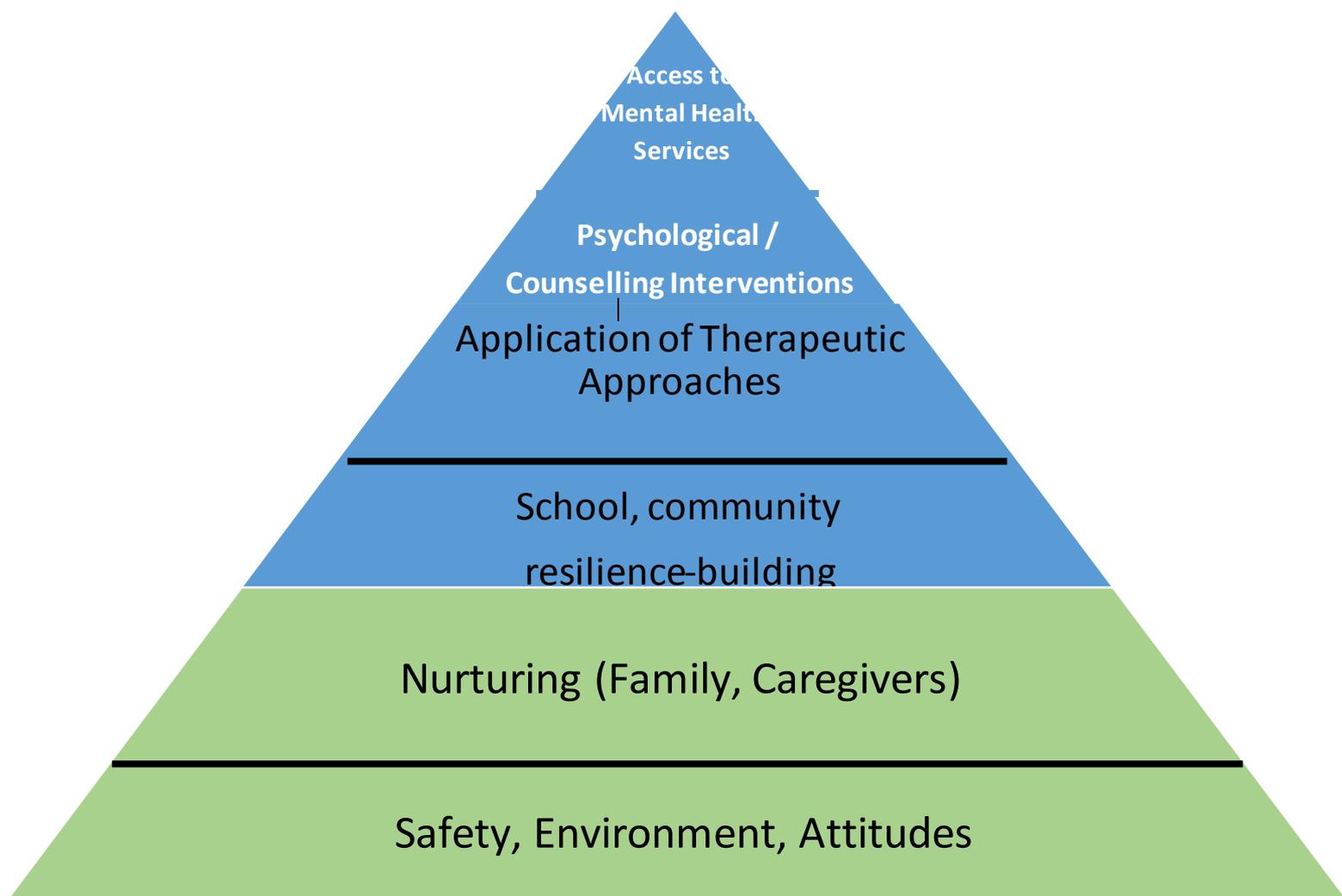
- Nurturing
- Empowerment
- Listening
- Clear communication
- Positive social interactions
- Contact with family
- Opportunities for education and employment
- Life skills
- Problem-solving
- Adaptive coping strategies

## Wider systemic changes to improve young offenders' mental health and to reduce offending

- Influence judicial legislation and policy, by linking with child welfare principles and programmes
- Make environments such as custodial settings safe, more child-centred and nurturing
- Link the judicial system with agencies providing family support, education and mental health input, through the establishment of inter-professional networks
- Establish joint care pathways for seamless care and direct access to mental health interventions
- Training for courts staff (judges, lawyers, probation officers, custodial staff) in mental health awareness and basic competencies
- Training for mental health practitioners on the particular needs of young offenders and court systems

Strategies to improve policy, service gaps and practice gaps and priorities can be considered along the six dimensions of the WACIT psychosocial model for vulnerable children and young people, particularly where specialist resources are limited:

## WACIT Psychosocial Model



For more information on WACIT ([www.wacit.org](http://www.wacit.org)), please contact:

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