

“That boy's life in prison is driven by the prison regime, not his care” – Prison Officers’ Experiences of Trauma Informed Care in a Young Offender’s Institute: A Reflexive Thematic Analysis.

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I confirm that the thesis submitted is the outcome of work that I have undertaken during my programme of study, and except where explicitly stated, it is all my own work.

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Preface

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"It is said that the darkest hour of the night comes just before the dawn" – Paulo Coelho

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Thesis Abstract

Paper one is a literature review which aimed to better understand the relationship between attachment security and youth offending, particularly if attachment insecurity is overrepresented in youth offender populations, differences by offence type, if attachment style predicts youth offending, and mechanisms linking attachment and offending. Findings suggested insecure attachment is dominant in young offenders, with anxious ambivalent and anxious avoidant attachment styles most common. Differences were found amongst offence type, with sexual offending associated with attachment anxiety compared with non-sexual offending. The relationship between experiences of abuse, attachment, and youth offending requires further exploration.

Paper two is an empirical research paper exploring prison officers' experiences of trauma-informed care in a young offender's institute. Seven prison officers participated in semi-structured interviews, analysed using Reflexive Thematic Analysis (RTA). Three main themes and eight subthemes were formed; Worn thin: 'Under resourced and overburdened', Support deficit: 'The challenge of an unsupported framework', and Relational foundations: 'Supporting young people through connection'. Findings suggest implementation of Trauma Informed Care was challenging, due to feeling invalidated by management, with time constraints and regime prioritisation barriers to implementation. Findings also suggest staff have developed skills to meet young people's needs in a challenging environment, with a desire for further development. Future research exploring staff experiences in management roles, as well as recruiting a diverse sample, and an understanding of staff beliefs and values in relation to trauma-informed care is required.

Paper three is an executive summary which aims to provide a concise accessible summary of paper two. Two volunteers with experience of working within a UK YOI contributed feedback on the structure and language use. This paper will be disseminated to participants, and key stakeholders at the research site. It can also be disseminated to staff working within YOIs and secure settings across the UK.

Paper One: Literature Review

What is known about the relationship between attachment security and offending in youth offenders? A review of the literature

Author note:

This paper has been written in accordance with the author guidelines for the journal "Children and Youth Services Review" (Appendix A)

Word count: 7998

(Excluding Title Page, References and Appendices)

Abstract

Background

Research indicates a potential relationship between attachment insecurity and offending (Ireland & Power, 2004), however research is limited in youth populations despite rates of youth offending rising across the UK, with a year-on-year increase for the second consecutive year, rising by 4% (Youth Justice Statistics, 2024) and rates in the USA rising by 9% since 2016 (Puzzanchera, 2022). Youth offenders are at increased risk of developing attachment insecurity, influenced by various contextual factors. Further exploration is needed to understand the role of attachment security and wider factors in youth offending.

Objective

The review aims to better understand the relationship between attachment security and youth offending, namely if attachment insecurity is overrepresented in young offender populations, differences by offence type, if attachment style predicts youth offending, and mechanisms linking attachment and offending.

Methods

A systematic search of five healthcare databases was conducted, following selection and screening, eighteen papers were included in the review. Samples were mainly drawn from secure settings. Papers were appraised using the Crowe Critical Appraisal Tool (CCAT; Crowe & Sheppard, 2013), and findings narratively synthesised following guidance by Popay et al. (2006).

Results

Insecure attachment, particularly anxious ambivalent and anxious avoidant attachment styles are dominant in young offenders. Attachment anxiety was associated with sexual offending. Communication difficulties associated with non-sexual offending. Potential mechanisms explaining the relationship between attachment insecurity and offending, included the nature of the primary caregiver relationship and emotional dysregulation. Further exploration of abuse experiences, isolation and their relationship with attachment and offending is needed.

Conclusions: The synthesis indicates nurturing positive relationships and building emotional regulation skills should be targeted, using trauma informed approaches.

1. Introduction

Previous research suggests there may be an association between attachment security and offending (Ireland & Power, 2004), however limited research to date has examined this relationship in youth populations. With rates of youth offending rising across the UK (Youth Justice Statistics, 2024) and USA (Puzzanchera, 2022), more needs to be understood about the role attachment plays in youth offending to support young offenders and the systems supporting them, with attachment to caregivers shaping emotional development, and social learning, which can protect or mitigate against the risk of offending (Eilert & Buchheim, 2023).

Attachment is defined as the child's bond with their caregiver, driven by an innate need for safety and security, with development shaped by the caregiver's sensitivity and responsiveness to a child's needs. A child's attachment style is influenced by the quality of early attachment, where consistent care and emotional responsiveness promote secure attachments, developing confidence and supporting healthy relationships later in life (Ainsworth, 1993; Bowlby, 1969).

Mary Ainsworth identified three main attachment styles; secure, ambivalent-insecure, and avoidant-insecure (Ainsworth, 1978), with an additional style referred to as disorganised attachment later developed (Main & Solomon, 1990). See Appendix B for a glossary of terms regarding attachment. Emergence of attachment style is influenced by the caregiver's sensitivity and responsiveness to the child's needs (Bowlby, 1969). Consistently met emotional and physical needs support development of secure attachment, with inconsistent, unresponsive, or neglectful responses leading to development of ambivalent, avoidant, or disorganised attachment styles as adaptive strategies to cope with fear and uncertainty (Ainsworth, 1978), in addition to maintaining proximity to the caregiver (Collins & Feeney, 2004), even if the relationship lacks predictability and safety (Rholes et al., 1995).

Bowlby's (1969) theory of attachment supports understanding of offending, with attachment insecurity impacting children's ability to regulate their emotions through emotional disengagement to minimise activation of attachment needs (Mikulincer & Shaver, 2019), leading to an increased risk of offending (Eilert & Buchheim, 2023; Hovee et al., 2012). Attachment insecurity in the caregiving relationship leads to children searching for a secure base elsewhere, with criminal gangs often acting as attachment figures, adding to risk of offending through providing young people with perceived security and feelings of belonging (De Vito, 2020). Offending behaviour and attachment are also conceptualised by social control theory (Hirschi, 1969), suggesting securely attached children are less likely to offend, as not wanting to disappoint caregivers and risk rupture in their relationship, serves as a control for behaviour, with instability in the caregiver relationship a risk factor for offending.

A range of contextual factors put young offenders at an increased risk of developing attachment insecurity. Research has found young offenders have more unmet needs from caregivers than non-offenders (Chitasbesan & Bailey, 2006), increased exposure to traumatic events (Abram et al., 2004), experiences of abuse (Gray et al., 2021), instability in the caregiving relationship (Burk & Burkhart, 2003), and poor parental supervision throughout childhood (Beyers et al., 2003). Factors including parental criminality and incarceration, parental mental health difficulties, and economic deprivation also impact caregivers' ability to support children's needs (Nijhof et al., 2009). Childhood maltreatment is suggested as a key factor in the development of one's attachment style (Baer & Martinez, 2006), with exposure to maltreatment associated with an increased risk of youth offending (Abram et al., 2004; Ryan et al., 2013), and reduced likelihood of secure attachment with a primary caregiver (Trentacosta & Shaw, 2008).

Insecurely attached youth are more likely to use violent behaviour as a response to manage discomfort (Parsons, 2009). Research has also suggested youth offending is a display of negative affect to regulate parental attention (Barry, 2007) and seek danger to elicit protection (Crittenden et al., 2001) through unmet attachment needs during early relationships. Attachment insecurity impairs individuals' ability to experience empathy, heightening risk of offending by reduced awareness of the harm their behaviours may cause others (Burnette et al., 2009). Additionally, insecure attachment contributes to negative internal working models of self, where

individuals perceive themselves as unworthy of care (Kobak & Bosmans, 2018), leading to feelings of shame that can manifest as aggression or other offending behaviours.

The need for further research has been highlighted by Casswell et al. (2012), highlighting young offenders' difficulties in their ability to adaptively cope with difficult life events and subsequent trauma linked with difficulties in emotional regulation, stemming from early attachments. Research to date has largely focused on attachment in adult offenders, finding a link between insecure attachment and offending, with mixed results in relation to offence type (Ogilvie et al., 2014). The meta-analysis found some studies reported greater attachment insecurity in sexual offenders, and some in non-sexual offenders. However, there is a need to focus on the relationship between attachment security and youth offending, with limited research currently. Ogilvie et al. (2014) recommended the relationship between insecure attachment and offending is explored further, with possible influencing factors to be explored.

Youth offenders are also more likely to reoffend than adults, with 31% of children reoffending (Ministry of Justice, 2023). Addressing attachment styles during interventions in custody have been found to improve motivation to complete interventions (Brenk-Franz et al., 2016), and build therapeutic rapport (Taylor et al., 2015). A better understanding of this relationship would support services in delivering appropriate interventions to address attachment difficulties such as trauma-informed care (Harris & Fallot, 2001) and support improved risk assessment and prevention strategies (Raikes & Thompson, 2005). Further research is needed to understand the relationship between attachment insecurity and youth offending, including wider factors that may impact this relationship.

1.1 Rationale and Aims of the Review

High levels of attachment insecurity have been found in youth offenders across a range of offences (Ross & Pfafflin, 2007; Wood & Riggs, 2008). Research suggests youth display offending behaviours to elicit protection from family and peers (Crittenden et al., 2001), with this linked to attachment style, although more evidence is needed. There is currently a lack of synthesis in the literature of the relationship

between attachment security and offending in youth offenders. An understanding of this relationship and influencing factors is key to supporting young people to develop secure attachments (Pickreign et al., 2011), reduce risk of reoffending, and understand how agencies can support with the risk of emotional dysregulation attachment insecurity presents (Beyond Youth Custody, 2024).

Previous reviews have focused on attachment in adult offenders (Bailey & Shelton, 2014; Ogilvie et al., 2014), finding a link between insecure attachment and offending (Ogilvie et al., 2014), in addition to physical abuse and indifferent parenting styles as predictors of offending (Bailey & Shelton, 2014). The current review focuses on attachment security in young offenders. For the purpose of this review, a young offender is defined as an adolescent who has committed a crime and is under the age of 18.

The primary aim of this review is to better understand the relationship between attachment security and offending in adolescence, namely;

- If attachment insecurity is overrepresented in youth offender populations
- Differences in attachment by offence type
- If attachment style is a predictor of youth offending
- Mechanisms understood to influence the relationship between attachment and offending.

A secondary aim is to consider implications for practice and research within this population.

Literature review question: What is known about the relationship between attachment security and offending in youth offenders?

2. Method

2.1 Scoping searches

Initial scoping searches of Google Scholar, Cochrane Library, and The University of Staffordshire Library were conducted to ensure the viability of a review, and identify if any relevant reviews had been published. A review by Ogilvie et al. (2014) on attachment and violent offending was identified, however young offenders were

excluded. Malvaso et al. (2021) completed a recent review, focused on Adverse Childhood Experiences (ACEs) and offending, rather than focusing uniquely on attachment styles. As a result, the current review aimed to address the gap of exploring the relationship between attachment security and youth offending.

2.2 Search Strategy

Systematic searches of online databases were carried out during May 2024. The search strategy followed the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA, Page et al., 2021). The following databases were used to identify studies; PsycINFO, PsycArticles, MEDLINE, CINAHL, and SPORTDiscus. Each database was searched separately. The search terms used were as follows: (Attachment OR attach* OR connection) AND (Young OR adolescent OR youth OR teen* OR juvenile) AND (Offending OR offen*). Search terms were determined by exploring definitions currently used in the literature, use of a thesaurus, and consultation with an academic supervisor. The only limiter set was peer reviewed studies, to ensure sufficient quality of research was included in the review.

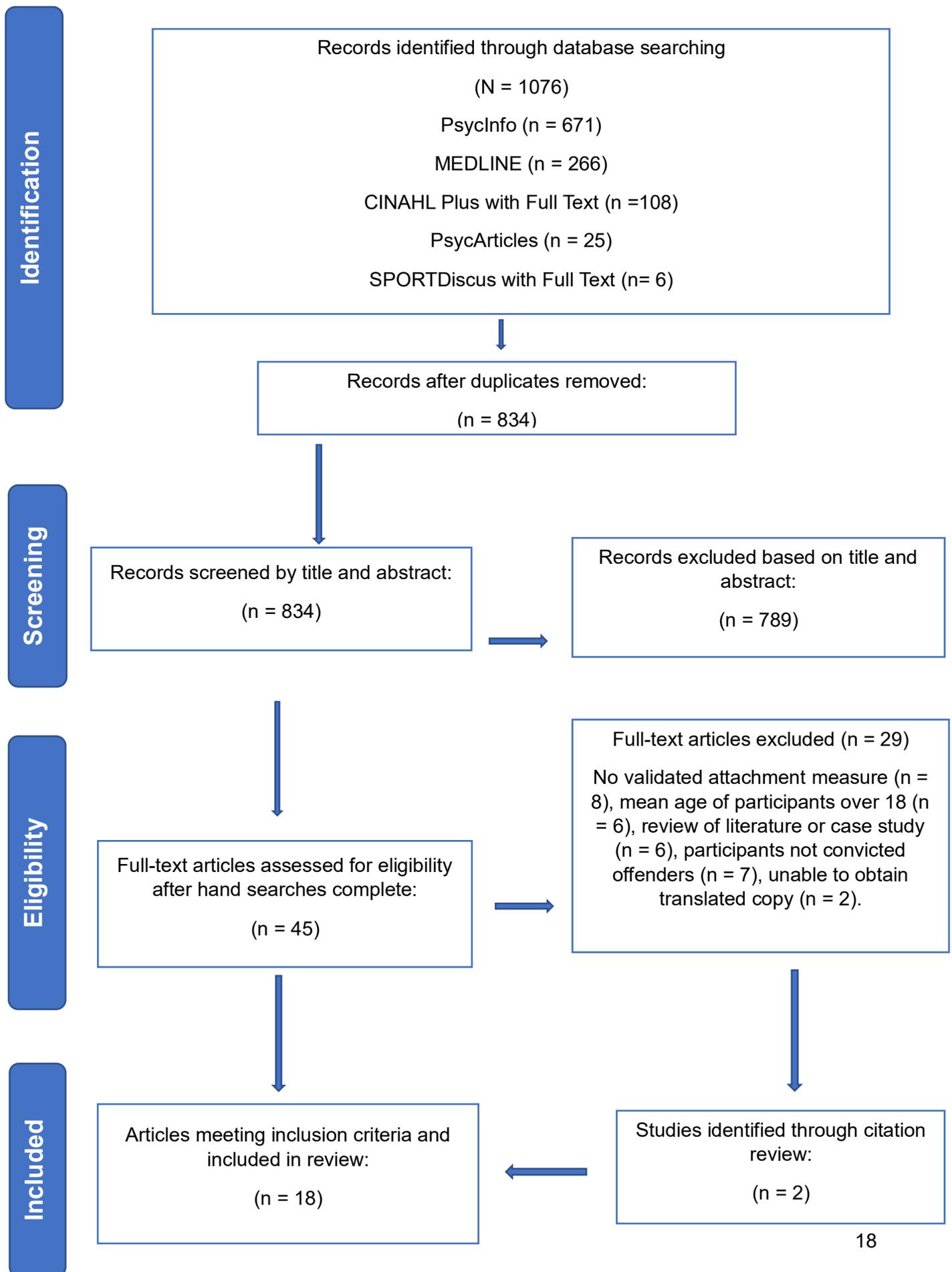
The initial search produced 1076 results. Duplicates were removed, limiting the results to 834. Studies were then screened by title and abstract which resulted in 45 studies. These were read in full to assess for relevance. Of these, 29 articles were excluded. Two papers published in non-English languages were identified, however they were excluded from the review due to challenges with obtaining validated transcription. Hand searching of reference lists were completed, and citation searches on Google Scholar to identify further eligible papers. Papers included in the review were subject to a hand search of reference lists, and citation searches on Google Scholar to identify further relevant research. Two additional studies were identified and included through the citation review, leaving 18 articles retained for inclusion.

The search results and selection process are outlined in Figure 1. Table 1 shows the inclusion and exclusion criteria using the SPIDER framework (Amir-Behghadami, 2024).

Table 1: Inclusion and exclusion criteria

| Criteria | Inclusion | Exclusion |
|------------------------|---|--|
| Sample | Children and young people aged 18 years or below, participants had committed an offence | Mean age of participants above 18 years, non-offenders |
| Phenomenon of interest | Studies aimed to explore aspects of attachment in youth offenders | |
| Design | Peer reviewed journal article across various methodologies | Non-peer-reviewed literature |
| Evaluation | Validated measure of attachment and the other variables influencing relationship | Non-validated measures |
| Research type | Quantitative, or mixed methods | Literature reviews, qualitative, case study |
| Language | English | |

Figure 1: PRISMA flow chart showing search process (Page et al., 2021).



2.3 Publication Bias

Publication bias is defined as selective publishing of research based on the nature and direction of findings (Marks-Anglin & Chen, 2020), occurring when studies with significant or favourable results have increased likelihood of publication (Johnson et al., 2017). To minimize publication bias (Dickersin, 1990), a search of grey literature was completed through Google Scholar, the Ethos Database, and ProQuest. No additional empirical studies were identified, the review only included peer reviewed studies to improve validity and quality of the findings (Cochrane, 2024).

2.4 Data Extraction

The following data were extracted from each study; author(s), year, aims, sample and recruitment, measures, analysis, key findings, implications and limitations. See Table 2 for an overview of studies. A complete table of characteristics can be found in the appendices (see Appendix C).

2.5 Quality Assessment

The Crowe Critical Appraisal Tool (CCAT) developed by Crowe and Sheppard (2011) was used for quality assessment (Crowe & Sheppard, 2013), enabling critical appraisal of different research designs (Crowe, 2013), ensuring a thorough review of the quality of studies. Individual studies were scored on a scale of 0 to 5 on eight dimensions; preliminaries (title and abstract), introduction, research design, sampling, data collection, ethical matters, results, and discussion. The CCAT produces a maximum possible score of 40, and a total percentage can be determined from the total score, which allows comparison between studies (Crowe, 2013). Quality assessment was completed by the researcher. Two papers published in non-English languages were identified, however they were excluded from the review due to challenges with obtaining validated transcription.

2.6 Synthesis

A narrative approach to synthesis of the findings was utilised, which can be used for a wide range of questions, defined by adopting a textual approach to synthesising data to explain findings, although manipulation of statistical data can also be used (Popay et al., 2006). The narrative synthesis followed Popay et al. (2006) guidance, which sets out four stages: developing a theory, developing a preliminary synthesis, exploring relationships in the data, and assessing robustness of the synthesis.

Reviewers are encouraged to use the stages most appropriate to their question and available data, with stages not needing to be followed sequentially.

3. Results

3.1 Overview of Included Studies

Eighteen papers were included in this review. A summary of the papers is provided in the key study characteristics table (Table 2). Fourteen studies were conducted in the United States of America, one in Canada, one in the United Kingdom, one in Belgium, and one in Serbia. The year of publication in the studies ranged from 2007 to 2022. Sixteen studies used exclusively male participants, with only two studies including female participants (Moran et al., 2017; Protic et al., 2020). The mean age of participants ranged from 15.7 to 17.2 years, with the youngest participants 12 years old (Grady et al., 2021; Moran et al., 2017).

One study used only participants who had committed a violent offence (Flight & Forth, 2007), however Protic et al. (2020) reported all participants had committed a violent offence, amongst other offences. Six studies used only participants who had committed a sexual offence (Bovard-Johns et al., 2015; Brown et al., 2022; Harrelson et al., 2017; Morais et al., 2018; Sitney & Kaufman, 2020; Zaremba & Keiley, 2011). Two studies included participants who had committed a different offence to those violent or sexual in nature, ranging from theft and behavioural misconduct to drug and alcohol related offences (Delhaye et al., 2013; Fix et al., 2021). The remaining eight studies included participants who had committed a sexual or violent offence.

Six studies were conducted in a prison setting for young offenders (Delhaye et al., 2013; Felizzi, 2015; Fix et al., 2021; Flight & Forth, 2007; Protic et al., 2020; Zaremba & Keiley, 2011). Three studies were conducted in secure residential settings (Bovard-Johns et al., 2015; Harrelson et al., 2017; Morais et al., 2018). One study was conducted using participants in the community receiving intensive youth justice services (Moran et al., 2017). Eight studies were conducted using participants from a mix of the aforementioned settings, including prison, secure settings and community samples (Grady et al., 2021; Yoder et al., 2020; Yoder et al., 2018a; Yoder et al., 2018b; Yoder et al., 2019; Miner et al., 2010; Sitney & Kaufman, 2020; Brown et al., 2022).

Thirteen studies provided demographic information on ethnicity of participants, with participants from white backgrounds the most represented ethnic group in all but one study (Fix et al., 2021), where participants from African American backgrounds were the most represented. Participants from African American backgrounds were the second most represented ethnic group in studies that reported ethnicity data. The majority of studies were conducted in the USA, where detention rates for African American youth is 6.4 times higher than the rate for White youth, irrespective of offence type (Office of Juvenile Justice and Delinquency Prevention, 2023), raising questions over sampling bias, as the ethnic diversity of samples in the studies do not reflect the offending population.

Table 2: Key study characteristics

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|----------------------------------|---|---|--------------------------------------|
| Flight & Forth (2007) | Examined relationship between psychopathic traits, empathy, attachment, and | <ul style="list-style-type: none"> No differences found between violent classification groups on attachment to mother, father, or peers. | CCAT QR = (65%) |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|------------------------------------|--|---|-------------------------------|
| | motivations for violence in youth offenders. | <ul style="list-style-type: none"> Youth who scored higher on psychopathic traits reported less attachment to their father. | |
| Miner et al. (2010) | A model of child sexual abuse perpetration was tested proposing insecure attachment leads to an individual who turns to sexual offending to meet their interpersonal and intimacy needs. | <ul style="list-style-type: none"> Attachment anxiety has an indirect effect on sexual abuse perpetration, with effects of attachment anxiety accounted for by isolation from peers. The model proposed anxious attachment in adolescence influenced the experience of isolation from peers, contributing to expectations of rejection from opposite gender peers shown by anxiety towards women. | CCAT QR = (85%) |
| Zaremba & Keiley (2011) | Explores relationships between attachment and externalizing and internalizing problems as mediated by affect regulation in youth sexual offenders. | <ul style="list-style-type: none"> Attachment security positively associated with affect regulation and negatively associated with affect dysregulation. | CCAT QR = (68%) |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|-----------------------------------|--|---|-------------------------------|
| Delhaye et al. (2013) | To compare inpatients, youth offenders, and control youth in their attachment cognitions and socio-emotional skills. | <ul style="list-style-type: none"> • Offenders scored lower on secure attachment than depressed or control group, and higher on preoccupied attachment. • All offenders diagnosed with conduct disorder. | CCAT QR = (68%) |
| Bovard-Johns et al. (2015) | Evaluate influence of attachment with parents and peers among youth sexual offenders, and how this impacts therapeutic alliance. | <ul style="list-style-type: none"> • Positive peer attachments and positive father–child relationships were associated with greater alliance and sexual abuse trauma was associated with lower alliance. | CCAT QR = (65%) |
| Felizzi (2015) | This study utilized a secondary data analysis to investigate effects of parent or caregiver instability and disrupted parental attachment on youth sexual offending. | <ul style="list-style-type: none"> • Parental caregiver instability greater for the youth sexual offender group than for the nonsexual offender group. Sexual offenders had poorer experiences of parental attachment compared with non-sexual offenders, however no significant effect of parental attachment on offending. | CCAT QR = (63%) |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|--------------------------------|---|---|--------------------------------------|
| Harrelson et al. (2017) | Examine the quality of caregiver attachment and the influence of polyvictimization on self-disclosure of illegal sexual behaviour in youth receiving mandated treatment following a sexual offence. | <ul style="list-style-type: none"> Participants who had experienced more types of childhood victimization reported less secure attachments than those who had experienced fewer types of victimization. | CCAT QR = (75%) |
| Moran et al. (2017) | To explore attachment disorder symptoms and diagnoses in young offenders and factors that may be associated with them. | <ul style="list-style-type: none"> Evidenced a high rate of Attachment Disorder or borderline Attachment Disorder (52%). A small (non-significant) correlation was noted between Total Attachment Disorder scores and conduct problems ($r_s = 0.19$). | CCAT QR = (78%) |
| Morais et al. (2018) | The study examined the impact of childhood sexual abuse (CSA) on participants' parental attachment in a | <ul style="list-style-type: none"> No significant interaction - indicating adolescents with illegal sexual behaviours who also reported a history of CSA did not differ significantly from their non-victimized | CCAT QR = (80%) |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|-----------------------------|---|--|-------------------------------|
| | group of victimized and non-victimized youth sexual offenders. | peers in parental attachment difficulties. | |
| Yoder et al. (2018a) | Investigates differences in family characteristics between subgroups of youth offenders (sexually victimized youth sexual offenders; non-sexually victimized youth sexual offenders; and general delinquent youth). | <ul style="list-style-type: none"> Youth who commit sexual crimes with sexual victimization histories had greater impairments in interactions with caregivers, and attachment disruptions. | CCAT QR = (78%) |
| Yoder et al. (2018b) | To explain characteristics of parental and peer attachments among a sample of residentially placed, incarcerated sexual and non-sexual offenders. | <ul style="list-style-type: none"> Youth sexual offenders relative to non-sexual offenders indicated more problems with maternal attachment and more problems in all areas of paternal attachment except communication. | CCAT QR = (80%) |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|------------------------------------|---|---|--------------------------------------|
| Yoder et al. (2019) | Tested whether the presence of child abuse experience (CAEs) partially explains the observed relationship between caregiving styles and insecure attachment in a sample of sexual and non-sexual youth offenders. | <ul style="list-style-type: none"> • Maternal harsh and indifferent caregiving had statistically significant direct effect on CAEs and insecure attachments. • No significant relationship between CAEs and insecure attachment, therefore youths' experiences of insecure attachment was not explained by experiences of abuse. No difference between offence types. | CCAT QR = (75%) |
| Protic et al. (2020) | To examine differences in attachment and reflective functioning between youth offenders and control youth from the institutions for youth without parental care. | <ul style="list-style-type: none"> • Youth offenders scored lower on the measure of reflective functioning, but they did not differ in their level of attachment anxiety and avoidance from the youth of the institutions without parental care. | CCAT QR = (65%) |
| Sitney & Kaufman (2020) | To determine whether youth sexual offenders perceive relationships with | <ul style="list-style-type: none"> • Both youth sexual and non-sexual offenders reported poor quality relationships, with sexual offenders | CCAT QR = (73%) |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|-----------------------------------|---|---|-------------------------------|
| | <p>their primary caregivers differently than non-sexual offenders or non-offending youth; and specify the impact of caregiver gender, and disrupted attachment on relationship quality.</p> | <p>reporting slightly worse relationships.</p> <ul style="list-style-type: none"> • The presence of a male primary caregiver is associated with a decrease in relationship quality scores. | |
| <p>Yoder et al. (2020)</p> | <p>Test theoretical framework of direct relationships between anxious-ambivalent and anxious-avoidant attachment styles and delinquency acts and sexual offending via multiple mediating criminogenic factors, including behavioural dysregulation and callousness.</p> | <ul style="list-style-type: none"> • Direct links between attachment and all forms of dysregulation. The results revealed marginally stronger direct effects between avoidant attachment relative to ambivalent attachment, and all forms of dysregulation. • Significant direct link between ambivalent attachment and sexual offender status. | <p>CCAT QR = (75%)</p> |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|----------------------------|---|--|-------------------------------|
| Fix et al. (2021) | Tested for an indirect effect of parent–child attachment on delinquent behaviour through self-control, and whether that relationship was moderated by race/ethnicity. | <ul style="list-style-type: none"> • No significant difference on parental attachment based on ethnicity/race. • No parental attachment factors were significantly predictive of self-control among European Americans, yet self-control significantly predicted offending among European Americans. | CCAT QR = (83%) |
| Grady et al. (2021) | To examine a theoretical model used to explain the relationships between experiencing trauma, attachment styles, and risk factors associated with sexual offending. | <ul style="list-style-type: none"> • Direct significant relationship between abuse and anxious-ambivalent attachment and anxious-avoidant attachment. Significant relationship between these two attachment styles and emotional dysregulation. | CCAT QR = (88%) |
| Brown et al. (2022) | Tests covariation among trauma events and maternal attachment characteristics, and investigates how they contribute to | <ul style="list-style-type: none"> • Significant relationships between trauma events in the model and attachment characteristics. • There was an indirect effect of maternal alienation on executive functioning, | CCAT QR = (80%) |

| Authors | Aims | Key findings | Quality Appraisal Rating (QR) |
|---------|--|---|-------------------------------|
| | trauma symptomatology and executive functioning in youth sexual offenders | explained by trauma symptoms. Alienation from one's primary caregiver may be experienced as trauma, impacting neurodevelopment that result in executive functioning deficits. | |

3.2 Quality Appraisal

Table 2 provides an overview of the scores given for individual studies. A complete table of quality ratings can be found in the appendices (see Appendix D).

All studies achieved a quality score of over 60% on the CCAT, indicating a good quality universally. All papers were of a good standard, with CCAT scores ranging from 25 (63%) (Felizzi, 2015) to 35 (88%) (Grady et al., 2021). The CCAT allows review of specific information on all domains of a study.

The lowest ranking paper was Felizzi (2015). The study investigated the impact of caregiver instability and disrupted attachment on youth sexual offending. The Inventory of Parental and Peer Attachment (IPPA; Armsden & Greenberg, 1987) was used, which reports good internal consistency, however they scored poorly on the data collection section of the CCAT. The rationale for using a secondary analysis of a dataset was not justified, with no clarification on why all of the data set was not used. This was not addressed in the limitations, however they did reflect on the cross-sectional design of the initial survey. Additionally, there was an absence of suggestions for future research within the paper.

The highest rated paper was Grady et al. (2021), scoring 35 (88%). This study aimed to test part of Grady et al's (2016) integrated theory of aetiology of sexual offending, suggesting child abuse experiences are closely linked to attachment and dysregulation. The authors clearly outlined the rationale and aims for the study. Design, sampling, data collection, measures and results were clearly outlined, with a

comprehensive discussion section exploring implications for research and interventions. Balance was also given to the strengths and limitations of the study.

Thirteen studies provided information on the ethnicity of participants, with five studies not providing any information on ethnicity, impacting the overall CCAT scores (Delhaye et al., 2013; Miner et al., 2010; Moran et al., 2017; Protic et al., 2020; Zaremba & Keily, 2011).

3.3 Aims and Objectives

Study aims were wide ranging, Moran et al. (2017) was the only study to specifically explore attachment disorder symptoms and associated factors. Two studies aimed to compare young offenders with a control group of non-offenders exploring attachment and additional factors linked to offending including socio-emotional skills and reflective functioning (Delhaye et al., 2013; Protic et al., 2020), while two studies aimed to understand the relationship between attachment styles and specific offence types (Flight & Forth, 2007; Miner et al., 2010). Two studies tested a theoretical model to explore the relationship between attachment style and offending. Grady et al. (2021) explored the relationship between trauma and attachment in relation to offending, with Yoder et al. (2020) examining criminogenic factors including emotional dysregulation and callousness. Four studies explored the impact of childhood abuse on attachment style and offending, in addition to wider mechanisms linked to attachment and offending (Morais et al., 2018; Yoder et al., 2018a; Yoder et al., 2019; Harrelson et al., 2017). Morais et al. (2018) also explored internalising symptoms in relation to childhood sexual abuse, with Yoder et al. (2018b) investigating differences in family characteristics. The seven remaining studies explored the impact of parental or caregiver attachment on offending status, including a number of related factors including mental health difficulties, trauma, and emotional dysregulation.

3.4 Participants and Recruitment

Sample sizes ranged from 29 (Moran et al., 2017) to 826 (Sitney & Kaufman, 2020), with a mean of 288 participants. Three of the studies were an extension of one

another and used the same participants (Yoder et al., 2018a; Yoder et al., 2018b; Yoder et al., 2019). A further two studies also used the same participants (Grady et al., 2021; Yoder et al., 2020).

All studies recruited participants through opportunity or volunteer sampling methods, with one study utilising a secondary data analysis of an existing data set (Felizzi, 2015). The sampling method for this data set also used volunteer sampling. Volunteer sampling is vulnerable to sampling bias, with respondents often underreporting difficulties compared with alternative sampling methods, in addition to potential participants often opting to not participate if topics are at risk of exposing less favourable outcomes for them (Cheung et al., 2017). All data from the studies was cross-sectional, identified as a limitation in several studies, as attachments over time and casual relationships cannot be ascertained. Most studies used only male participants, with the exception of Moran et al. (2017) including 10 females in their sample of 29 participants, and Protic et al. (2020) who included females in their sample. The exclusion of female offenders was identified as a limitation in two studies (Sitney & Kaufman, 2020; Brown et al., 2022).

3.5 Measures

The studies used several different measures of attachment. All measures were validated measures of attachment, improving construct validity through ensuring a measure assesses constructs of concern (Raykov & Marcoulides, 2011). The most common measure used was the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987), with ten studies utilising this measure. The use of the IPPA in sexual offending has been criticised by Yoder et al. (2018), offering little comparison across offenders as it is not frequently used in this offence type. Lehamn (2008) has also argued that the IPPA may not adequately assess attachment security in sex offenders as a result of response bias given the self-report nature of the measure, threatening the measures construct validity.

The remaining eight studies used diverse measures of attachment, this included the Cartes Modèles Individuels de Relation (CaMir; Pierrehumbert et al., 1996) (Delhaye et al., 2013). Two studies (Grady et al., 2021; Yoder et al., 2020) used the Attachment Style Classification Questionnaire (ASCQ; Finzi-Dottan, 2012). One

study (Protic et al., 2020) used the Experiences in Close Relationships Revised (ECR-r; Fraley et al., 2000). Zaremba and Keiley (2011) used the Attachment Scale (AS; Collins & Read, 1990), and Miner et al. (2010) used the History of Attachments interview (Bartholomew & Horowitz, 1991). Sitney and Kaufman (2020) used the Perceived Relationship with Supervisor Scale (PRSS; Kaufman, 2001). One study, Moran et al. (2017) used a multitude of measures for attachment; The Observational Checklist for Reactive Attachment Disorder (McLaughlin, Espie, & Minnis, 2010), The Child and Adolescent Psychiatric Assessment, Reactive Attachment Disorder module (CAPA RAD; Minnis et al., 2009) and Relationship Problems Questionnaire (RPQ; Minnis et al., 2007).

3.6 Ethical Considerations

Most studies reported ethical approval, with four studies omitting this information (Delhaye et al., 2013; Miner et al., 2010; Protic et al., 2020; Zaremba & Keiley, 2011). It was unclear whether these studies required ethical approval, and this was not addressed in the study.

4. Synthesis of the main findings

4.1 Attachment insecurity and offending

Results suggested a number of mechanisms may be influencing the relationship between attachment and offending, with several studies contributing multiple findings. Studies found young offenders predominantly present with an insecure attachment style, with differences across offence types. Both anxious and avoidant attachment styles were most prominent, with limited evidence for secure attachments in young offenders.

Seven studies evidenced a predictive relationship between attachment insecurity and offending behaviour (Delhaye et al., 2013; Grady et al., 2021; Harrelson et al., 2017; Miner et al., 2010; Yoder et al., 2019; Yoder et al., 2020; Zaremba & Keiley, 2011). This relationship was influenced by a number of different variables, including isolation from peers (Miner et al., 2010), emotional regulation difficulties (Grady et

al., 2021; Yoder et al., 2020; Zaremba & Keiley, 2011), experiences of multiple victimization during childhood (Harrelson et al., 2017), sexual abuse experiences (Grady et al., 2021), and maternal harsh and indifferent caregiving (Yoder et al., 2019). Additionally, Moran et al. (2017) found the rate of attachment disorder within this population was 52%.

Two studies compared young offenders with a control group, with mixed results. Delhaye et al. (2013) found offenders scored lower on secure attachment ($d = 0.83$), and higher on preoccupied attachment ($d = 0.81$) than controls, representing a large effect size by Cohen's (1988) guidelines, with no significant difference in socio-emotional skills observed. Protic et al. (2020) found no significant difference in attachment anxiety and avoidance between offenders and controls, although offenders scored significantly lower on reflective functioning ($p = <0.5$), evidencing offenders may have reflective functioning deficits that impact offending rather than attachment style. This finding is unexpected given the association between attachment security and reflective functioning. Secure attachment is believed to support the development of reflective functioning, as early caregiver relationships help individuals understand both their own and others' emotional states. It would be expected that reflective functioning deficits among youth offenders would be associated with attachment insecurity. The absence of this in Protic et al.'s (2020) study suggests reflective functioning difficulties in youth offenders may emerge from alternative developmental pathways beyond attachment style.

4.2 Patterns with offence type

Two studies found anxious attachment was associated with sexual offending (Grady et al., 2021; Miner et al., 2010). Miner et al. (2010) found attachment anxiety had an indirect effect on sexual offending, with the effects of attachment anxiety significantly moderated for by isolation from peers ($p = 0.18$) and difficulty relating to females ($p = <.01$). This was explained through experiences of isolation from peers contributing to expectations of rejections from others, leading to anxiety and subsequent offending to meet intimacy needs. Grady et al. (2021) found anxious-ambivalent attachment in sexual offenders was mediated by experiences of physical abuse ($p =$

.035.). Additionally, in the anxious-ambivalent model, experiences of sexual abuse were associated with a greater likelihood of sexual offending ($p = .02$).

Three studies reported difficulties amongst sexual offenders compared with non-sexual offenders. Sitney and Kaufman (2020) found sexual offenders reported poorer quality caregiving relationships than non-sexual offenders, evidenced by a large effect size ($d = 0.84$), although the directionality of the relationship between offence and caregiver quality scores was not addressed, with authors suggesting the act of committing a sexual offence itself may impact the caregiver relationship. Yoder et al. (2018b) found sexual offenders indicated more problems including trust and communication with maternal attachment than non-sexual offenders ($p < .01$). Felizzi (2015) found parental caregiver instability was greater for sexual offenders than non-sexual offenders, evidenced through a positive correlation ($r = .254$, $p < .01$).

4.3 Childhood abuse experiences and offending

Four studies explored the relationship between childhood abuse experiences, attachment and offending. Two studies found a relationship between experiences of childhood abuse and insecure attachment amongst offenders (Harrelson et al., 2017; Yoder et al., 2018a). Harrelson et al. (2017) found more types of victimization experienced in childhood significantly predicted less secure caregiver attachment ($p < .01$). Yoder et al. (2018a) found offenders with victimization experiences scored significantly lower on maternal and paternal attachment, than offenders without victimization experiences ($p < .01$).

Yoder et al. (2019) found maternal harsh and indifferent caregiving had a statistically significant direct effect on insecure attachment ($p < .01$), with no significant effect of childhood abuse experiences on insecure attachment ($p = .150$), evidencing offenders experiences of insecure attachment was not explained by abuse experiences, displaying the detrimental impact of indifferent caregiving on attachment style. Morais et al. (2018) found conflicting results using a MANOVA analysis, with participants who reported a history of childhood abuse not significantly different from their non-victimized peers in parental attachment difficulties ($p = .486$).

4.4 Gender of caregiver

Four studies found differences in attachment behaviour dependent on gender of the caregiver. Flight and Forth (2007) found that offenders reported less attachment to their father, but not to their mother or peers, although this was not a significant result, it is important to consider how young offenders experience attachment relationships dependent on the gender of their caregiver. The authors suggested poor attachment to a father figure may be related to the anti-social elements of offending. Sitney and Kaufman (2020) found similar results, offenders with male primary caregivers reported a significant decrease in relationship quality ($p = <.05$). Additionally, Yoder et al. (2018b) found higher alienation in the father-child relationship was a significant predictor of offending ($p = <.01$). Conversely, Bovard-Johns et al. (2015) found a self-reported positive experience of the father-child relationship was a protective factor and positively correlated with greater therapeutic alliance and positive peer attachments in a sexual offender sample ($r = .17, p = <.05$).

4.5 Influence of wider factors

One study explored race and ethnicity in relation to the effect of parent-child attachment on offending using MANOVA (Fix et al., 2021), with no significant difference on parental attachment based on ethnicity or race ($p = .140$). The authors noted that self-control had a significant direct effect on delinquency ($p = <.01$), and total parent attachment directly predicted delinquency, evidencing the role self-control has in youth offending.

Three studies evidenced a predictive relationship between insecure attachment and emotional dysregulation (Grady et al., 2021; Yoder et al., 2020; Zaremba & Keiley, 2011). Yoder et al. (2020) found that emotional dysregulation was a significant variable in the attachment-offending relationship for both anxious-avoidant ($p = <.01$) and anxious-ambivalent attachment styles ($p = <.01$). Grady et al. (2021) found a significant link between all forms of dysregulation and both anxious-ambivalent and anxious-avoidant attachment styles ($p = <.01$), evidencing how attachment insecurity is associated with emotional dysregulation, supporting Zaremba and Keiley (2011) who found insecure attachment was significantly associated with difficulties in both internalising and externalising behaviour ($p = <.01$).

Brown et al. (2022) found alienation from primary caregiver is experienced as trauma, accounting for 19.1% of variance on trauma symptoms, with trauma symptoms accounting for 23.2% of variance in executive functioning deficits. The authors added this variance may support an understanding between poor executive functioning and youth offending. Additionally, conduct difficulties were also found in two studies. Moran et al. (2017) evidenced a small correlation between conduct problems and attachment disorder symptoms ($r = .19, p = <.01$), with Delhaye et al. (2013) noting all offenders met the criteria for a conduct disorder diagnosis, although this was not explored through data analysis. This evidences the need to understand further its relationship with attachment in youth offenders.

5. Discussion

This review aimed to better understand the relationship between attachment security and youth offending, particularly if attachment insecurity is over-represented in young offender populations, in addition to differences by offence type, if attachment style is a predictor of youth offending, and mechanisms relating with attachment and offending. This review also aimed to consider implications for research and practice.

Results suggest insecure attachment is dominant in young offenders, particularly in anxious ambivalent and anxious avoidant attachment styles influencing offending behaviours (Delhaye et al., 2013; Grady et al., 2021; Harrelson et al., 2017; Miner et al., 2010; Yoder et al., 2019; Yoder et al., 2020; Zaremba & Keiley, 2011). Findings support a previous meta-analysis by Ogilvie et al. (2014), which found attachment insecurity across all offender types, with offenders less securely attached than a control group. This review also found mixed results between attachment insecurity in sexual offenders versus non-sexual offenders, with future research indicated (Ogilvie et al., 2014). There are several mechanisms that may influence the relationship between attachment and youth offending. The findings evidenced a significant relationship between the gender of caregiver (Sitney & Kaufman, 2020; Yoder et al., 2018b), socio-emotional skills including emotional dysregulation (Grady et al., 2021; Yoder et al., 2020; Zaremba & Keiley, 2011), and experiences of indifferent caregiving (Yoder et al., 2019), in the relationship between attachment and offending. The findings also revealed differences amongst offence types, with sexual offending

significantly associated with attachment anxiety (Grady et al., 2021; Miner et al., 2010), and difficulties with trust and communication (Yoder et al., 2018a) when compared with non-sexual offenders.

Findings evidenced a significant association between a poor father-child relationship, characterised by alienation, and offending (Sitney & Kaufman, 2020; Yoder et al., 2018b), supporting previous research evidencing the effects of father emotional support being stronger than mother support in predicting offending (Hoeve et al., 2009). This is important for those working with young offenders, as fostering positive relationships with males may support young male offenders to build positive relationships and reduce risk of reoffending (McNeil et al., 2005).

Findings also evidenced emotional dysregulation (Grady et al., 2021; Yoder et al., 2020; Zaremba & Keiley, 2011) as a significant mediator in the relationship between attachment security and offending. Zaremba and Keiley (2011) proposed an inability to tolerate emotional arousal increases the likelihood of acting out in their environment regardless of attachment style, leading to offending behaviours. This supports previous research outlining emotional dysregulation as a risk factor for youth offending, with attachment insecurity impacting ability to regulate emotions through emotional disengagement to minimise activation of attachment needs (Mikulincer & Shaver, 2019), and an area for interventions to target (Sevecke et al., 2016).

A significant relationship was found between experiences of indifferent caregiving and insecure attachment in young offenders (Yoder et al., 2019), building on previous research suggesting children who experience firm expectations of feeling protected and safe are more likely to develop a secure attachment style (Fonagy et al., 1995).

Differences were found amongst offence types, with sexual offending significantly associated with attachment anxiety (Grady et al., 2021; Miner et al., 2010), in addition to trust and communication difficulties (Yoder et al., 2018a). This adds to existing research (Miner et al., 2014; Ogilvie et al., 2014), which found mixed results when comparing sexual and non-sexual offenders, with a link between attachment anxiety and sexual offending observed in Miner et al. (2014), accounted for by measures of social isolation. This supports findings from the present review, in which

one study found the effects of attachment anxiety significantly accounted for by isolation from peers (Miner et al., 2010), suggesting isolation is a key factor to consider in the relationship between attachment and offending.

Findings revealed predictive relationships requiring further exploration, such as the relationship between attachment disorder and conduct difficulties. Research suggests young offenders with conduct difficulties have challenges in emotion recognition and regulation (Bowen et al., 2014; Pardini et al., 2018), evidencing the need to support young people in improving emotional regulation. The impact of childhood abuse in the relationship between attachment and offending also yielded mixed results and would benefit from further exploration. Two studies found a significant effect on attachment insecurity (Harrelson et al., 2017; Yoder et al., 2018a), and two studies found no statistically significant effect of childhood abuse on attachment insecurity, however this was positively correlated with a higher risk of committing sexual offences, suggesting broader contextual factors may influence this relationship (Morais et al., 2018; Yoder et al., 2019).

5.1 Clinical Implications

The results have implications for clinical practice, identifying complex needs within a vulnerable population. A significant predictive relationship was found between indifferent caregiving and insecure attachment, suggesting interventions should prioritise supporting young offenders having experiences of attachment security through positive relationships. Trauma informed approaches (TIAs) are recommended when working with young offenders, regardless of offence type (Yoder et al., 2018a; Yoder et al., 2019), to decrease risk factors and strengthen protective factors for young offenders (Cohen et al., 2016). Trauma-informed approaches (TIAs) are based on the consensus that individuals in contact with services have experiences of trauma, and this should inform service delivery and relationships, seeking not to directly treat symptoms related to traumatic histories, but offer services that are sympathetic to the needs of individuals with trauma histories (Harris & Fallot, 2001).

Emotional regulation skills are developed during later years of childhood (Bradley, 2003) based on interactions with caregivers (Blair et al., 2006), evidencing a key role

for those working with young offenders to model and support the development of adaptive strategies to regulate emotions. Emotional regulation skills should be targeted during interventions, to provide young people with skills to respond to their experience of emotions, in line with previous recommendations (Heinzen et al., 2011; Sevecke et al., 2016). A systematic review by Simpson et al. (2018) reported interventions utilising mindfulness-based intervention techniques such as breath or body awareness can have benefits in emotional regulation for young offenders.

Psychoeducation may be essential in supporting youth sexual offenders to understand and address sexual behaviour problems related to early, abusive sexualization such as through the AIMS framework (Print et al., 2002), focusing on ongoing risk for young offenders based on static factors such as relationship history, aiming to mitigate harms associated with these. This may support understanding of dynamic factors that increase risk of sexual offending such as isolation, informing interventions to support development of intimate relationships more safely (Grady & Yoder, 2024).

5.2 Research Implications

A more comprehensive understanding of the differences between sexual and non-sexual offenders is needed, with results still currently mixed. Additionally, further exploration of attachment anxiety and its relationship with sexual offending would be beneficial. Exploration of factors associated with youth offending and attachment, such as conduct difficulties and childhood abuse experiences would shed more light on this relationship, where the relationship is currently less clear.

The majority of participants included in the studies in this review were male. More research is needed to understand gender differences between attachment and youth offending, with a lack of literature currently exploring female youth offenders' attachment experiences.

5.3 Strengths and limitations of the studies

All of the studies used a cross-sectional design, meaning attachments over time and casual relationships cannot be ascertained. This was acknowledged by most authors, in addition to possible selection bias through sampling methods, a key threat to internal validity of results (Tripepi et al., 2010). The nature of any incentives for participants engaging with the study was not always clear, which is important for considerations of power as incentives can increase risk of coercion for participants, undermining informed consent (Largent & Lynch, 2017). Studies also considered a broad range of factors, with more research needed to strengthen the evidence for factors influencing offending, including any mediators or moderators influencing the relationship between attachment insecurity and offending.

5.4 Strengths and limitations of the review

This review has both strengths and limitations. The Crowe Critical Appraisal Tool (CCAT) was selected to review the studies allowing for consistency, ease of reporting and interpreting quality appraisal scores, and a rigorous appraisal process improving reliability. Crowe (2013) outlines the omission of a cut-off range for users to determine parameters for a good or poor-quality article, to promote the appraisal score being used to assist, and not relied upon as the only measure of quality, bringing strength and limitations to using the tool.

Another key limitation is the lack of second rating of selection of papers and quality appraisal to check inter-rater agreement, which can improve inter-rater reliability (Park & Kim, 2015). There is a need to include participants from diverse backgrounds, with a large majority of participants included in the studies residing in the USA, making it challenging to generalise findings to the UK and other contexts due to differences in cultural norms and youth justice systems. Participants from non-Western backgrounds are also required, to provide understanding of the relationship cultural contexts may have in attachment security and offending behaviours.

6. Conclusion

This review aimed to better understand the relationship between attachment insecurity and youth offending, in addition to informing future research and interventions within this population. Findings demonstrate insecure attachment is dominant in young offenders, particularly anxious ambivalent and anxious avoidant attachment styles. Findings also demonstrated there are several mechanisms that may influence the relationship between attachment and offending, including the paternal caregiving relationship, emotional dysregulation, and experiences of indifferent caregiving. Differences were found in attachment security by offence types, with sexual offending associated with attachment anxiety, and trust and communication difficulties. Recommendations for interventions include facilitation of positive relationship building and emotional regulation skills, with clinicians supporting young offenders through trauma informed approaches. The link between experiences of abuse, isolation, and their impact on attachment security in young offenders requires further exploration, with studies in the present review finding no statistically significant effect of childhood abuse on attachment insecurity, whilst also reporting a positive correlation with a higher risk of committing sexual offences, suggesting broader contextual factors may impact this relationship.

References

- Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of general psychiatry*, *61*(4), 403-410.
<https://doi:10.1001/archpsyc.61.4.403>
- Ainsworth, M. (1978). *Patterns of attachment: A psychological study of the strange Situation*. Lawrence Erlbaum Associates.
- Ainsworth, M. (1989). Attachments beyond infancy. *American Psychologist*, *44*(4), 709- 716.
- Ainsworth, M. S. (1993). Attachment as related to mother-infant interaction. *Advances in Infancy Research*, *8*, 1–50.
- Amir-Behghadami, M. (2024). SPIDER as a framework to formulate eligibility criteria in qualitative systematic reviews. *BMJ Supportive & Palliative Care*, *14*(1), 312-313. <https://doi.org/10.1136/bmjspcare-2021-003161>
- Armsden, G. C., and Greenberg, M. T. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, *16*(5), 427-454.
<https://doi.org/10.1007/BF02202939>
- Baer, J. C., & Martinez, C. D. (2006). Child maltreatment and insecure attachment: A meta-analysis. *Journal of reproductive and infant psychology*, *24*(3), 187-197.
<https://doi.org/10.1080/02646830600821231>
- Bailey, C., & Shelton, D. (2014). Self-reports of faulty parental attachments in childhood and criminal psychopathy in an adult-incarcerated population: An integrative literature review. *Journal of psychiatric and mental health nursing*, *21*(4), 365-374. <https://doi.org/10.1111/jpm.12086>
- Barry, M. (2007). Youth offending and youth transitions: The power of capital in influencing change. *Critical Criminology*, *15*(2), 185-198.
<https://doi.org/10.1007/s10612-007-9024-6>

- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61(2), 226–244. <https://doi.org/10.1037/0022-3514.61.2.226>
- Beyers, J. M., Bates, J. E., Pettit, G. S., & Dodge, K. A. (2003). Neighborhood structure, parenting processes, and the development of youths' externalizing behaviors: A multilevel analysis. *American journal of community psychology*, 31, 35-53. <https://doi.org/10.1023/A:1023018502759>
- Beyond Youth Custody. (2024, March 19). *Youth justice facts and figures - Beyond Youth Custody*. Beyond Youth Custody. <https://www.beyondyouthcustody.net/about/facts-and-stats/>
- Blair, K. S., Richell, R. A., Mitchell, D. G. V., Leonard, A., Morton, J., & Blair, R. J. R. (2006). They know the words, but not the music: Affective and semantic priming in individuals with psychopathy. *Biological psychology*, 73(2), 114-123. <https://doi.org/10.1016/j.biopsycho.2005.12.006>
- Bovard-Johns, R., Yoder, J. R., & Burton, D. L. (2015). Therapeutic alliance with juvenile sexual offenders: The effects of trauma symptoms and attachment functioning. *Journal of Offender Rehabilitation*, 54(4), 296-315. <https://doi.org/10.1080/10509674.2015.1025179>
- Bowen, K. L., Morgan, J. E., Moore, S. C., & van Goozen, S. H. (2014). Young offenders' emotion recognition dysfunction across emotion intensities: Explaining variation using psychopathic traits, conduct disorder and offense severity. *Journal of psychopathology and behavioral assessment*, 36, 60-73. <https://doi.org/10.1007/s10862-013-9368-z>
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.
- Bowlby, J. (1997). *Attachment and Loss: Volume 1 Attachment*. Pimlico.
- Bradley, S. J. (2003). *Affect regulation and the development of psychopathology*. Guilford Press.
- Brenk-Franz, K., Hunold, G., Galassi, J. P., Tiesler, F., Herrmann, W., Freund, T., ... & Gensichen, J. (2016). Qualität der arzt-patienten-beziehung - evaluation der deutschen version des patient reactions assessment instruments (PRA-

D). *Zeitschrift für Allgemeinmedizin*, 92(3), 103-108.

<https://doi.org/10.3238/zfa.2016.0103-0108>

Brown, A., Yoder, J., & Fushi, K. (2022). Trauma and maternal caregivers as risks for executive function deficits among youth who have sexually harmed. *Sexual Abuse*, 34(1), 24-51. <https://doi.org/10.1177/1079063220988289>

Burk, L. R., & Burkhart, B. R. (2003). Disorganized attachment as a diathesis for sexual deviance: Developmental experience and the motivation for sexual offending. *Aggression and Violent behavior*, 8(5), 487-511.

[https://doi.org/10.1016/S1359-1789\(02\)00076-9](https://doi.org/10.1016/S1359-1789(02)00076-9)

Burnette, J. L., Davis, D. E., Green, J. D., Worthington Jr, E. L., & Bradfield, E. (2009). Insecure attachment and depressive symptoms: The mediating role of rumination, empathy, and forgiveness. *Personality and Individual Differences*, 46(3), 276-280. <https://doi.org/10.1016/j.paid.2008.10.016>

Casswell, M., French, P., & Rogers, A. (2012). Distress, defiance or adaptation? A review paper of at-risk mental health states in young offenders. *Early intervention in psychiatry*, 6(3), 219-228. <https://doi.org/10.1111/j.1751-7893.2012.00344.x>

Cheung, K. L., Ten Klooster, P. M., Smit, C., de Vries, H., & Pieterse, M. E. (2017). The impact of non-response bias due to sampling in public health studies: A comparison of voluntary versus mandatory recruitment in a Dutch national survey on adolescent health. *BMC public health*, 17(1), 276.

<https://doi.org/10.1186/s12889-017-4189-8>

Chitsabesan, P., Kroll, L., Bailey, S. U. E., Kenning, C., Sneider, S., MacDonald, W., & Theodosiou, L. (2006). Mental health needs of young offenders in custody and in the community. *The British Journal of Psychiatry*, 188(6), 534-540.

<https://doi.org/10.1192/bjp.bp.105.010116>

Cochrane Handbook for Systematic Reviews of Interventions. (2024).

Training.cochrane.org. <http://www.handbook.cochrane.org/>

Cohen, J. A., Mannarino, A. P., Jankowski, K., Rosenberg, S., Kodya, S., & Wolford, G. L. (2016). A randomized implementation study of trauma-focused cognitive

behavioral therapy for adjudicated teens in residential treatment facilities.

Child Maltreatment, 21(2), 156-167.

<https://doi.org/10.1177/1077559515624775>

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Erlbaum.

Collins, N. L., & Feeney, B. C. (2004). An attachment theory perspective on closeness and intimacy. In *Handbook of closeness and intimacy* (pp. 173-198). Psychology Press.

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of personality and social psychology*, 58(4), 644.-663. <https://psycnet.apa.org/doi/10.1037/0022-3514.58.4.644>

Crittenden, P. M., Landini, A., & Claussen, A. H. (2001). A dynamic-maturational approach to treatment of maltreated children. In J. N. Hughes, A. M. La Greca, & J. C. Conoley (Eds.), *Handbook of psychological services for children and adolescents* (pp. 373–398). Oxford University Press. <https://doi.org/10.1093/med:psych/9780195125238.003.0018>

Crowe, M. (2013). *Crowe Critical Appraisal Tool (CCAT) user guide v1.4.* <https://conchra.com.au/wp-content/uploads/2015/12/CCAT-user-guide-v1.4.pdf>

Crowe, M., & Sheppard, L. (2011). A general critical appraisal tool: an evaluation of construct validity. *International journal of nursing studies*, 48(12), 1505-1516. <https://doi.org/10.1016/j.ijnurstu.2011.06.004>

Delhaye, M., Kempnaers, C., Stroobants, R., Goossens, L., & Linkowski, P. (2013). Attachment and socio-emotional skills: A comparison of depressed inpatients, institutionalized delinquents and control adolescents. *Clinical psychology & psychotherapy*, 20(5), 424-433. <https://doi.org/10.1002/cpp.1787>

De Vito, K. (2020). Seeking a secure base: Gangs as attachment figures. *Qualitative Social Work*, 19(4), 754-769. <https://doi.org/10.1177/1473325019852659>

- Dickersin, K. (1990). The existence of publication bias and risk factors for its occurrence. *Jama*, 263(10), 1385-1389.
<https://doi:10.1001/jama.1990.03440100097014>
- Eilert, D. W., & Buchheim, A. (2023). Attachment-Related Differences in Emotion Regulation in Adults: A Systematic Review on Attachment Representations. *Brain sciences*, 13(6), 884.
<https://doi.org/10.3390/brainsci13060884>
- Felizzi, M. V. (2015). Family or caregiver instability, parental attachment, and the relationship to juvenile sex offending. *Journal of child sexual abuse*, 24(6), 641-658. <https://doi.org/10.1080/10538712.2015.1057668>
- Finzi-Dottan, A. R., Finzi, R., Cohen, O., Sapir, Y., Weizman, A., Ram, A., & Finzi-Dottan, R. (2012). Attachment style classification questionnaire for latency age children. *Journal of Child and Family Studies*, 11, 441-453.
- Fix, R. L., Clifford, J. E., & Burkhart, B. R. (2021). Parent–child relations and delinquency among african American and European American juvenile offenders: An expanded examination of self-control theory. *Race and justice*, 11(1), 28-46. <https://doi.org/10.1177/2153368718776052>
- Flight, J. I., & Forth, A. E. (2007). Instrumentally violent youths: The roles of psychopathic traits, empathy, and attachment. *Criminal justice and behavior*, 34(6), 739-751. <https://doi.org/10.1177/0093854807299462>
- Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995). The predictive validity of Mary Main's Adult Attachment Interview: a psychoanalytic and developmental perspective on the transgenerational transmission of attachment and borderline states. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental and clinical perspectives* (pp. 233–278). Analytic Press.
- Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior*, 39(6), 694-724. <https://doi.org/10.1177/0093854812436957>

- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of personality and social psychology*, 78(2), 350-365.
<https://psycnet.apa.org/doi/10.1037/0022-3514.78.2.350>
- Grady, M. D., Levenson, J. S., & Bolder, T. (2016). Linking adverse childhood effects and attachment: A theory of etiology for sexual offending. *Trauma, Violence, & Abuse*, 18(4), 433-444. <https://doi.org/10.1177/1524838015627147>
- Grady, M. D., & Yoder, J. (2024). Attachment theory and sexual offending: making the connection. *Current psychiatry reports*, 26(4), 134-141.
<https://doi.org/10.1007/s11920-024-01488-2>
- Grady, M. D., Yoder, J., & Brown, A. (2021). Childhood maltreatment experiences, attachment, sexual offending: Testing a theory. *Journal of interpersonal violence*, 36(11-12), NP6183-NP6217.
<https://doi.org/10.1177/0886260518814262>
- Gray, P., Smithson, H., & Jump, D. (2021). *Serious youth violence and its relationship with adverse childhood experiences*. The Manchester Centre for Youth Studies.
- Harrelson, M. E., Alexander, A. A., Morais, H. B., & Burkhart, B. R. (2017). The effects of polyvictimization and quality of caregiver attachment on disclosure of illegal sexual behavior. *Journal of Child Sexual Abuse*, 26(5), 625-642.
<https://doi.org/10.1080/10538712.2017.1328474>
- Harris, M. & Fallot, R. (2001). *Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services*. Jossey-Bass.
- Heinzen, H., Koehler, D., Smeets, T., Hoffer, T., & Huchzermeier, C. (2011). Emotion regulation in incarcerated young offenders with psychopathic traits. *Journal of Forensic Psychiatry & Psychology*, 22(6), 809-833.
<https://doi.org/10.1080/14789949.2011.623171>
- Hirschi, T. (1969). *Causes of Delinquency*. Berkeley.
- Hoeve, M., Dubas, J. S., Eichelsheim, V. I., van der laan, P. H., Smeenk, W., & Gerris, J. R. M. (2009). The relationship between parenting and delinquency:

- A meta-analysis. *Journal of Abnormal Psychology*, 37(3), 749–775.
<https://doi.org/10.1007/s10802-009-9310-8>
- Hoeve, M., Stams, G. J., van der Put, C. E., Dubas, J. S., van der Laan, P. H., & Gerris, J. R. (2012). A meta-analysis of attachment to parents and delinquency. *Journal of abnormal child psychology*, 40(5), 771–785.
<https://doi.org/10.1007/s10802-011-9608-1>
- Ireland, J. L., & Power, C. L. (2004). Attachment, emotional loneliness, and bullying behaviour: A study of adult and young offenders. *Aggressive Behavior: Official Journal of the International Society for Research on Aggression*, 30(4), 298-312. <https://doi.org/10.1002/ab.20035>
- Johnson, V. E., Payne, R. D., Wang, T., Asher, A., & Mandal, S. (2017). On the reproducibility of psychological science. *Journal of the American Statistical Association*, 112(517), 1-10. <https://doi.org/10.1080/01621459.2016.1240079>
- Kaufman, K. (2001). *Perceived relationship with supervisor scale*. Portland State University.
- Kobak, R., & Bosmans, G. (2018). Attachment and psychopathology: A dynamic model of the insecure cycle. *Current opinion in psychology*, 25, 76-80.
<https://doi.org/10.1016/j.copsyc.2018.02.018>
- Largent, E. A., & Lynch, H. F. (2017). Paying research participants: The outsized influence of “undue influence”. *IRB*, 39(4), 1-9.
- Lehmann, M. L. (2008). *Attachment status in juveniles who sexually offend*. The University of Texas at Austin.
- Lowell, A., Renk, K., & Adgate, A. H. (2014). The role of attachment in the relationship between child maltreatment and later emotional and behavioral functioning. *Child Abuse & Neglect*, 38(9), 1436-1449.
<https://doi.org/10.1016/j.chiabu.2014.02.006>
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the*

preschool years: Theory, research, and intervention (pp. 121–160). The University of Chicago Press.

Malvaso, C. G., Cale, J., Whitten, T., Day, A., Singh, S., Hackett, L., ... & Ross, S. (2021). Associations between adverse childhood experiences and trauma among young people who offend: A systematic literature review. *Trauma, Violence, & Abuse, 23*(5), 1677-1694.

<https://doi.org/10.1177/15248380211013132>

Marks-Anglin, A., & Chen, Y. (2020). A historical review of publication bias. *Research synthesis methods, 11*(6), 725-742. <https://doi.org/10.1002/jrsm.1452>

McLaughlin, A., Espie, C., & Minnis, H. (2010). Development of a brief waiting room observation for behaviours typical of reactive attachment disorder. *Child and Adolescent Mental Health, 15*(2), 73-79. <https://doi.org/10.1111/j.1475-3588.2009.00549.x>

McNeill, F., Batchelor, S., Burnett, R., & Knox, J. (2005). *21st century social work: reducing re-offending-key practice skills*. University of Strathclyde Glasgow.

Mikulincer, M., & Shaver, P. R. (2019). Attachment orientations and emotion regulation. *Current opinion in psychology, 25*, 6-10.

<https://doi.org/10.1016/j.copsyc.2018.02.006>

Miner, M. H., Robinson, B. E., Knight, R. A., Berg, D., Swinburne Romine, R., & Netland, J. (2010). Understanding sexual perpetration against children: Effects of attachment style, interpersonal involvement, and hypersexuality. *Sexual Abuse, 22*(1), 58-77.

<https://doi.org/10.1177/1079063209353183>

Miner, M. H., Romine, R. S., Robinson, B. E., Berg, D., & Knight, R. A. (2014). Anxious attachment, social isolation, and indicators of sex drive and compulsivity predictors of child sexual abuse perpetration in adolescent males. *Sexual Abuse: A Journal of Research and Treatment, 28*(2), 132-153.

<https://doi.org/10.1177/1079063214547585>

- Ministry of Justice. (2023). *Proven Reoffending Statistics Quarterly Bulletin*.
https://assets.publishing.service.gov.uk/media/63d171bfe90e071ba9122343/P_RSQ_Bulletin_2020_F4.pdf
- Minnis, H., Green, J., O'Connor, T. G., Liew, A., Glaser, D., Taylor, E., et al. (2009). An exploratory study of the association between reactive attachment disorder and attachment narratives in early school-age children. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 50(8), 931–942.
<https://doi.org/10.1111/j.1469-7610.2009.02075.x>
- Minnis, H., Reekie, J., Young, D., O'Connor, T., Ronald, A., Gray, A., & Plomin, R. (2007). Genetic, environmental and gender influences on attachment disorder behaviours. *The British Journal of Psychiatry*, 190(6), 490-495.
<https://doi.org/10.1192/bjp.bp.105.019745>
- Morais, H. B., Alexander, A. A., Fix, R. L., & Burkhart, B. R. (2018). Childhood sexual abuse in adolescents adjudicated for sexual offenses: Mental health consequences and sexual offending behaviors. *Sexual Abuse*, 30(1), 23-42.
<https://doi.org/10.1177/1079063215625224>
- Moran, K., McDonald, J., Jackson, A., Turnbull, S., & Minnis, H. (2017). A study of Attachment Disorders in young offenders attending specialist services. *Child abuse & neglect*, 65, 77-87. <https://doi.org/10.1016/j.chiabu.2017.01.009>
- Nijhof, K. S., De Kemp, R. A., & Engels, R. C. (2009). Frequency and seriousness of parental offending and their impact on juvenile offending. *Journal of adolescence*, 32(4), 893-908.
<https://doi.org/10.1016/j.adolescence.2008.10.005>
- Office of Juvenile Justice and Delinquency Prevention. (2023). *Detention rates by race/ethnicity*. https://ojjdp.ojp.gov/statistical-briefing-book/special_topics/faqs_fairness/qa11802
- Ogilvie, C. A., Newman, E., Todd, L., & Peck, D. (2014). Attachment & violent offending: A meta-analysis. *Aggression and violent behavior*, 19(4), 322-339.
<https://doi.org/10.1016/j.avb.2014.04.007>

- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ (Clinical research ed.)*, 372(71).
<https://doi.org/10.1136/bmj.n71>
- Pardini, D. A., Byrd, A. L., Hawes, S. W., & Docherty, M. (2018). Unique dispositional precursors to early-onset conduct problems and criminal offending in adulthood. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(8), 583-592. <https://doi.org/10.1016/j.jaac.2018.04.013>
- Park, C. U., & Kim, H. J. (2015). Measurement of inter-rater reliability in systematic review. *Hanyang Medical Reviews*, 35(1), 44-49.
<https://doi.org/10.7599/hmr.2015.35.1.44>
- Parsons, M. (2009). The roots of violence: theory and implications for technique with children and adolescents. In *The handbook of child and adolescent psychotherapy* (pp. 375-394). Routledge.
- Pickreign Stronach, E., Toth, S. L., Rogosch, F., Oshri, A., Manly, J. T., & Cicchetti, D. (2011). Child maltreatment, attachment security, and internal representations of mother and mother-child relationships. *Child maltreatment*, 16(2), 137-145.
<https://doi.org/10.1177/1077559511398294>
- Pierrehumbert, B. (1996). Les modeles de relations. Developpement d'un autoquestionnaire d'attachement pour adultes. *La Psychiatrie de l'enfant*, 39(1), 161-206.
- Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews a Product from the ESRC Methods Programme*.
<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=ed8b23836338f6fdea0cc55e161b0fc5805f9e27>
- Print, B., Morrison, T. and Henniker, J., (2002). *Working with young people who display sexually inappropriate and abusive behaviour*. AIM project, Manchester

- Protic, S., Wittmann, L., Taubner, S., & Dimitrijevic, A. (2020). Differences in attachment dimensions and reflective functioning between traumatized juvenile offenders and maltreated non-delinquent adolescents from care services. *Child abuse & neglect*, *103*, 104420. <https://doi.org/10.1016/j.chiabu.2020.104420>
- Puzzanchera, C. (2022). *Trends in youth arrests for violent crimes*. <https://ojjdp.ojp.gov/publications/trends-in-youth-arrests.pdf>
- Raikes, H. A., & Thompson, R. A. (2005). Links between risk and attachment security: Models of influence. *Journal of Applied Developmental Psychology*, *26*(4), 440-455. <https://doi.org/10.1016/j.appdev.2005.04.003>
- Raykov, T., & Marcoulides, G. A. (2011). *Introduction to psychometric theory*. Routledge.
- Rholes, W. S., Simpson, J. A., & Blakely, B. S. (1995). Adult attachment styles and mothers' relationships with their young children. *Personal Relationships*, *2*(1), 35-54. <https://doi.org/10.1016/j.copsyc.2018.02.008>
- Ross, T., & Pfäfflin, F. (2007). Attachment and interpersonal problems in a prison environment. *The Journal of Forensic Psychiatry & Psychology*, *18*(1), 90-98. <https://doi.org/10.1080/14789940601063345>
- Ryan, J. P., Williams, A. B., & Courtney, M. E. (2013). Adolescent neglect, juvenile delinquency and the risk of recidivism. *Journal of youth and adolescence*, *42*, 454-465. <https://doi.org/10.1007/s10964-013-9906-8>
- Sevecke, K., Franke, S., Kosson, D., & Krischer, M. (2016). Emotional dysregulation and trauma predicting psychopathy dimensions in female and male juvenile offenders. *Child and adolescent psychiatry and mental health*, *10*, 1-13. <https://doi.org/10.1186/s13034-016-0130-7>
- Simpson, S., Mercer, S., Simpson, R., Lawrence, M., & Wyke, S. (2018). Mindfulness-based interventions for young offenders: A scoping review. *Mindfulness*, *9*, 1330-1343. [https://doi.org/10.1007/s12671-018-0892-](https://doi.org/10.1007/s12671-018-0892-5)

- Sitney, M. H., & Kaufman, K. L. (2020). The impact of disrupted caregiving for juvenile sexual offenders. *Journal of sexual aggression*, 26(2), 274-287. <https://doi.org/10.1080/13552600.2019.1618933>
- Taylor, P. J., Rietzschel, J., Danquah, A., & Berry, K. (2015). The role of attachment style, attachment to therapist, and working alliance in response to psychological therapy. *Psychology and Psychotherapy: Theory, research and practice*, 88(3), 240-253. <https://doi.org/10.1111/papt.12045>
- Trentacosta, C. J., & Shaw, D. S. (2008). Maternal predictors of rejecting parenting and early adolescent antisocial behaviour. *Journal of Abnormal Child Psychology*, 36(2), 247–259. <https://doi.org/10.1007/s10802-007-9174-8>
- Tripepi, G., Jager, K. J., Dekker, F. W., & Zoccali, C. (2010). Selection bias and information bias in clinical research. *Nephron Clinical Practice*, 115(2), 94-99. <https://doi.org/10.1159/000312871>
- Wood, E., & Riggs, S. (2008). Predictors of child molestation: Adult attachment, cognitive distortions, and empathy. *Journal of interpersonal violence*, 23(2), 259-275. <https://doi.org/10.1177/0886260507309344>
- Yoder, J. R., Grady, M., & Dillard, R. (2019). Maternal caregiving practices and child abuse experiences as developmental antecedents to insecure attachments: Differential pathways between adolescents who commit sexual and non-sexual crimes. *Sexual Abuse*, 31(7), 837-861. <https://doi.org/10.1177/1079063218784557>
- Yoder, J., Dillard, R., & Leibowitz, G. S. (2018a). Family experiences and sexual victimization histories: A comparative analysis between youth sexual and nonsexual offenders. *International journal of offender therapy and comparative criminology*, 62(10), 2917-2936. <https://doi.org/10.1177/0306624X17738063>
- Yoder, J. R., Leibowitz, G. S., & Peterson, L. (2018b). Parental and peer attachment characteristics: Differentiating between youth sexual and non-sexual offenders and associations with sexual offense profiles. *Journal of interpersonal violence*, 33(17), 2643-2663. <https://doi.org/10.1177/0886260516628805>

Yoder, J., Grady, M. D., Brown, A., & Dillard, R. (2020). Criminogenic needs as intervening factors in the relation between insecure attachments and youth sexual violence. *Sexual Abuse*, 32(3), 247-272.

<https://doi.org/10.1177/1079063218821108>

Youth Justice Statistics: 2022 to 2023. (2024, January 25).

GOV.UK. <https://www.gov.uk/government/statistics/youth-justice-statistics-2022-to-2023/youth-justice-statistics-2022-to-2023-accessible-version#sentencing-of-children>

Zaremba, L. A., & Keiley, M. K. (2011). The mediational effect of affect regulation on the relationship between attachment and internalizing/externalizing behaviors in adolescent males who have sexually offended. *Children and Youth Services Review*, 33(9), 1599-1607. <https://doi.org/10.1016/j.childyouth.2011.04.001>

Appendix

Appendix A: Guidelines for The Journal of “Children and Youth Services Review”

Author guidelines for the Children and Youth Services Review can be accessed here:

<https://www.sciencedirect.com/journal/children-and-youth-services-review/publish/guide-for-authors>

Appendix B: Glossary of Attachment Terms

Secure attachment: Developed when children learn their needs will be understood and responded to consistently. Characterised by the ability to feel safe with others, following experiences of consistent reassurance from caregivers (Ainsworth, 1978)

Ambivalent-insecure attachment: Developed when children experience inconsistency and unreliability in their needs being met. Characterised by feelings of anxiety and distrust of others, as children have learned responses from caregivers are inconsistent (Ainsworth, 1978)

Avoidant-insecure attachment: Developed when children learn their needs are not responded to empathically. Characterised by an avoidance of caregiving behaviours following a lack of comfort and support in the caregiving relationship.

Disorganized attachment: Developed when children experience a caregiving relationship which does not allow their needs to be safely met. Characterised by ambiguous behaviours of fear and desire, as children have experienced inconsistent responses from caregivers in which they are the source of support and fear (Main & Solomon, 1990).

Appendix C: Complete table of study characteristics

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|---|--|---|---|---|---|--|--|--------------------------------------|
| Flight & Forth (2007) Canada | Examined the relations among psychopathic traits, empathy, attachment, and motivations for violence in incarcerated adolescent offenders | N = 51 male adolescent offenders convicted of a violent offence, mean age of 17.10 33 Caucasian (62%), 9 African American (12%), 6 Aboriginal (12%), 1 Hispanic (2%), and 3 with mixed ethnicity (7%). Opportunity/volunteer sampling | Quantitative and cross-sectional The Inventory of Parental and Peer Attachment: Mother, Father, Peer Version (IPPA; Armsden & Greenberg, 1987) | Correlational Exploratory analysis MANOVA | No differences were found between violent classification groups on attachment to mother, father, or peers. Youth who scored higher on psychopathic traits reported less attachment to their father, but not to mother or peers - this may be related to antisocial elements of behaviour | Further research to explore relationship between attachment and violence in isolation, particularly for father-child attachment Intervention options to consider role of father figure as protective factor | Small sample size Classification of 'violent' offenders different to typical prevalence rates | CCAT QR = MEDIUM (65%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|------|---|---|---|---|--|--|-------------------------------|
| Miner et al. (2010) USA | | <p>The sample (N = 278) consisted of male youth offenders.</p> <p>Sex offenders with child victims (n = 107), sex offenders with peer/adult victims (n = 49), and nonsex delinquents (n = 122).</p> <p>The average age of the overall sample was 16.7 years</p> | <p>Qualitative and cross-sectional</p> <p>History of Attachments Interview (Bartholomew & Horowitz, 1991)</p> | <p>Test of first order relationships between IVs</p> <p>ANOVA</p> <p>Kruskal-Wallis</p> <p>Mann-Whitney U</p> <p>Binary logistic regression</p> | <p>Attachment anxiety has an indirect effect on sexual abuse perpetration, in that the effects of attachment anxiety were accounted for by isolation from peers and difficulty relating to girls or women</p> <p>The multivariate analysis yielded a model of sexual abuse perpetration in which anxious attachment in adolescence influenced the experience of isolation from peers, which in turn contributed to expectations of rejection from opposite gender peers as shown by</p> | <p>Insight into unique risk factors associated with child sexual abuse perpetration, additionally displaying that perpetrators do not appear to devalue intimate relationships</p> | <p>Sampling method, also not equivalent numbers of offence type limiting the power of comparisons between groups, making small effects difficult to detect</p> | <p>CCAT QR = HIGH (85%)</p> |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|--|---|---|---|--|---|--|-------------------------------|
| | | | | | anxiety toward women | | | |
| Zaremba & Keiley (2011) USA | Explores the relationships between attachment and externalizing and internalizing problems as mediated by affect regulation in the population of male adolescents who sexually offend. | The sample (N = 62) consisted of male youth offenders. The average age of the overall sample was 15.8 years | Quantitative and cross-sectional Attachment Scale (AS; Collins & Read, 1990) | Path analysis Mplus – Full Information Maximum Likelihood (FIML) | Attachment is positively associated with affect Regulation ($p < .01$) and is negatively associated with affect dysregulation ($p < .01$). High incidence of internalizing behaviours is associated with insecure attachment and low incidence of internalizing behaviours are associated with secure attachment regardless of affect regulation ability. | Interventions may benefit from working on adaptive management of emotional arousal as affect regulation ability accounts for effect of attachment on externalizing behaviour problems | Small sample size Participants nearing end of their sentences, experience of being incarcerated may have impacted difficulties Cross-sectional therefore cannot predict causal effects of variables. | CCAT QR = MEDIUM (68%) |
| Delhaye et al. (2013) | To compare depressive inpatients, | N = 152 (51 offenders) aged 14-18 mean age | Quantitative and cross-sectional | One way ANOVA | All offenders diagnosed with conduct disorder. | Insight that offenders have similar attachment | Possibility that some of the expected between-group | CCAT QR = MEDIUM (68%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|---|---|--|---|--|---|--|--|-------------------------------|
| Belgium | youth offenders and control youths in terms of their attachment cognitions and socio-emotional skills | 16.3 – 16.5 convicted of a crime in Belgium Opportunity/volunteer sampling | Cartes: Modèles individuels de relation (CaMir; Pierrehumbert et al., 1996) | | Offenders scored lower on secure attachment than depressed or control group. Offenders also scored higher on preoccupied attachment | styles/patterns to those with mental health difficulties. Offenders had higher levels of resilience when compared with depressed group, informing treatment plans | differences failed to show up because of the poor measurement characteristics of the measures used. Sampling – 2/3 groups were sampled from single hospital, generalisation to wider Europe/world | |
| Bovard-Johns et al. (2015) USA | Evaluate the influence of trauma symptoms and current attachment and functioning | The sample (N = 332) consisted of male youth offenders. The average age of the overall sample was 16.7 years | Quantitative and cross-sectional The Inventory of Parental and Peer | Correlation Stepwise regression | Certain types of attachments, specifically positive peer attachments and communication within the father–child relationships were correlated with | A positive therapeutic alliance may subsequently lead to treatment effectiveness, reductions in | Self-report measure. An underlying assumption is that the therapeutic alliance is a key predictor of therapeutic | CCAT QR = MEDIUM (65%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|---|--|--|----------|-------------------------|--|--|-------------------------------|
| | with parents and peers on therapeutic alliance among youth sexual offenders | The largest racial group was Caucasian (n = 154; 46.4%), followed by African American (n = 87; 26.2%), Native American (n = 25; 7.5%), and Hispanic (n = 24; 7.2%); 12.6% (n = 42) of the racial data was missing. | Attachment (IPPA; Armsden & Greenberg, 1987) | | greater alliance (1.0). | recidivism or damaging sexual abusive behaviour, and positively influence psychological functioning. Incorporating family therapy more frequently during treatment could strengthen the father-child relationship, particularly deficits in communication | success, however this relationship is not explored Did not explore therapeutic alliance with differing roles such as clinical versus facility staff | |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------------------------------|---|--|--|--|---|--|---|-------------------------------|
| | | | | | | ion or attachment. In regard to peer attachments , group therapy has continued to be a widely used treatment modality with youth sexual offenders | | |
| Felizzi (2015) USA | This study utilized a secondary data analysis to investigate the effects of parent or caregiver instability and | N = 502 males, consisted of male youth sexual offenders (n = 332) and male nonsexual offenders (n = 170), mean age of 16.6 | Quantitative and cross-sectional The Inventory of Parental and Peer Attachment (IPPA; | Logistic regression analysis Chi-square | A series of chi-square tests that were all significant showed that parental caregiver instability was greater for the youth sex offender group than for the nonsexual offender group. All differences between | Essential in clinical practice to assess clients' thoughts and feelings towards parents and caregivers for a more effective | Cross-sectional Male only participants Only incarcerated young people, no data for those living at home | CCAT QR = MEDIUM (63%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|--|--|---------------------------------------|----------|--|--|---|-------------------------------|
| | <p>disrupted parental attachment on youth sex offending status</p> | <p>White = 66.6%; Black = 28.9%; Native American = 24.4; Hispanic = 10.5; Asian = 1.2%; Arab American = 1.2% and other = 12.3%.</p> <p>For the youth nonsexual offender group, the racial breakdown was as follows White = 42.9%, Black = 54.1%, Native American = 14.7%, Hispanic = 4.1%, Asian = 1.2%, Arab</p> | <p>Armsden & Greenberg, 1987)</p> | | <p>groups were statistically significant, with the offender group having more experiences with poorer maternal and paternal attachment than the nonsexual offender group. However, no significant effect of disrupted parental attachment on sexual offending status.</p> <p>The non-sex offenders had significantly fewer self-reported experiences with an unstable or violent home life than the identified youth sex offenders</p> | <p>assessment and help identify risk factors for offending</p> | <p>IPPA not the most appropriate measure for sexual offenders</p> | |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|---|--|---|---------------------|---|--|---|-------------------------------|
| | | American = 0%, other = 1.2%. Was initially opportunity/volunteer sampling – but used secondary data analysis | | | | | | |
| Harrelson et al. (2017) USA | Examine the influence of polyvictimization and quality of caregiver attachment on self-disclosure of illegal sexual behaviour in male adolescents receiving | The sample (N = 65) consisted of male youth offenders. The average age of the overall sample was 15.74 years 56.3% of participants identified as European American, 35.9% | Quantitative and cross-sectional The Inventory of Parental and Peer Attachment (IPPA; Armsden & Greenberg, 1987) | SPSS PROCES S macro | Offenders with experiences of victimization scored significantly lower on both maternal and paternal attachment, than offenders without experiences of victimization ($p = < .01$). Participants who had experienced more types of childhood victimization | Emphasises the importance of assessing for multiple types of victimization beyond abuse and neglect. Results highlight the importance of implementing a trauma- | Low disclosure rates possibly due to participants having to repeat traumatic experiences Only used adolescents report of attachment, would be of benefit to ascertain caregivers' perceptions. | CCAT QR = HIGH (75%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|--|--|----------|----------|--|--|-------------|-------------------------------|
| | <p>mandated treatment following a sexual offence.</p> <p>Additionally, examined the influence of caregiver attachment on self-disclosure of illegal sexual behaviour</p> | <p>identified as African American, and 7.9% identified as belonging to other ethnic and racial groups.</p> <p>Opportunity/volunteer sampling</p> | | | <p>reported less secure attachments than those who had experienced fewer types of victimization.</p> <p>Overall, results suggest that polyvictimization is associated with disrupted caregiver attachment in adolescence with illegal sexual behaviours, in addition; quality of caregiver attachment mediated relationship between polyvictimization and self-disclosure of illegal sexual behaviour.</p> | <p>informed therapeutic approach when treating adolescents adjudicated for illegal sexual behaviours. This supports building therapeutic alliance which is a difficulty within this population.</p> <p>Importance of family therapy to increase attachment security.</p> | | |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|---|---|--|--|-------------|---|--|--|-------------------------------|
| Moran et al. (2017) UK | To explore Attachment Disorder symptoms and diagnoses in young offenders and factors that may be associated with them | N = 29 (10 female and 19 male) aged 12-17 mean age 16.2 receiving intensive services in the UK Opportunity/volunteer sampling | Quantitative and cross-sectional The Observational Checklist for Reactive Attachment Disorder (McLaughlin, Espie, & Minnis, 2010); The Child and Adolescent Psychiatric Assessment, Reactive | Correlation | Strong positive correlation found between Total Attachment Disorder Scores and hyperactivity, (rs= 0.50). There was a medium correlation found between Total Attachment Disorder Scores and peer relationship problems (rs= 0.47). A medium (non-significant) correlation was noted between Total Attachment Disorder Scores and emotional symptoms (rs= 0.37). | Identifies needs within a high risk/vulnerable population – education for carers/staff Underlines need for multidisciplinary approach with a focus on a variety of symptoms associated with early experiences | The cross-sectional nature of the study may be seen as a limitation as it does not allow for any assertions about the direction of causality for association Only descriptive statistics for analysis Selection bias of target population as staff supported selection of participants. No parents involved in the study, carer measures only of who knew | CCAT QR = HIGH (78%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|------|------------------------|--|----------|---|--------------|---|-------------------------------|
| | | | <p>Attachment Disorder module (CAPA RAD; Minnis et al., 2009);</p> <p>Relationship Problems Questionnaire (RPQ; Minnis et al., 2007)</p> | | <p>A small (non-significant) correlation was noted between Total Attachment Disorder scores and conduct problems ($r_s = 0.19$) and Total Attachment Disorder scores and prosocial behaviour ($r_s = -0.25$)</p> <p>A high rate of Attachment Disorder or borderline Attachment Disorder (52%) was found in this population who has a high incidence of offending behaviour</p> <p>Young people under reported difficulties compared with carers and teachers</p> | | <p>young people for a minimum of one month</p> <p>Factors such as cognitive deficits not explored</p> | |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|---|---|---|---|-------------------------------|--|--|--|-------------------------------|
| Morais et al. (2018) USA | The study examined the impact of childhood sexual abuse (CSA) on participants' parental attachment in a group of victimized and non-victimized youth sexual offenders. The study also aimed to test the general hypothesis that the prevalence of mental health | N = 498 males, mean age 15.93 convicted of a sexual crime and mandated for sex offender treatment Demographic information indicates that 57% of participants identified as White, 39% as African American, and 3.4% identified as belonging to other ethnic and racial groups. Opportunity/volunteer sampling | Quantitative and cross-sectional Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) | Chi-square test MANOVA | No significant interaction - indicating adolescents with adjudicated illegal sexual behaviours who also reported a history of CSA did not differ significantly from their non-victimized peers in parental attachment difficulties ($p = .486$). | Treatment to target resolution of maladaptive sexual behaviours whilst focusing on trauma symptoms to reduce future offending Addressing alternative adaptive coping mechanisms for anxiety may reduce reliance on sexually inappropriate behaviours which lead to offending. | Only one attachment measure used. The use of objective measures of internalizing symptoms and trauma experiences, rather than self-report may yield more accurate data | CCAT QR = HIGH (80%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|---|---|--|--|------------------------------------|---|--|---|-------------------------------|
| | problems, particularly internalizing symptoms, would be greater for adolescents convicted of sexual offences with a history of childhood sexual abuse than those without. | | | | | To add to this focus needed on developing healthy, pro-social relationships | | |
| Yoder et al. (2018a) USA | Investigate differences in family characteristics between typological subgroups of youth | The sample (N = 505) consisted of male youth sexual offenders (n = 355) and male non-sexual offenders (n = 150). The | Quantitative and cross-sectional The Inventory of Parental and Peer | MANOVA Scheffé Games-Howell | Youth who commit sexual crimes with sexual victimization histories tended to have greater impairments on most of the variables. | Early parenting programs can begin to infuse more relationship or attachment building to improve | Retrospective self-report data Correlational data, no causation Impact of collecting data | CCAT QR = HIGH (78%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|---|--|---|----------|--|--|--------------------------------------|-------------------------------|
| | <p>offenders (sexually victimized youth sexual offenders; non sexually victimized youth sexual offenders; and non-sexual offenders.</p> | <p>average age of the overall sample was 16.64 years (SD = 1.52 years).</p> <p>Overall, 36% of youth identified as African American, 5.4% identified as Hispanic/Latino, 4.6% identified as Native American, 42.7% identified as White, and 11.3% chose to not specify race.</p> | <p>Attachment (IPPA; Armsden & Greenberg, 1987)</p> | | <p>Specifically, youth had more problems in their interactions with caregivers, and attachment disruptions in the sexual victimization group</p> | <p>early discordant or problematic dynamics between children and their caregivers</p> <p>Trauma informed care support and resources for caregivers to stop cycles of abuse</p> | <p>within a punitive environment</p> | |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|---|--|--|---|--|--|---|--|-------------------------------|
| | | Opportunity/volunteer sampling | | | | | | |
| Yoder et al. (2018b) USA | To explain characteristics of parental and peer attachments among a sample of residentially placed, incarcerated sexual and non-sexual offenders. A second aim was to analyse predictive associations between family and peer | The sample (N = 505) consisted of male youth sexual offenders (n = 355) and male nonsexual offenders (n = 150). The average age of the overall sample was 16.64 years (SD = 1.52 years). Overall, 36% of youth identified as African American, 5.4% identified as | Quantitative and cross-sectional The Inventory of Parental and Peer Attachment (IPPA; Armsden & Greenberg, 1987) | Bivariate T-tests Multiple regression | Overall, this study found that youth sexual offenders relative to non-sexual offenders indicated more problems with maternal attachment and more problems in all areas of paternal attachment except communication. Higher alienation in the father-child relationship was a significant predictor of offending ($p = <.01$). | Intervention to target family level attachment characteristics through models such as family therapy to strengthen parental-child relationship Group focus with peers would be beneficial to nurture peer attachments and learn pro-social relationships | Sample only from one state IPPA measure not used much in sexual offending, therefore offering little comparison | CCAT QR = HIGH (80%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|--|---|--|------------------------------------|---|---|--|-------------------------------|
| | attachments and criminal and sexual misconduct among youth sexual offenders. | Hispanic/Latino, 4.6% identified as Native American, 42.7% identified as White, and 11.3% chose to not specify ethnicity. Opportunity/volunteer sampling | | | | Further research needed between sexual and non-sexual offenders | | |
| Yoder et al. (2019) USA | Tested whether the presence of child abuse experience (CAEs) partially explains the observed | The sample (N = 505) consisted of male youth sexual offenders (n = 355) and male nonsexual offenders (n = 150). The average age of the overall | Quantitative and cross-sectional The Inventory of Parental and Peer Attachment (IPPA; | CFA – SEM Structural model testing | Results found that maternal harsh and indifferent caregiving had statistically significant direct effect on CAEs and insecure attachments ($p = <.01$). | Demand for intervention to focus on positive/healthy parenting to help parents learn to manage their emotions and avoid | Difficult to separate CAEs from the actions of the perpetrators, which may blur the distinction between caregiver and child-related factors. | CCAT QR = HIGH (75%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|--|---|---------------------------------------|----------|--|---|-------------|-------------------------------|
| | <p>relationship between caregiving styles and insecure attachment in a sample of adolescents with sexual and non-sexual behaviours.</p> <p>Are the relationships between maternal caregiving, insecure attachments, and CAEs different for adolescents who</p> | <p>sample was 16.64 years (SD = 1.52 years).</p> <p>The ethnic makeup of the group included Caucasian (n = 290; 57.43%); African American (n = 187; 37.02%); and Other (n = 28; 5.55%), which included Hispanic/Latino and Native American ethnicities.</p> <p>Opportunity/volunteer sampling</p> | <p>Armsden & Greenberg, 1987)</p> | | <p>No significant relationship between CAEs and insecure attachment ($p = .150$), therefore youths experiences of insecure attachment was not explained by experiences of abuse. No difference between offence types.</p> | <p>harsh or punitive practices with their children.</p> <p>To think systemically about considerations of why family system is under stress.</p> <p>All offence types should be using a trauma informed approach</p> | | |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|---|--|--|--|--|--|--|-------------------------------|
| | commit sexual crimes? | | | | | | | |
| Protic et al. (2020) Serbia | To examine potential differences in attachment dimensions and reflective functioning between incarcerated youth offenders and their peers from the institutions for children and adolescents without parental care who have not | N = 85 (42 offenders) males, mean age 17.01 convicted of a crime in Serbia Opportunity/volunteer sampling | Quantitative and cross-sectional Experiences in Close Relationships revised (ECR-r; Fraley, 2006) | Kruskal-Wallis Binary Logistic Regression | Youth offenders score lower on the measure of reflecting functioning, but they do not differ in their level of attachment anxiety and avoidance from the inmates of the institutions for adolescents without parental care | Emphasises the importance of educating community services on how to respond to child maltreatment To develop further programs aiming to develop a secure parent-infant relationship | Validity of attachment measure; usually used to assess romantic attachment | CCAT QR = MEDIUM (65%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|---|---|--|---|--|---|--|-------------------------------|
| | committed any crime. | | | | | | | |
| Sitney & Kaufman (2020) USA | Examining the potentially moderating role of disrupted caregiving on the relationship between offending and caregiver-child relationship quality Determine whether youth who commit sex crimes perceive their relationship | The sample (N = 826) consisted of male youth offenders. Sex offenders (n = 310), violent offenders (n = 119), non-violent offenders (n = 139). Youth control participants (n = 258) The average age in this sample was 15.90 years old (SD = 1.77 years). Overall, 41% of youth | Quantitative and cross-sectional Perceived Relationship with Supervisor Scale (PRSS; Kaufman, 2001) Supervisor is defined as primary caregiver | Exploratory factor analysis Univariate ANOVA | Both youth sexual offenders (JSOs) and violent youth delinquents (JD-Vs) reported poor quality relationships, with JSOs reporting slightly worse relationships than JD-Vs. The presence of a male primary caregiver is significantly associated with a decrease in relationship quality scores (p = <.05). For youth controls (JC) & non-violent youth delinquents (JD-NV), no differences in relationship quality | Succeeds in clarifying crucial distinctions between youth sexual offenders and general youth delinquents, while also elucidating group commonalities. These results support the classification of youth sexual offenders as a population similar to those youth delinquents | Female offenders excluded Did not address the directionality of the relationship between offence status and caregiver quality scores Youth reporting on a relationship they may have distorted memories of due to length of time incarcerated Scale only gave youth chance to rate one parent | CCAT QR = MEDIUM (73%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|--|---|----------------------------------|------------------|---|---|--|-------------------------------|
| | ps with their primary caregivers differently than do general youth delinquents or non-offending youth; and specify the impact of caregiver gender and non-biological status on caregiver-child relationship's quality. | identified as White/Caucasian, 21.6% identified as Black/African American, 17.1% identified as Hispanic/Latino and 23.1% identified as Other or Mixed Race. Opportunity/volunteer sampling | | | were found between those who had female or male caregivers. | who commit violent crimes. The uniqueness of the youth sexual offender population needs to be investigated more fully Further evidence for family therapy within this population. | | |
| Yoder et al. (2020) USA | Test theoretical framework through an in-depth | N = 200 males, mean age 17.17 convicted of a | Quantitative and cross-sectional | CFA - Chi-square | Direct links between attachment and all forms of dysregulation in anxious and | Adolescents may have different pathways to offending | Limited in measures used for attachment, more robust tool needed | CCAT QR = HIGH (75%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|---|---|--|----------|---|--|---|-------------------------------|
| | examination of direct relationships between anxious-ambivalent and anxious-avoidant attachment styles and delinquency acts and sexual offending via multiple mediating criminogenic factors, including behavioural dysregulation and callousness. | sexual or non-sexual crime The ethnic make-up included White (n = 70; 38%), African American (n = 30; 16.3%), Hispanic/Latino (n = 59; 32.1%), Asian (n = 3; 1.6%), Native American (n = 6; 3.3%), and other ethnicities (n = 16; 8.7%). Opportunity/volunteer sampling | Attachment Style Classification Questionnaire (ASCQ; Finzi-Dottan, 2012) | | avoidant attachment styles (p < .01). The results revealed marginally stronger direct effects between avoidant attachment—relative to ambivalent attachment—and all forms of dysregulation, although all pathways were significant. | compared with adults. Further evidence for parent-child relational therapy. Children identified as having insecure attachments should be exposed to intervention programs that target some of the deficit areas before maladaptive behaviours emerge. Can influence | Accounting for the length of time in a treatment facility may be necessary relative to attachment formation, as longer facility stays may impede attachment formation | |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|---|--|---|--|--|--|---|-------------------------------|
| | | | | | | policy to promote rehabilitation rather than punishment | | |
| Fix et al. (2021) USA | Tested for an indirect effect of parent-child attachment on delinquent behaviour through self-control, and whether that relationship was moderated by race/ethnicity. | The sample (N = 350) consisted of male youth offenders. The average age of the overall sample was 17.20 years (111 European American and 239 African American participants) Opportunity/volunteer sampling | Quantitative and cross-sectional The Inventory of Parental and Peer Attachment (IPPA; Armsden & Greenberg, 1987) | MANOVA Pearson correlation coefficients Moderated mediation analysis | No significant difference on parental attachment based on ethnicity/race ($p = .140$). No parent attachment factors were significantly predictive of self-control, however self-control had a significant direct effect on offending ($p < .01$). | Provides new findings on differences across race/ethnicity regarding self-control amongst offenders, with further research to explore more ethnic groups | Participants who did not identify as European or African American excluded from study Not generalisable to non-detained offenders Cross-sectional therefore attachments over time cannot be ascertained | CCAT QR = HIGH (83%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|--|---|---|---|---|--|--|-------------------------------|
| Grady et al. (2021) USA | To examine the theoretical model proposed by Grady, Levenson, and Bolder used to explain the relationships between experiencing trauma, attachment styles, and risk factors associated with sexual offending | N = 200 males aged 12-17 mean age 17.17 convicted of a sexual or nonsexual crime The ethnic make-up of the group included Caucasian (n = 80; 40.6%); African American (n = 40; 20.3%); Hispanic/Latino (n = 71; 36%); Asian (n = 4; 2.0%); Native American (n = 16; 8%); Arab American (n = 1; .5%); and other | Quantitative and cross-sectional Attachment Style Classification Questionnaire (ASCQ; Finzi-Dottan, 2012) | CFA – Structural equation modelling (SEM) | Direct significant relationship between abuse and anxious-ambivalent attachment and anxious-avoidant attachment, with a significant relationship between these two attachment styles and emotional dysregulation ($p < .01$). | For practitioners to support parents in building strong attachments and positive parenting skills to reduce likelihood of physical abuse. Also to provide interventions based specifically on strengthening relationship with child Further evidence that trauma has direct | Self-report retrospective data Additional measures of attachment could be considered Racial/ethnic differences in samples not explored | CCAT QR = HIGH (88%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|--|--|--|---|---|---|---|---|-------------------------------|
| | | ethnicities (n = 16; 8%) Opportunity/volunteer sampling | | | | and indirect links with attachment and further risk factors associated with criminal behaviour | | |
| Brown et al. (2022) USA | Tests covariation among trauma events and maternal attachment characteristics, and investigate how they contribute to trauma symptomatology and executive functioning in a sample of youth | The sample (N = 196) consisted of male youth offenders. The average age of the sample was 17 years. Overall, 95 youth (53.1%) identified as White, 52 youth (29.1%) identified as Black or African American, 10 youth (5.6%) as Latino or | Quantitative and cross-sectional The Inventory of Parental and Peer Attachment (IPPA; Armsden & Greenberg, 1987) | Structural Equation Modelling (SEM) - CFA | Significant relationships between nearly all trauma events in the model and maternal attachment characteristics, accounting for 19.1% of variance on trauma symptoms, with trauma symptoms accounting for 23.2% of variance in executive functioning deficits. It is possible that alienation from | Evidence for trauma focused CBT to augment relational experiences between youth and caregivers More research needed to explore reciprocal role of attachment and identify patterns | Borderline sample size for analysis used Female offenders not included, nor were community-based offenders | CCAT QR = HIGH (80%) |

| Study | Aims | Sample and recruitment | Measures | Analysis | Key findings | Implications | Limitations | Quality Appraisal Rating (QR) |
|-------|------------------|---|----------|----------|---|--------------|-------------|-------------------------------|
| | sexual offenders | Hispanic, two youth (1.1%) identified as Asian, eight youth (4.5%) identified as Native American, and 12 youth (6.7%) identified as Other | | | one's primary caregiver is experienced as trauma and carries enduring consequences in neurodevelopment that result in deficits in executive functioning | | | |

Note: Ethnicity data does not tally correctly within the following papers: (Brown et al., 2022; Grady et al., 2021; Felizzi, 2015; Flight & Forth, 2007; Yoder et al., 2020). In Felizzi (2015), the authors note the percentage totals were greater than 100% for each group due to the construct of the demographic question, which asked, where it is possible several answers were checked by participants. The explanation for this in the remaining papers is not addressed.

Appendix D: Complete table of quality appraisal ratings using Crowe Critical Appraisal Tool (CCAT; Crowe & Sheppard, 2013)

| Author & Year | Preliminaries | Introduction | Design | Sampling | Data collection | Ethical matters | Results | Discussion | Total (/40) | % |
|--------------------------|----------------------|---------------------|---------------|-----------------|------------------------|------------------------|----------------|-------------------|--------------------|----------|
| Moran et al. (2017) | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 31 | 78 |
| Delhaye et al. (2013) | 3 | 4 | 3 | 3 | 3 | 3 | 4 | 4 | 27 | 68 |
| Grady et al. (2021) | 4 | 4 | 5 | 4 | 4 | 5 | 4 | 5 | 35 | 88 |
| Morais et al. (2018) | 3 | 4 | 4 | 4 | 3 | 5 | 4 | 5 | 32 | 80 |
| Yoder et al. (2020) | 4 | 4 | 4 | 4 | 3 | 3 | 4 | 4 | 30 | 75 |
| Protic et al. (2020) | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 4 | 26 | 65 |
| Yoder et al. (2018a) | 3 | 4 | 4 | 3 | 5 | 4 | 4 | 4 | 31 | 78 |
| Felizzi (2015) | 3 | 3 | 3 | 3 | 2 | 3 | 4 | 4 | 25 | 63 |

| | | | | | | | | | | |
|-------------------------------|---|---|---|---|---|---|---|---|----|----|
| Flight & Forth (2007) | 4 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 26 | 65 |
| Yoder et al. (2019) | 4 | 4 | 5 | 4 | 3 | 3 | 4 | 3 | 30 | 75 |
| Yoder et al. (2018b) | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 32 | 80 |
| Fix et al. (2021) | 4 | 4 | 5 | 4 | 4 | 4 | 5 | 3 | 33 | 83 |
| Harrelson et al. (2017) | 3 | 4 | 4 | 3 | 4 | 5 | 3 | 4 | 30 | 75 |
| Zaremba & Keiley (2011) | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 4 | 27 | 68 |
| Bovard-Johns et al. (2015) | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 4 | 26 | 65 |
| Miner et al. (2010) | 4 | 3 | 5 | 4 | 4 | 5 | 4 | 5 | 34 | 85 |

| | | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|----|----|
| Sitney & Kaufman (2020) | 4 | 4 | 3 | 4 | 3 | 4 | 3 | 4 | 29 | 73 |
| Brown et al. (2022) | 4 | 4 | 3 | 5 | 4 | 4 | 4 | 4 | 32 | 80 |

Paper Two: Empirical Paper

“That boy's life in prison is driven by the prison regime, not his care” – prison officers’ experiences of trauma informed care in a young offender’s institute: A reflexive thematic analysis.

Author note:

This paper has been written in accordance with the author guidelines for the journal “Children and Youth Services Review” (Appendix A)

Word count: 7995

(Excluding Title Page, References and Appendices)

Abstract

Background

Secure settings have increasingly adopted trauma informed care (TIC) to support young people, built on a whole systems strength-based approach, grounded in an understanding of and responsiveness to the impact of trauma. Limited research exists on officers' experiences of TIC implementation within young offender institutions (YOIs) in the UK. With TIC centred on relational constructs, this study aimed to understand how officers' experience delivering TIC.

Design

A qualitative design using semi-structured interviews with seven prison officers was implemented.

Methods

Interviews conducted were audio recorded, transcribed and analysed using Reflexive Thematic Analysis (RTA).

Results

Three main themes were developed from the data each comprising of 2-3 subthemes: Worn thin: 'Under resourced and overburdened', Support deficit: 'The challenge of an unsupported framework', and Relational foundations: 'Supporting young people through connection'. Staff have developed skills and knowledge to mitigate against organisational challenges to support young people. Findings highlight the unique challenges staff face in YOIs in implementing TIC.

Conclusions

Findings suggest regular training and staff wellbeing should be prioritised, alongside parallel leadership processes to support implementation of TIC. Avenues for future research are also explored.

1. Introduction

Youth offending in the UK is a complex issue (Armstrong, 2004), with many young people entering the criminal justice system following experiences of adverse childhood events (ACEs) and trauma (Abram et al., 2004; Malvaso et al., 2021). Youth offending rates have risen across the UK, with a year-on-year increase for the second consecutive year, rising by 4% in addition to custodial sentences increasing by 21%, marking the first increase in 10 years (Youth Justice Statistics, 2024). Within youth offending, reoffending rates also remain high, with one third of youth reoffending within 18 months of release (Bateman, 2020).

Youth who are convicted of an offence in the UK are directed to one of three secure settings, defined as an establishment where young people are lawfully detained and cannot leave at will (Youth Justice Board for England and Wales, 2019). Placement allocation is based on age, assessed risk to self and others, and vulnerability (Youth Justice Legal Centre, 2017). Secure Children's Homes (SCHs) provide therapeutic support for young people from aged 10, with Secure Training Centres (STCs) often used for first time offenders who are not deemed high risk, and those requiring more support than a YOI offers, aiming to provide education and rehabilitation. Youth Offender Institutions (YOIs) typically house males aged 15–18 who do not meet the threshold for SCH or STC (Snodgrass & Preston, 2015), require lower staff to young person ratios, with a stronger focus on security over personalised care.

Within YOIs, prison officers have a central role in the day to day running of these establishments, contributing to both the custodial and rehabilitative functions. Officer's responsibilities are wide ranging, extend beyond security and order, and encompassing care, emotional support, and building positive relationships with young people (Crole-Rees et al., 2023). A key challenge for officers is balancing support with authority, with YOIs historically prioritising control (Wooldredge, 2020). Prison officers have the most frequent contact with young people in YOIs, and these relationships are able to influence outcomes for young people (Bosk et al., 2020), making prison officers crucial to meet the needs of young people, particularly with many young offenders having experiences of disrupted attachment histories and trauma (Wood & Riggs, 2008). Prison officers are also exposed to the emotional

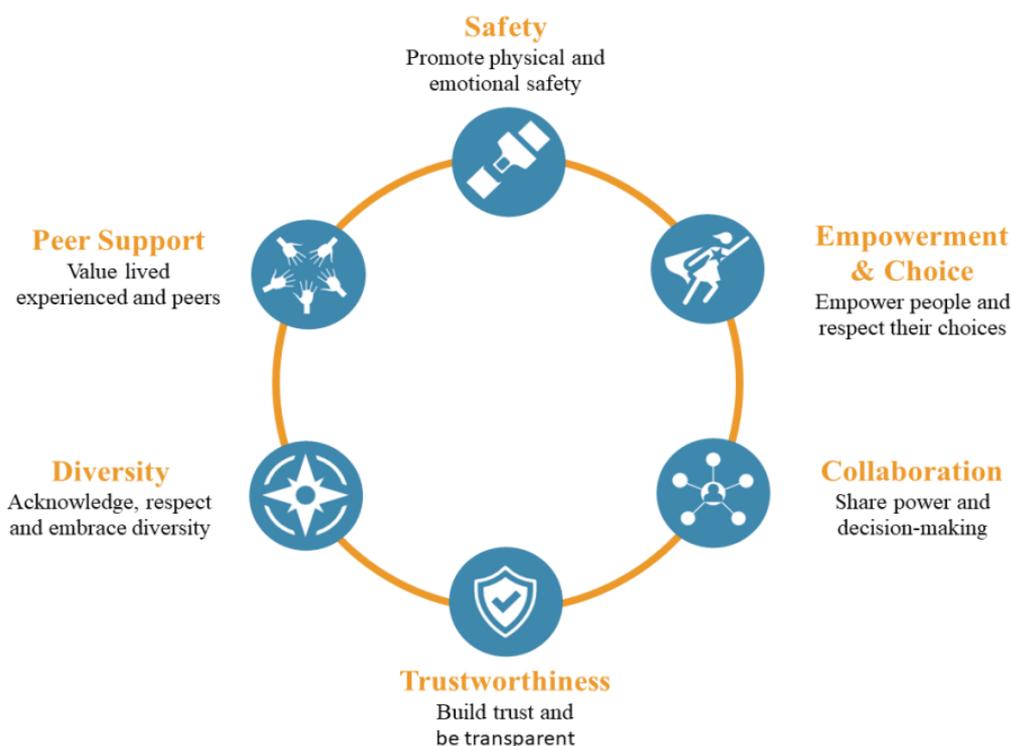
demands of working with trauma survivors, increasing risk of burnout and vicarious trauma (Lambert et al., 2015).

YOIs have faced scrutiny regarding their ability to meet the developmental and psychological needs of young people with trauma histories (Vaswani & Paul, 2019), with young offenders at an increased risk of experiencing adverse childhood experiences (ACEs), defined as stressful or traumatic events that occur during childhood or adolescence (Centers for Disease Control and Prevention, 2019). Youth offenders are more likely to have complex trauma histories and experience of multiple ACEs (Liddle et al, 2016), with four or more ACEs associated with higher risk of poor health outcomes, including mental health difficulties (Hughes, 2017).

The ACEs study found 67% of participants had at least one ACE (Felitti et al., 1998), with later research finding 9% of participants reported four or more ACEs (Bellis et al., 2014). This transformed mental health services from asking “what is wrong with you”, to “what has happened to you” (Harris & Fallot, 2001) through trauma informed care (TIC). TIC is strengths-based, grounded in an understanding of and responsiveness to the impact of trauma, emphasising physical and psychological safety for providers and survivors, creating opportunities to rebuild a sense of control and empowerment (SAMHSA, 2014). Trauma is typically defined as harmful or life-threatening experiences, with lasting effects on one’s mental, physical and emotional wellbeing (SAMHSA, 2014).

TIC improves engagement, health outcomes, and staff wellbeing (NHS England, 2018; SAMHSA, 2014). TIC supports self-regulation, and relationships built on safety and trust, important for those with trauma histories (Van der Kolk, 2014). Clinical mental health services may potentially be retraumatising for young people (Butler et al., 2011), therefore minimisation of this, and recognition of how trauma influences engagement is integral to support change. TIC is built on six key principles (SAMHSA, 2014), shown in Figure 1:

Figure 1: Six key principles of TIC (Stuart, 2024).¹



YOIs in the UK are implementing SECURE STAIRS²; a framework for integrated care across the children and young people's secure estate for young people under 18. The majority of TIC studies have been conducted in the USA within adult populations, with limited research in YOIs (Sweeney et al., 2016). The voices of

¹ Figure reproduced with permission from the author (Stuart, 2024)

² Secure Stairs is a trauma-informed, psychologically informed framework developed by NHS England (2018), derived from the NHS Improvement Children and Young People Mental Health Transformation Programme, an outcome of the Future in Mind Report (NHS England, 2015). It is for use in secure settings for children and young people, including youth offender institutions, secure training centres, and secure children's homes. It promotes whole-system collaboration among health, care, education, and justice professionals to provide consistent, formulation-driven, and developmentally appropriate care. The framework emphasises staff training, emotional resilience, reflective practice, and individualized intervention planning, aiming to support recovery, rehabilitation, and long-term wellbeing (NHS England, 2018). The name SECURE STAIRS reflects its dual focus: "SECURE" represents the emotionally supportive system for staff - comprising Staff with appropriate skill sets, Emotionally resilient staff, Cared for staff, Understanding, Reflective system, and 'Every interaction matters' - while "STAIRS" outlines the structured, progressive care pathway for young people - consisting of Scoping assessments, Targets that are collaborative, Activators where interventions understand what activates difficulties, Interventions tailored to individual needs, Reviews of progress towards goals, and Sustainability to support young people upon transition.

frontline staff are essential to improve services, as TIC relies heavily on relational constructs (SAMHSA, 2014).

The Sanctuary Model (Bloom, 2005) is a trauma-informed whole system approach addressing biological, cognitive, and social difficulties experienced by those with trauma histories. The overarching assumption of the Sanctuary Model is that those with trauma experiences are unable to achieve positive outcomes within organisations that are traumatising or traumatised, and as such these environments can exacerbate young people's difficulties (Bloom, 2005). This aligns with the current study, exploring the experiences of staff implementing TIC within a setting that has faced implementation challenges to date (Vaswani & Paul, 2019).

1.1 Rationale and Aims

The primary aim of this research is to understand the experiences of officers delivering TIC in a UK YOI. Most studies have focused on adult populations in the USA, with limited research in young offenders (Sweeney et al., 2016). Staff are key to successful implementation of TIC, particularly frontline officers who have the most contact with young people (Sweeney et al., 2018). To the authors knowledge, this is the first study to examine officers' experiences of TIC in YOIs in the UK. The second aim is to further inform TIC projects across the UK, through disseminating findings based on officers' experiences.

Research question: What are prison officers' experiences of trauma informed care in a young offender's institute? A reflexive thematic analysis.

2. Methodology

2.1. Participants

The target sample size for the study was six to ten participants, using the model of information power (Malterud et al., 2016), which uses five criteria to determine sample size: (a) study aims, (b) sample specificity, (c) use of established theory, (d) quality of dialogue, and (e) analysis strategy. With highly specific participants and narrow study aims, it was proposed six to ten participants would provide sufficient

information power, as the more information a sample holds, the lower number of participants is needed (Malterud et al., 2016). Nine participants expressed interest, with two participants who completed an opt-in form unable to attend due to work commitments, resulting in a final sample of seven participants. Within RTA, sample size is determined by data quality, not saturation (Braun & Clarke, 2019), therefore the final sample was reliant on the quality of data collected to address the study aims, and not when no new information was emerging (Braun & Clarke, 2019). Participants are referred to by pseudonyms in order to protect their anonymity due to the depth of their accounts.

Of the participants, 4 were male, 6 identified as White British, with the average age 34 years old. The average length of service was 3.5 years, with participants completing an average of 1.7 days on TIC focused on child and adolescent brain development, attachment theory, developmental trauma, and improving confidence in working in TIC (NHS England, 2018), with a range of 1 to 3 days.

2.2. Eligibility

Participants were included if they had worked at the YOI for a minimum of six months as a prison officer, had completed at least one training day on trauma informed approaches, were able to provide informed consent, and spoke the English language. Participants were excluded if they were in non-officer roles, such as those in administration or security.

2.3. Recruitment and sampling

Participants were recruited from a single UK YOI in the UK, housing over one hundred young people aged fifteen to eighteen. Purposive sampling was used to recruit participants. Purposive sampling allowed selection of participants with experiences relevant to the research question, to ensure data collected was able to provide rich, meaningful insights. The researcher met with team leaders at the YOI to identify potential participants, and share study details during team briefings. Participants who agreed to participate were given an information sheet and completed an opt-in form, developed so potential participants were able to consent

to further discussion, agreeing that they could be contacted after staff briefings. Written consent was obtained, and participants reconfirmed their consent verbally at interview. The research site is currently implementing SECURE STAIRS; a framework for integrated care across the children and young people's secure estate.

2.4. Ethical considerations

The researcher met with the Governing Governor of the YOI to gain local approval, before ethical approval was granted by the University of Staffordshire and HMPPS ethics committees. Participants were informed of the research procedure and intentions, their rights as a participant including confidentiality, anonymity, and the right to withdraw. Participants gave written informed consent and were given pseudonyms for anonymity. Participants were also debriefed post interview, allowing an opportunity to discuss support avenues to manage any potential distress. No participants experienced distress requiring support post interview.

2.5. Design

The study used a qualitative design to construct meaning from prison officers experience of delivering TIC in a YOI in the UK. A qualitative design was selected to capture participant experiences, meaning and perspectives (Hammarberg et al., 2016), rather than data amenable to counting or measuring. This was preferable as it allowed for exploration of experiences capturing subjective meanings and context that would be difficult to obtain through quantitative methods.

Semi-structured interviews facilitated an interactive exchange between researcher and participants, exploring topics pertinent to the research question. The interview guide was developed in collaboration with clinicians at the research site, to encourage open-ended responses, and to use neutral, jargon free language (DeJonckheere & Vaughn, 2019). This allowed flexibility, enabling follow-up questions and prompts based on participants responses, enabling the focus on TIC topics without constraining participants to a particular format (Ruslin et al., 2022). RTA was selected as the analytic focus was identifying themes across a data set rather than on individual participants (Braun & Clarke, 2020) and interested in how

participant experiences are located within the wider context of the environment (Braun & Clarke, 2020). Other approaches, such as Interpretative Phenomenological Analysis (IPA), were not deemed suitable due to their idiographic emphasis on in-depth exploration of individual experiences, which was not aligned with the research aims of identifying shared themes across the data set. RTA requires theme development through data engagement that acknowledges the researchers' skills, experiences, and reflections on their own assumptions and how this influences data interpretation (Braun & Clarke, 2020).

2.6. Procedure

Interviews lasting 36 to 62 minutes with a mean of 49 minutes were conducted in a confidential space at the YOI. Demographic information including age, gender, ethnicity, length of service and level of training received was collected to contextualise the findings within participant demographics. Interviews were recorded using equipment given security clearance by the establishment, with all data including consent forms securely stored on a password protected device within a password protected folder. Interviews were manually transcribed and reviewed multiple times to ensure accurate transcription. See Appendix G for interview schedule.

2.7. Data analysis

Braun and Clarke (2019) outline four domains of RTA; orientation to data, focus on meaning, qualitative framework, and theoretical framework. These domains often overlap and are important considerations to ensure thorough data analysis. These domains guide analysis through ensuring theme development is grounded in rich engagement with the data, shaped by context, and informed by the researcher's theoretical positioning.

RTA also involves a recursive, reflexive relationship with data, with the researchers position a key aspect of the process through prior knowledge, social position and one's own experiences. RTA also involves identification and description of implicit and explicit ideas, to go further than counting phrases and words to move beyond

surface level data, uncovering deeper meaning within the data. A theme is defined as a pattern of discussion that occurs systematically across a data set, with 'bottom-up' themes developed from data in transcripts.

Data from the interviews was transcribed and analysed using Braun and Clarke's (2019) six phases of reflexive thematic analysis (RTA): (a) familiarise oneself with the data through transcription (b) generate initial codes for describing data (c) generate broad themes from codes (d) review and refine themes into accurate representations of the data (e) define and name themes and (f) write the report using selected data extracts as examples to demonstrate themes. This is not a fixed process, with the researcher moving back and forth between stages flexibly (Byrne, 2022). An inductive orientation was used, to ensure participants' experiences were accurately captured, however a pure induction process is not possible due to the researcher inevitably bringing their own social position to the analysis (Braun & Clarke, 2019). Both semantic and latent coding were used to capture explicitly expressed meaning from participants, and to focus on deeper conceptual levels of meaning (Braun and Clarke, 2020). Thematic mapping was also used during early theme development (Appendix L), to consider themes in their own right, and explore how provisional themes may relate to each other (Braun et al., 2023).

2.8. Researcher positioning and reflexivity

Reflexive thematic analysis (RTA) is flexible in theoretical position, allowing researchers to align their epistemology with the approach whilst respecting the subjectivity of participants experiences, and acknowledging the reflexive influence of the researchers' interpretations.

I am a White British male with prior knowledge of implementing TIC, particularly SECURE STAIRS and its day-to-day operations, which supported development of a comprehensive interview guide. I have an insider perspective through prior clinical experience at the research site, where I worked alongside prison officers. This study benefits from my awareness of personal assumptions around culture, and challenges of implementing TIC for prison officers. Namely, the disparity between what management labelled as support for staff in implementing TIC versus what was practically offered. Additionally, I had personal beliefs regarding staff beliefs of

rehabilitation for young offenders being pessimistic and potentially impacting the care they deliver to young offenders. I also had awareness that officer's immediate line managers, in positions of middle management were sensitive to what participants may disclose during the study. Participants felt strongly about being open to ensure their voices were heard, and felt comfortable sharing experiences during interviews, with verbal agreement of direct quotes used in the study being anonymised supporting this. My outsider perspective having spent time away from the site, allowed me to observe changes resulting from SECURE STAIRS, supporting data interpretation.

The researcher's ontological stance is social constructivism, which views knowledge is constructed through interaction with others (Benton & Craib, 2010).

Epistemologically, the researcher adopts interpretivism, which emphasises understanding subjective meanings, experiences, and context (Blaikie & Priest, 2019). This positioning aligns with the research question as it prioritises social context, and the subjective experience of individuals, allowing for co-constructed knowledge with participants, whilst recognising the researcher's experience influence on interpretation (Van der Walt, 2020), important in the context of current research and the researchers' prior experiences. This perspective encourages empathy and understanding through engagement with lived experiences, ensuring participants voices are heard, supporting exploration of how participants make sense of delivering TIC, what this means to them, and how context influences this meaning. A reflexive process was used to monitor personal assumptions during interviews and analysis, whilst acknowledging how my prior experience could enhance the study (Braun & Clarke, 2019). I maintained a research diary and utilised supervision to reflect on my experiences throughout the research process.

2.9. Trustworthiness and rigour

Regular research meetings were held to discuss data clarity, and supervision utilised to discuss theme development. Themes and subthemes were critically evaluated following prolonged data engagement. The researcher maintained a reflexive diary (Appendix M) to track how their perspective influenced analysis, and support development (Thorpe, 2004). Quotes from participant experiences were used to

evidence themes during the write up, alongside a clear audit trail for transparency in the theme development process.

3. Results

Three main themes were developed from the data each comprising of 2-3 subthemes: Worn thin: 'Under resourced and overburdened', Support deficit: 'The challenge of an unsupported framework', and; Relational foundations: 'Supporting young people through connection'. A table of the themes and subthemes can be found in Table 1.

Table 1: Themes and subthemes

| Themes | Subthemes | Supporting participants |
|---|--|-------------------------|
| - Theme 1: Worn thin: 'Under resourced and overburdened' | 1.1. Punitive, desensitised staff | 7 |
| | 1.2. Wearing too many hats | 6 |
| | 1.3. Care compromised by time | 7 |
| - Theme 2: Support deficit: 'The challenge of an unsupported framework' | 2.1. Regime prioritised | 7 |
| | 2.2. Invalidation from management | 7 |
| - Theme 3: Relational foundations: 'Supporting young people through connection' | 3.1. Building person-centred relationships | 7 |
| | 3.2. Building rapport | 7 |
| | 3.3. Knowledge into action | 5 |

3.1. Theme 1: Worn thin: ‘Under resourced and overburdened’

This theme reflects participants experiences of feeling overwhelmed and appearing to be at risk of burnout whilst trying to implement TIC delivery alongside competing demands, contributing to a punitive approach and loss of compassion over time. Participants felt other officers responded without sensitivity to TIC principles, and appeared punitive towards TIC implementation. Additionally, managers had unrealistic expectations of officers, expecting them to complete lists of duties that were beyond their capacity, with time constraints a key contributor to this theme. Three subthemes were developed under this theme: (1.1) *Punitive, desensitised staff*, (1.2) *Wearing too many hats*, and (1.3) *Care compromised by time*.

Subtheme 1.1: punitive, desensitised staff

This subtheme concerned a punitive attitude whereby the role desensitised staff and made them punitive over time, making a TIC approach challenging to adopt. Participants felt that *“because people don’t care, because people don’t seem to care about the job in general, they’re just trying to get through that day”* (Amelia), there was difficulty with TIC delivery. Safety is a key principle of TIC, and a punitive attitude amongst staff due to their heavy workload made it difficult for staff to feel a sense of safety in their role:

“I feel like this job sucks empathy out of people... they’re significantly less empathetic and care less, other than the exception of a few, but I think that’s just the way it wears staff down, and that’s probably why they leave or why they stay and don’t care” (Amelia).

Participants referenced how time in the role had reduced empathy and increased punitive attitudes towards TIC where *“a lot of people just don’t, they don’t care, or they don’t want to know (about trauma informed care)”* (Dennis). Bill describes his observation that *“they’re getting punitive punishments from us because of their acting up”* (Bill), evidencing how staff empathy levels decrease leading to more punitive methods of working.

Staff recognised *“it’s hard sometimes to want to carry on delivering trauma informed care when sometimes it gets thrown back in your face anyway”* (Chloe), displaying

how implementing TIC into a challenging role makes it difficult to adopt an approach aligning with TIC. Participants felt the additional responsibility of delivering TIC can be challenging *“when you’re having a particularly bad day, and you might have been through a lot of stuff here, you can sort of go back into the mindset of, why should I care about doing that for them?”* (Emma). This further displays cumulative demands impacting staffs’ ability to adhere to a TIC approach, feeling overwhelmed and returning to work within the parameters of a system reliant on punishment due to familiarity where *“it feels like if there is an opportunity to punish, then the opportunity is taken”* (Phil), rather than persevering attempting TIC implementation. Officers’ experiences capture how officers may become punitive both in their approach and towards TIC itself where *“more people care about doing the role of an officer (than delivering trauma informed care)”* (Phil).

Subtheme 1.2: wearing too many hats

Participants shared expectations placed on them were beyond the scope of what they could complete. TIC has required officers to interact differently with young people, and trying to integrate this into their role has increased expectations on them where *“I think they probably expect us if we wanted to do something like that, I think they’d expect us to do it on our own time”* (Emma.) Emma added *“you’re under a lot of pressure and a lot of stress, a lot of time, it’s quite fast paced”*. Staff shared a relentless cycle whereby a completion of duties does not reduce workload, and *“even like if one day you managed to get them done, there will still be five more things, so there’s never that downtime to them, there’s always something else they probably think of to say”* (Chloe). It became apparent during interviews that expectations placed on officers were contrary to what they felt able to do with their allocated duties currently, and how attempting TIC implementation means *“we’re all just setting like really high expectations for ourselves that we’ve all got to keep on pushing ourselves to the absolute limit, just to get it to work, rather than saying, okay, this doesn’t work”* (Chloe). This shows staff feel compelled to push themselves to their limits in an attempt to fulfil management expectations where *“there’s so much pressure on us to just get the boys out and get them doing an activity or away from the wing and stuff, we don’t have time to have those (meaningful) interactions with*

them” (Emma). Collaboration and empowerment are key principles of TIC, and there was a sense staff had little choice in the tasks they completed where *“you’re always needed somewhere, if you’re on the wing, you’re busy unless you’re a lazy officer”* (Phil), and the mention of others work ethic displays how failing to meet demanding expectations set is viewed negatively. A lack of communication about the unsustainability of trying to implement TIC into their current routine, maintains officers feeling disempowered, where after challenges *“anyone that’s in a light blue shirt (a managerial position) just want you back on the landing”* (Bill), perpetuating unrealistic demands.

Subtheme 1.3: care compromised by time

During interviews, officers expressed a lack of time impacting their ability to deliver TIC. Staff reflected *“at times, I’d love to have time to have a conversation, sometimes I haven’t got time to. I’d love to be talking with the lads each hour or whatever, but I don’t have the time, which is sad because some lads clearly need the extra support”* (Chloe). Additionally, staff reflected frustration with time constraints imposed on them, and how *“our lack of time is not helpful for lads or staff, and a lot of the like trauma-based practice and stuff, it says that consistency is better for them”* (Amelia). This highlights awareness of how limited time contributes to a lack of consistency, with officers often having to make fast decisions resulting in inconsistencies in how they interact with young people.

Time constraints imposed on staff led to challenging calls where *“even having those small pockets of time, you’ve got to weigh up between, do I toilet, brew or email?”* (Phil). Time impacting consistency was also expressed by Matthew, *“the only time you build up things with the kids is if you’ve got a particularly bad one that you’re spending additional time on... however, you’ve got all the others that go under the radar”* (Matthew). Staff shared frustrations at how time constraints limited capacity to engage with key aspects of SECURE STAIRS (NHS England, 2018) such as formulations. Accessing resources was difficult to prioritise in the small pockets of time available where *“you’re run ragged on there. You get some downtime, you’re not going to go and pull up someone’s formulation, sadly, that is the truth behind it”* (Bill). Despite a lack of time to access formulations, staff shared their interest where

“I think having the time to sit down, like I'd love to be able to sit there and read. I'm sure a lot of people would, but you genuinely don't have time to look at them”

(Chloe). Staff were expected to make time to engage with formulations although *“there's never any time to do that unless you're on your break”* (Amelia), although this was not well received if it came at the cost of prioritising over other tasks:

“If a manager came to me and said, oh, why have you not done this yet, if I turn around and said sorry I was reading this formulation, like it wouldn't be okay” (Emma).

3.2 Theme 2: Support deficit: ‘The challenge of an unsupported framework’

This theme captured participants experiences of how staff feel unsupported to deliver TIC. Experiences of feeling unsupported to deliver TIC were shared, with difficulties in communication, lack of opportunity to work in a trauma-informed way, and insufficient support from management. Participants felt TIC was not prioritised, with lack of support to implement TIC when opportunities arose. Two subthemes were developed under this theme: (2.1) *Regime prioritised*, and (2.2) *Invalidation from management*.

Subtheme 2.1: regime prioritised

This subtheme describes a conflict between TIC delivery, and operational demands in place through the prison regime, with officers feeling restricted in their ability to meaningfully interact and deliver TIC. The prison regime is the daily operational routine set out by the senior leadership team at the establishment, determining when young people will be unlocked from their cells for education, physical exercise, meals, and other enrichment activities, aiming to balance purposeful activity with safety and security. All participants felt the priority placed on a rigid prison regime outweighed TIC delivery:

“It's regime, regime, regime. It's all you hear all day... I think the pressure is always on the regime anyway, and I think they definitely prioritise regime over doing meaningful things. I think if you probably focused more time on the meaningful

things, it would help us in the long run, like trying to get stuff done, because then they probably they build their relationships with staff and trust staff” (Chloe).

Valuing developing relationships with young people is seen by staff as having clear gains but is not currently prioritised. Chloe’s reflection on the impact of regime prioritisation is coupled with frustrations from staff where *“there’s just too much pressure to get regime delivered, like there’s too many different things that you’ve got going on that take priority over it”* (Emma). Emma’s experience demonstrates how frontline officers have little control in prioritising TIC delivery, with pressure from the system to ensure the regime is rolled out.

Participants also felt *“yeah, don’t think it is supported much by the SLT. They all make the right noises that want to be doing it, and integrated care is the way. It’s just something people talk about more than actually deliver on”* (Matthew), indicating the senior leadership team are supportive at surface level, but day-to-day operations do not reflect this. The discrepancy between what is verbally committed to and subsequent actions regarding TIC was shared by Amelia, who felt *“it looks great on paper talking about evidence-based practice, multi-agency working, when in reality, it’s a lot more difficult because of things like regime”* (Amelia). Whilst recognising how regime prioritisation was a barrier to TIC, there was awareness of the impact on young people where *“driving your regime and dealing with what the prison needs came second to understanding the boy. Now when you’re on that unit, it’s regime, regime, regime, regime, regime... That boy’s life in prison is driven by the prison regime, not his care”* (Bill). Bill also added that *“I’ve been on the landing before now having a real good conversation with someone who’s very, very, very, very difficult. And I’m getting somewhere with this kid, really getting somewhere. They’re like X, you need to shut that door. You need to do something. And then that’s gone. Then, sorry, a week later, he’s probably thinking, I was just about to open up to you, about to tell you something, and you pull the door on me?”* evidencing the distance between key principles of TIC such as collaboration, choice, and what happens in practice.

Subtheme 2.2: invalidation from management

This subtheme describes a pattern of feeling invalidated and dismissed by management, with staff feeling unsupported and undervalued in their efforts to deliver TIC. During interviews all participants referred to experiences of insufficient support from management where *“we're not being supported in reality... Supports shocking from a prison side of things”* (Bill). There was also a sense participants felt apprehensive about raising concerns as *“they'll say in the morning briefing, we're here if you need us, then you go and ask something, what you asking me that for?”* (Phil). TIC relies on consistent support for staff and service users, with staff feeling this is not currently facilitated, feeling devalued by management in which *“we're sort of treated like a number”* (Emma). Emma added that *“even just that acknowledgement that some things might have been hard, instead of just pretending that it's fine...they could at least acknowledge it”*.

Empowerment is a key principle within TIC, and staff currently feel disempowered as they are treated as an easily replaceable part of the workforce, in addition to difficulties in asking for breaks because *“you know that that's not going to get a good response if you're like, I just need 10 minutes”* (Amelia). A response from management that lacks empathy may lead to stigma around asking for support, creating an environment in which emotional needs are minimised, moving away from TIC. There were experiences of *“leaving everybody in limbo and leaving them until they either get injured or do a massive fuck up, because that's basically what it is at the moment”* (Dennis) shared where concerns are ignored until staff reach a crisis. Feelings of invalidation were experienced where *“when I've been off sick, I often feel pressured to come back”* (Emma), displaying how staff feel devalued, and awareness that *“there needs to be a bit more fucking empathy to be honest”* (Phil). Phil also experienced management exercising authority, with unclear communication and feeling belittled:

“I think they feel like they need to lord themselves around a little... you know they're happy to give you the what you got to do, but not the why we're doing that? And then you're stupid for asking for why” (Phil).

3.3. Theme 3: Relational foundations: ‘Supporting young people through connection’

This theme captured how staff had developed their skills working within TIC to connect with young people including interpersonal skills, understanding, and the recognition of continuous training for effective delivery of TIC. Three subthemes were developed under this theme: (3.1) *Building person-centred relationships*, (3.2) *Building rapport*, and (3.3) *Knowledge into action*.

Subtheme 3.1: building person-centred relationships

Participants reported the need to understand the young people they support is integral to meet their needs. Staff shared knowledge development of individual needs, the environmental context, and how these interact. Amelia reflected *“but if that’s how they’ve been brought up, because of no fault their own, like, if you’ve got that baby and put them in my house when I was baby, they would have ended up in a different way. So it’s just interesting.”* (Amelia), highlighting how knowledge development has encouraged sensitivity, and understanding. This was echoed by Matthew sharing *“talking amongst just your own colleagues. I put my hand on him, and all of a sudden he flared up, sort of thing.”* (Matthew), evidencing how a reflective approach to TIC has informed interactions. Phil expressed *“this place on its own could be traumatic, yeah, it’s just about helping them manage”* (Phil), acknowledging the system does not feel adequately set up to facilitate TIC, displaying awareness of TIC principles of minimising re-traumatisation.

There was recognition staff understand the importance of supporting young people within YOIs, showing awareness of TIC underpinnings where *“it’s a wraparound care that we should provide for the kids, or informed by the things that they may have been through in their life”* (Bill), relating to individualised care, with emphasis on *“forming a method of working that is tailored to each individual’s needs, rather than a copy and paste, you know way of working”* (Dennis). Staff evidenced integration of TIC into their roles, and how this impacts longer term outcomes *“based on experiences that people have had, treating them the best way that you’re going to get the best out of them, the best chance of rehabilitation, making it so that we’re not provoking them”* (Amelia).

Staff noted knowledge of young people's experiences impacts future interactions, allowing the best chance for young people to thrive, *"I've seen people have better interactions with certain boys because of the way that they're talking to them, and that's to do with trauma informed care"* (Emma). Importantly, staff displayed awareness of triggers where *"we knew what wouldn't help, we knew what would trigger them"* (Bill), further evidence of building person-centred relationships.

Subtheme 3.2: building rapport

Staff emphasised the importance of building rapport with young people in TIC. All staff shared the benefits of building rapport, and its impact on their interactions with young people. Staff recognised interpersonal skills such as *"us having the mindset that we have to demonstrate that we care and show empathy, and show that we've got an understanding of their individual needs, it just means that relationship's better and quicker"* (Bill). A recognition of empathy resulting in relationships forming faster was shared, where *"I've found it really easy to relate to people on a deeper level, and put myself in their shoes"* (Phil), displaying how staff authentically connect with young people.

Staff shared *"I do think it helps them, especially if you're aware of things like triggers"* (Emma), acknowledging the benefit of building rapport, whilst recognising the importance of understanding triggers. Through building rapport, staff have developed skills such as patience, *"in the back of your mind, this is why this person is the way that they are, yeah. So it means you can be more patient with them"* (Amelia), through having a better understanding of young people, allowing them to be more empathic in the relationship. Phil shared *"it opened up a dialog, because I was honest"* (Phil). Consistency and availability were also identified where *"not everybody wants to talk, but do it on a consistent basis you might eventually break down those barriers, yeah, they might open up about things that they've got concerns about, or things that they need, may need extra support with"* (Dennis). Dennis' reflection shows compassion towards the difficulties young people face in building trust, and the benefit of consistency and availability in building relationships. It was shared that interactions were improved by a positive rapport, where *"I think it can just de-escalate situations"* (Emma), and using their skills for *"being role models for the kids"*

(Matthew). This captures how meaningful engagement can be facilitated when trusting relationships are established through empathy and consistency where *“you do feel as if you're genuinely making an impact on some of these young people through the way you work with them”* (Phil).

Subtheme 3.3: knowledge into action

This subtheme captures participants desire for ongoing training for successful TIC implementation, including the practical application of this. One participant captured how further training supports the shift from historic ways of working to TIC, identifying *“if secure stairs is going to be an important part of the way we work, in the way the prison service works. I do feel like it would be imperative that more training was rolled out”* (Dennis). A broader understanding of TIC is evidenced by Dennis, acknowledging a paradigm shift is required for successful TIC implementation, with training prioritisation part of this provision.

Further reflections suggest training strengthens the link between knowledge and action, helping staff apply TIC principles, whereby *“It's got to be a training thing at the end of the day, maybe it is more secure stairs training that will give them the understanding as to what they need to be doing”* (Matthew), and tailoring this to the TIC model being implemented. Dennis expressed *“I think if they can designate a whole day to doing an MMPR (Minimising and Managing Physical Restraint), which is obviously a mandatory part of the job, then I feel like they can at least allocate an hour or two hours to be able to go over secure stairs”* (Dennis), acknowledging support is needed to facilitate training, echoed by Chloe who shared *“I think we probably would benefit from maybe more training, in situations like that... But then doing that training, and then having the time to implement it, there's no good us doing it again and it not going anywhere”* (Chloe). Chloe's experience emphasises training needs to have some real-world application to maximise benefits. This would align with TIC principles of empowerment through improving staff developing skills, in addition to using evidence-based practice.

Emma shared *“I think that we probably do need training refreshers”* (Emma), acknowledging the complexity of TIC, where ongoing learning is integral for successful implementation of TIC approaches. The want for further training appears

to be rooted in positive experiences with young people based on prior training, with *“the impact is that they're getting more care. Our boys will definitely have had a better level of care by us being secure stairs trained”* (Bill).

4. Discussion

This study examined the experiences of prison officers delivering TIC in a UK YOI. Data from seven participants identified three main themes; Worn thin: ‘Under resourced and overburdened’, Support deficit: ‘The challenge of an unsupported framework’, and Relational foundations: ‘Supporting young people through connection’. These themes highlight challenges staff face in delivering TIC, including unrealistic expectations, invalidation from management, and time constraints, with staff at risk of burnout. The study also highlights how staff aim to develop skills and knowledge to implement TIC into their roles. The findings also illustrate the unique challenges faced by officers in YOIs, with implications for YOIs implementing TIC moving forward. Implementation Science frameworks are proposed to support applying recommendations, acknowledging most implemented practices do not emulate the science they were built upon (Taxman & Belenko, 2025).

The theme: Worn thin: ‘Under resourced and overburdened’ reflects how high expectations, punitive environments, and time constraints heighten the challenges of delivering TIC, adding to the risk of staff burnout. Staff at risk of burnout may be less likely to engage in empathic listening, and develop punitive attitudes to deal with the emotional intensity of the role (Sheppard et al., 2022), undermining principles of TIC (Bell et al., 2019; Wright & Cropanzano, 1998). A cycle of inadequate organisational resources hinders implementation of new approaches and has been identified as the primary barrier to the uptake of evidence-based practice as outlined in Consolidated Framework For Implementation Research (CFIR; Damschroder et al., 2009). The CFIR also outlines how staffing stability within organisations can increase the likelihood of implementation of new approaches being successful, which presents challenges in a setting that has difficulties with both recruitment and retention (Lane et al., 2023).

The theme: Support deficit: ‘The challenge of an unsupported framework’ evidences the importance of support from management, with staff feeling unsupported,

replicating previous research on the conflict between trauma-informed principles emphasising safety and empathy, and establishment priorities of control and discipline (Kubiak et al., 2017). This study evidences the need for collaboration, a key principle of TIC to support successful implementation, and highlights the complex relationship between institutional pressures and effective TIC delivery, building on research highlighting the importance of management prioritising TIC (Caldwell et al., 2014; Goetz & Taylor-Trujillo, 2012; Hodgdon et al., 2013). This punitive culture within custody creates barriers to implementing TIC (Liebling et al., 2010; Liebling & Kant, 2018). Alignment of policy and practice with TIC principles, alongside buy-in from senior management is integral to TIC implementation (Rivard et al., 2005; Hummer et al., 2010).

The final theme: Relational foundations: 'Supporting young people through connection' shows how staff have adapted, developing a range of interpersonal skills to provide TIC despite challenges, with desire for further training. Research shows training focused on psychoeducation of the impacts of trauma improves staff confidence in TIC (Felitti et al., 1998; Greenwald et al., 2012), with regular training impacting attitudes and behaviours related to TIC (Purtle, 2020). With organisational commitment, TIC offers a promising approach for youth offenders through support staff to build on the key relational elements of TIC, namely trust which is essential across all levels of an organisation to avoid undermining collaboration and safety in TIC (Reeves 2015). Despite its evidence base, challenges in its current form have resulted in the intended functioning not achieving its full potential.

Clinical psychologists can support TIC implementation, using interpersonal skills to build relationships with senior management, with the aim of advocating for TIC whilst aligning with quality improvement within organisations. Additionally, using implementation strategies such as supervision (Proctor et al., 2009), and using constructs from the Theoretical Framework of Acceptability (TFA; Sekhon et al., 2017) including perceived effectiveness to demonstrate the effectiveness of TIC to senior management. Clinical psychologists can support staff managing wellbeing to mitigate against the risk of burnout, and provide training focused on theoretical aspects and practical application of TIC (Johnson, 2018).

The use of RTA enabled a deeper understanding of officers' experiences, capturing the complexity of how systemic, personal, and professional factors intersect, due to the flexibility in its approach (Braun & Clarke, 2019). RTA allowed for identifying subtle patterns in data, providing a rich understanding of officers' experiences which other analysis methods may overlook (Braun & Clarke, 2019). Reflexivity, integral to RTA (Braun & Clarke, 2019) allowed the researcher to reflect on their own assumptions, assets, and the impact on data interpretation.

Findings align with The Sanctuary Model (Bloom, 2005), which describes how those with trauma experiences have difficulty improving outcomes in traumatising environments, giving explanation to how systems struggle to identify patterns and can become frozen in particular ways of working. These patterns are mirrored in staff feeling overburdened and unsupported, where efforts to implement TIC are often undermined by systemic challenges. YOIs prioritise operational security (Wooldredge, 2020), generating tension for staff trying to implement TIC. Using the TFA (Sekhon et al., 2017) can support systemic buy-in through the affective attitude and intervention coherence constructs, to provide clarity on the benefits of TIC, and understand current views towards implementation.

TIC in YOIs requires redefining roles and evaluation, with TIC implementation not part of current performance evaluation for officers. Taxman and Belenko (2025) highlight how a culture of control is a barrier to interventions being implemented. Aligning TIC implementation with overarching establishment goals for officers is integral to prevent performative efforts that risk reinforcing, rather than reducing the risk of re-traumatisation.

4.1. Strengths and limitations

This study is the first to explore officers' experiences of delivering TIC within a UK YOI. The sample reflected the ethnic diversity of UK prison officers, with 89.9% identifying as white (GOV UK, 2024). However, this study had limitations, including a lack of ethnic diversity amongst the sample, not reflective of the demographics of young people within UK YOIs (GOV UK, 2017). This study also only explored officers' experiences from one YOI, potentially presenting an establishment bias.

4.2. Implications and future research

Findings suggest training focused on the practical application of TIC would ensure changes in practice align with the evidence base, as outlined in implementation science frameworks (Taxman & Belenko, 2025). Engaging senior leadership on the strength of the evidence base for TIC and regular training would support systemic perceptions of the benefits of TIC versus alternative approaches, aligning with the CFIR relative advantage construct (Damschroder et al., 2009).

Prioritisation of staff wellbeing is integral to ensure effective delivery of TIC, reduce risk of burnout, and support staff retention through reflective practice, supervision, and self-help resources (Manning-Jones et al., 2016; Ouellette et al., 2020). Future research could explore how YOIs could implement structures to support meaningful TIC implementation, to allow officers to feel supported within their roles. Additionally, parallel leadership processes are required whereby leaders value staff, promoting empathy, as compassionate care requires safety amongst staff (Robey et al., 2021).

Future research should explore staff experiences in key roles such as management which are often underrepresented in TIC research (Zettler, 2021). Future research should also recruit a diverse sample reflecting the demographics of the young people within YOIs. This would provide insight into how cultural identity, and systemic inequality intersect with staff and young person relationships, to understand how these factors influence TIC implementation. Exploration of how custodial sentences for youth offenders could implement the prioritisation of TIC principles would be beneficial, with sentencing and placements currently determined largely by risk of the offending behaviour and harm to others (Youth Justice Legal Centre, 2017).

Staff beliefs and values should also be explored on the rehabilitation of young offenders, and how management attitudes may underpin conflicts between TIC and punitive approaches. This is important in environments where staff are cynical about rehabilitation (Lerman & Page, 2012), with deterrence to reoffending a primary goal through punitive approaches (Cullen et al., 1989).

4.3. Conclusion

The primary aim of the research was to understand the experiences of officers delivering TIC in a UK YOI. The second aim was to further inform TIC projects across the UK, through disseminating findings based on officers' experiences. Three main themes were developed from the data: Worn thin: 'Under resourced and overburdened', Support deficit: 'The challenge of an unsupported framework', and; Relational foundations: 'Supporting young people through connection'. The themes generated in this study are interrelated, highlighting the difficulties staff face with implementation of TIC in YOIs, and the skills needed to undertake this role. Findings suggest regular training and staff wellbeing is prioritised, alongside parallel leadership processes to support implementation of TIC. Future research should explore experiences of those in other key roles within YOIs, in addition to understanding the values of the workforce.

References

- Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, 61(4), 403-410.
<https://doi.org/10.1001/archpsyc.61.4.403>
- Armstrong, D. (2004). A risky business? Research, policy, governmentality and youth offending. *Youth Justice*, 4(2), 100-116.
<https://doi.org/10.1177/147322540400400203>
- Auty, K. M., Liebling, A., Schliehe, A., & Crewe, B. (2023). What is trauma-informed practice? Towards operationalisation of the concept in two prisons for women. *Criminology & Criminal Justice*, 23(5), 716-738.
<https://doi.org/10.1177/17488958221094980>
- Bateman, T. (2020). The state of youth justice 2020: An overview of trends and developments.
- Bell, S., Hopkin, G., & Forrester, A. (2019). Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: An exploratory survey. *Issues in Mental Health Nursing*, 40(4), 304-309.
<https://doi.org/10.1080/01612840.2018.1534911>
- Bellis, M. A., Lowey, H., Leckenby, N., Hughes, K., & Harrison, D. (2014). Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of public health*, 36(1), 81-91. <https://doi.org/10.1093/pubmed/fdt038>
- Benson, J., & Brennan, M. (2018). Keyworkers' experiences and perceptions of using psychological approaches with people experiencing homelessness. *Housing, Care and Support*, 21(2), 51-63. <https://doi.org/10.1108/HCS-02-2018-0004>
- Benton, T., & Craib, I. (2010). *Philosophy of social science: The philosophical foundations of social thought*. Bloomsbury Publishing.

- Berliner, L., & Kolko, D. J. (2016). Trauma informed care: A commentary and critique. *Child maltreatment*, 21(2), 168-172.
<https://doi.org/10.1177/1077559516643785>
- Blaikie, N., & Priest, J. (2019). *Designing social research: The logic of anticipation*. Wiley.
- Bloom, S. L. (2005) The Sanctuary Model of Organizational Change for Children's Residential Treatment. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations* 26(1), 65-81.
- Bosk, E. A., Williams-Butler, A., Ruisard, D., & MacKenzie, M. J. (2020). Frontline staff characteristics and capacity for trauma-informed care: Implications for the child welfare workforce. *Child Abuse & Neglect*, 110, 1-9.
<https://doi.org/10.1016/j.chiabu.2020.104468>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597.
<https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2019). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative research in sport, exercise and health*, 13(2), 201-216.
<https://doi.org/10.1080/2159676X.2019.1704846>
- Braun, V., & Clarke, V. (2020). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and psychotherapy research*, 21(1), 37-47.
<https://doi.org/10.1002/capr.12360>
- Braun, V., Clarke, V., Hayfield, N., Davey, L., & Jenkinson, E. (2023). Doing reflexive thematic analysis. In *Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research* (pp. 19-38). Springer International Publishing.
- Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry*, 31(3), 197-212.

- Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & quantity*, 56(3), 1391-1412.
<https://doi.org/10.1007/s11135-021-01182-y>
- Caldwell, B., Albert, C., Azeem, M. W., Beck, S., Cocoros, D., Cocoros, T., ... & Reddy, B. (2014). Successful seclusion and restraint prevention effort in child and adolescent programs. *Journal of Psychosocial Nursing and Mental Health Services*, 52(11), 30-38. <https://doi.org/10.3928/02793695-20140922-01>
- Centers for Disease Control and Prevention. (2019). Preventing adverse childhood experiences: Leveraging the best available evidence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
<https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>
- Classen, C. C., & Clark, C. S. (2017). Trauma-informed care. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Trauma practice* (pp. 515–541). American Psychological Association. <https://doi.org/10.1037/0000020-025>
- Crole-Rees, C., Kalebic, N., Tomlin, J., & Forrester, A. (2023). Can prisons be trauma-informed? Reflections on the development of a trauma-informed approach. *Journal of Forensic and Legal Medicine*, 100, 1-2.
<https://doi.org/10.1016/j.jflm.2023.102609>
- Cullen, F. T., Lutze, F. E., Link, B. G., & Wolfe, N. T. (1989). The correctional orientation of prison guards: Do officers support rehabilitation. *Federal probation*, 53, 33.
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation science*, 4, 1-15. <https://doi.org/10.1186/1748-5908-4-50>
- DeCorby-Watson, K., Mensah, G., Bergeron, K., Abdi, S., Rempel, B., & Manson, H. (2018). Effectiveness of capacity building interventions relevant to public health practice: A systematic review. *BMC Public Health*, 18, 1-15.
<https://doi.org/10.1186/s12889-018-5591-6>

- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family medicine and community health*, 7(2), e000057. <https://doi.org/10.1136/fmch-2018-000057>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Goetz, S. B., & Taylor-Trujillo, A. (2012). A change in culture: Violence prevention in an acute behavioral health setting. *Journal of the American Psychiatric Nurses Association*, 18(2), 96-103. <https://doi.org/10.1177/1078390312439469>
- GOV.UK. (2017). The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System. <https://www.gov.uk/government/publications/lammy-review-final-report>
- GOV.UK. (2024). Prison Officer Workforce. www.ethnicity-facts-figures.service.gov.uk. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/prison-officer-workforce/latest/>
- Greenwald, R., Siradas, L., Schmitt, T. A., Reslan, S., Fierle, J., & Sande, B. (2012). Implementing trauma-informed treatment for youth in a residential facility: First-year outcomes. *Residential Treatment for Children & Youth*, 29(2), 141-153. <https://doi.org/10.1080/0886571X.2012.676525>
- Hammarberg, K., Kirkman, M., & De Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human reproduction*, 31(3), 498-501. <https://doi.org/10.1093/humrep/dev334>
- Harris, M., & Fallot, R. (2001). *Using trauma theory to design service systems*. *New Directions for Mental Health Services*. Jossey-Bass.
- Hodgdon, H. B., Kinniburgh, K., Gabowitz, D., Blaustein, M. E., & Spinazzola, J. (2013). Development and implementation of trauma-informed programming in

- youth residential treatment centers using the ARC framework. *Journal of Family Violence*, 28, 679-692. <https://doi.org/10.1007/s10896-013-9531-z>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), 356-366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Hummer, V. L., Dollard, N., Robst, J., & Armstrong, M. I. (2010). Innovations in implementation of trauma-informed care practices in youth residential treatment: A curriculum for organizational change. *Child Welfare*, 79, 79-95.
- Johnson, D. (2018). What should we do about trauma?. *The Psychologist*, 31, 50-53.
- Kubiak, S., Covington, S., & Hillier, C. (2017). Trauma-informed corrections. *Social work in juvenile and criminal justice system*, 4(7), 92-104.
- Lambert, E. G., Hogan, N. L., Griffin, M. L., & Kelley, T. (2015). The correctional staff burnout literature. *Criminal Justice Studies*, 28(4), 397-443. <https://doi.org/10.1080/1478601X.2015.1065830>
- Lane, R., Labno, A., D'Souza, S., Ullman, R., Singleton, R., Bevington, D., ... & Edbrooke-Childs, J. (2023). Staff burnout in the Children and Young People Secure Estate (CYPSE) in England. *Journal of Workplace Behavioral Health*, 38(2), 147-164. <https://doi.org/10.1080/15555240.2023.2181177>
- Lerman, A. E., & Page, J. (2012). The state of the job: An embedded work role perspective on prison officer attitudes. *Punishment & Society*, 14(5), 503-529. <https://doi.org/10.1177/1462474512464135>
- Little, M., Boswell, G., Wright, S., Francis, V., & Perry, R. (2016, November 28). *Trauma and young offenders: A review of the research and practice literature*. Beyond Youth Custody. <http://www.beyondyouthcustody.net/wp-content/uploads/Trauma-and-young-offenders-a-review-of-the-research-and-practice-literature.pdf>
- Liebling, A., & Kant, D. (2018). *The Oxford Handbook of Prisons and Imprisonment*. Oxford University Press.
- Liebling, A., Price, D., & Shefer, G. (2010). *The prison officer*. Willan.

- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753-1760. <https://doi.org/10.1177/1049732315617444>
- Malvaso, C. G., Cale, J., Whitten, T., Day, A., Singh, S., Hackett, L., ... & Ross, S. (2021). Associations between adverse childhood experiences and trauma among young people who offend: A systematic literature review. *Trauma, Violence, & Abuse*, 23(5), 1677-1694. <https://doi.org/10.1177/15248380211013132>
- Manning-Jones, S., de Terte, I., & Stephens, C. (2016). Secondary traumatic stress, vicarious posttraumatic growth, and coping among health professionals; A comparison study. *New Zealand Journal of Psychology (Online)*, 45(1), 20.
- NHS England. (2015). Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing. NHS England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- NHS England. (2018). The children and young people secure estate national partnership agreement. NHS England. <https://www.england.nhs.uk/wp-content/uploads/2018/09/the-cyp-secure-estate-nationalpartnership-agreement.pdf>
- Ouellette, R. R., Goodman, A. C., Martinez-Pedraza, F., Moses, J. O., Cromer, K., Zhao, X., ... & Frazier, S. L. (2020). A systematic review of organizational and workforce interventions to improve the culture and climate of youth-service settings. *Administration and Policy in Mental Health and Mental Health Services Research*, 47, 764-778. <https://doi.org/10.1007/s10488-020-01037-y>
- Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(1), 24-34. <https://doi.org/10.1007/s10488-008-0197-4>

- Purtle, J. (2020). Systematic review of evaluations of trauma-informed organizational interventions that include staff trainings. *Trauma, Violence, & Abuse, 21*(4), 725-740. <https://doi.org/10.1177/1524838018791304>
- Reeves, E. (2015). A Synthesis of the Literature on Trauma-Informed Care. *Issues in Mental Health Nursing, 36*(9), 698–709. <https://doi.org/10.3109/01612840.2015.1025319>
- Rivard, J. C., Bloom, S. L., McCorkle, D., & Abramovitz, R. (2005). Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations, 26*(1), 83-96.
- Robey, N., Margolies, S., Sutherland, L., Rupp, C., Black, C., Hill, T., & Baker, C. N. (2021). Understanding staff- and system-level contextual factors relevant to trauma-informed care implementation. *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(2), 249. <https://psycnet.apa.org/doi/10.1037/tra0000948>
- Ruslin, R., Mashuri, S., Rasak, M. S. A., Alhabsyi, F., & Syam, H. (2022). Semi-structured Interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *IOSR Journal of Research & Method in Education (IOSR-JRME), 12*(1), 22-29. <https://doi:10.9790/7388-1201052229>
- Sekhon, M., Cartwright, M., & Francis, J. J. (2017). Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC health services research, 17*, 1-13. <https://doi.org/10.1186/s12913-017-2031-8>
- Sheppard, K. G., Wilson, M. M., Reddick, L. H., Tucker, G. O., & Schwab, A. H. (2022). Reducing staff burnout and turnover intentions in juvenile justice residential commitment programs: The promise of trauma-informed care. *Journal of Criminal Justice, 82*, 101979. <https://doi.org/10.1016/j.jcrimjus.2022.101979>

- Snodgrass, C., & Preston, J. (2015). Psychological practice in secure settings. In *Young People in Forensic Mental Health Settings: Psychological Thinking and Practice* (pp. 64-95). Palgrave Macmillan UK.
- Stuart, G. (2024, January 11). *What is trauma-informed practice? (6 principles)*. Sustaining Community. <https://sustainingcommunity.wordpress.com/2024/01/11/what-is-trauma-informed-practice-6-principles>
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. National Center for Trauma-Informed Care (NCTIC), SAMHSA.
- Sweeney, A., Clement, S., Filson, B., & Kennedy, A. (2016). Trauma-informed mental healthcare in the UK: What is it and how can we further its development? *Mental Health Review Journal*, 21(3), 174-192. <https://doi.org/10.1108/MHRJ-01-2015-0006>
- Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances*, 24(5), 319-333. <https://doi.org/10.1192/bja.2018.29>
- Taxman, F. S., & Belenko, S. (2025). The wide-angle lens of implementation science to improve health outcomes in criminal legal settings. *Health & Justice*, 13(1), 14. <https://doi.org/10.1186/s40352-025-00323-x>
- Thorpe, K. (2004). Reflective learning journals: From concept to practice. *Reflective practice*, 5(3), 327-343. <https://doi.org/10.1080/1462394042000270655>
- Van der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. *New York*.
- Van der Walt, J. L. (2020). Interpretivism-constructivism as a research method in the humanities and social sciences—more to it than meets the eye. *International journal of philosophy and theology*, 8(1), 59-68. <https://doi.org/10.15640/ijpt.v8n1a5>
- Vaswani, N., & Paul, S. (2019). 'It's knowing the right things to say and do': Challenges and opportunities for trauma-informed practice in the prison

context. *The Howard Journal of Crime and Justice*, 58(4), 513-534.

<https://doi.org/10.1111/hojo.12344>

Verrecchia, P. J., Fetzer, M. D., Lemmon, J. H., & Austin, T. L. (2010). An examination of direct and indirect effects of maltreatment dimensions and other ecological risks on persistent youth offending. *Criminal Justice Review*, 35, 220-243. <https://doi.org/10.1177/0734016809360327>

Wood, E., & Riggs, S. (2008). Predictors of child molestation: Adult attachment, cognitive distortions, and empathy. *Journal of interpersonal violence*, 23(2), 259-275. <https://doi.org/10.1177/0886260507309344>

Wooldredge, J. (2020). Prison culture, management, and in-prison violence. *Annual Review of Criminology*, 3(1), 165-188. <https://doi.org/10.1146/annurev-criminol-011419-041359>

Wright, T. A., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology*, 83(3), 486-493. <https://doi.org/10.1037/0021-9010.83.3.486>

Youth Justice Board for England and Wales. (2019). *Standards for children in the youth justice system*. GOV.UK.
<https://www.gov.uk/government/publications/national-standards-for-youth-justice-services/standards-for-children-in-the-youth-justice-system-accessible-version>

Youth Justice Legal Centre. (2017). *Youth Sentences*. YJLC.
<https://yjlc.uk/resources/legal-terms-z/youth-sentences>

Zettler, H. R. (2021). Much to do about trauma: A systematic review of existing trauma-informed treatments on youth violence and recidivism. *Youth Violence and Juvenile Justice*, 19(1), 113-134.
<https://doi.org/10.1177/1541204020939645>

Appendix

Appendix A: Guidelines for The Journal of “Children and Youth Services Review”

Author guidelines for the Children and Youth Services Review can be accessed here:

<https://www.sciencedirect.com/journal/children-and-youth-services-review/publish/guide-for-authors>

Appendix B – Staffordshire University Ethical Approval



School of Health, Education, Policing and Sciences

ETHICAL APPROVAL FEEDBACK

| | |
|----------------------------|---|
| Researcher name: | Luke Davies |
| Title of Study: | Staff experiences of trauma informed care in a young offender's institute: A thematic analysis. |
| Status of approval: | Approved |

Thank you for addressing the committee's comments. Your research proposal has now been approved by the University Ethics Panel and you may now apply to HMPPS. When you have received HMPPS approval, and any relevant site-specific clearances, you can commence your study. Please send your HMPPS approval letter to University Ethics.

You should note that any divergence from the approved procedures and research method will invalidate any insurance and liability cover from the University. You should, therefore, notify the Panel of any significant divergence from this approved proposal. This approval is valid only for as long as you are a student at the University.

When your study is complete, please send the ethics committee an end of study report. A template can be found on the ethics BlackBoard site.

Comments:

Please check that the full University GDPR statement is stated in your PIS. It is available here: <https://www.staffs.ac.uk/research/research-governance/ethics>

Signed:

Date: 13.03.2024

A handwritten signature in black ink, appearing to read 'E Tolhurst'.

Dr Edward Tolhurst
Research Ethics Coordinator - HEPS

Please note that the Chair of University Ethics to be stated in your PIS is Prof Nachi Chockalingam.

Appendix C – HMPPS Ethical Approval



FINAL APPROVAL

National Research Committee
Email: National.Research@Justice.gov.uk

06/08/2024

Ref: 2024 - 097

Title: Staff experiences of trauma informed care in a young offender's institute:
A thematic analysis.

Dear Luke Davies,

The National Research Committee is pleased to provide final approval for your research project. The terms and conditions below will continue to apply to your research project.

Following NRC approval, the decision to grant access to prison establishments or probation regions (and the offenders and practitioners within these establishments/regions) ultimately lies with the Governor/Director of the establishment or the Regional Probation Director of the probation region concerned.

NRC approval covers HMYOI Werrington.

If establishments/regions are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. The decision to grant access to existing data lies with the Information Asset Owners (IAOs) for each data source and the researchers should abide by the data sharing conditions stipulated by each IAO.

Please note that a MoJ/HMPPS policy lead may wish to contact you to discuss the findings of your research. If requested, your contact details will be passed on and the policy lead will contact you directly.

Please quote your NRC reference number in all future correspondence.

Yours sincerely,
Harriet Chapman on behalf of the National Research Committee

National Research Committee - Terms and Conditions

All research

- **Local infection control measures** - Researchers hold responsibility to follow local infection control procedures in place at the research site and respond appropriately to any local COVID-19 or other public health outbreaks.
- **Amendments to study** – Researchers must inform the NRC promptly of any changes made to the approved methodology³. ***This includes changes to the start and end date of the research.*** These amendments should be submitted on the [NRC amendment form](#). The NRC webpage includes further guidance on the [NRC amendment process](#).
- **Research summaries** - The researcher will receive a research summary template attached to the research approval email from the National Research Committee. This is for completion once the research project has ended (ideally within one month of the end date) and must be sent prior to any output or papers being released or submitted for publication. The researcher should complete the research summary document (approximately three pages; maximum of five pages) which (i) summaries the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for MoJ/HMPPS decision-makers. The research summary should use language that an educated, but not research-trained person, would understand. It should be concise, well organised and self-contained. The conclusions should be impartial and adequately supported by the research findings. It should be submitted to the [NRC](#). Provision of the research summary is essential if the research is to be of real use to MoJ and HMPPS. Summaries and/or lead researcher's contact details may be shared with others working on similar projects for networking and research or policy development purposes.
- **Publications** - The [NRC](#) should receive an electronic copy of any output or papers submitted for release or publication based on this research at the time of submission and at least one month in advance of the publication. The date (when known) and location of publication should be clearly outlined.

³ This includes changes to research questions, recruitment/selection, data collection methods, analysis, timescales, risks, research sites and/or other relevant information as applicable.

- **Data protection** - Researchers must comply with the requirements of the Data Protection Act 2018, the General Data Protection Regulation (GDPR) and any other applicable legislation. Data protection guidance can be found on the Information Commissioner's Office website: <http://ico.org.uk>
 - Researchers must store all data securely and ensure that information is coded in a way that maintains the confidentiality and anonymity of research participants.
 - The researchers must abide by any data sharing conditions stipulated by the relevant data controllers.
 - It is the responsibility of the researcher(s) to check with their Data Protection team if a DPIA is required for any qualitative data collected as part of the study.
- **Research participants** - Consent must be given freely. It must be made clear to participants verbally and in writing that they may withdraw from the research, usually up to a designated point, and that this will not have an adverse impact on them. If research is undertaken with vulnerable people – such as young offenders, offenders with learning difficulties or those who are vulnerable due to psychological, mental disorder or medical circumstances - then researchers should put special precautions in place to ensure that the participants understand the scope of their research and the role that they are being asked to undertake. Consent will usually be required from a parent or other responsible adult for children to take part in the research.
- **Termination** – MoJ/HMPPS reserves the right to halt research at any time. It will not always be possible to provide an explanation, but we will undertake where possible to provide the research institution/sponsor with a covering statement to clarify that the decision to stop the research does not reflect on their capability or behaviour.

Research requiring access to prison establishments and/or Probation Regions

- **Access** – Approval from the Governor or Director of a contracted prison or the Regional Probation Director of the region you wish to access must be sought prior to starting any fieldwork. Please note that NRC approval does not guarantee access to prisons or Probation Regions; access is at the discretion of the Governor/Director or Regional Probation Director and subject to local operational factors and pressures. When you contact the prison(s) or Probation Region(s), a copy of this approval letter must be attached.
- **Security** – Compliance with all security requirements. This includes ensuring appropriate security clearance/vetting for all researchers across all research sites is in place prior to commencement of data collection. Please note that different levels of clearance may be required at different prisons/regions.
- **Disclosure** – Researchers are under a duty to disclose certain information to prison establishments/probation regions. This includes behaviour that is against prison rules and can be adjudicated against, undisclosed illegal acts, and behaviour that is potentially harmful to the research participant (e.g., intention to self-harm or complete suicide) or others. Researchers should make research participants aware of this requirement.

Appendix D – Participant Information Sheet

Information Sheet For Participants



EXPERIENCES OF DELIVERING TRAUMA INFORMED CARE

Title of study

Staff experiences of trauma informed care in a young offender's institute: A thematic analysis.

I am a researcher currently studying at Staffordshire University, and would like to invite you to take part in this research project which forms part of the researchers Professional Doctorate in Clinical Psychology. Before you make a decision on whether or not you wish to take part, it is important for you to familiarise yourself with why the research is being done, and what the requirements of a participant are. Please read the below information carefully and feel free to reach out to ask any questions that may arise, or if further clarity is needed.

What is the purpose of the study?

There is a growing body of evidence to support the link between childhood trauma, adverse childhood experiences and incarceration in youth custody settings. This led to the rise of trauma informed approaches, with the present study seeking to understand staff experiences of working in this way in a YOI, as current research to date has not explored trauma informed approaches in YOIs in the UK. The research site is also currently rolling out a trauma informed approach; SECURE STAIRS, a framework for integrated care across the children and young people's secure estate in under 18 young offender institutions, secure training centres, and secure children's homes. It is centred around culture change through promoting consistent, trauma-informed, formulation-driven, evidence-based care, delivered within a whole-systems approach by well trained and supported staff.

There is also evidence that staff working in trauma informed settings are at higher risks of burnout and high staff turnover, with supervision and training for staff mitigating this risk.

This study aims to explore the experiences of staff members delivering a trauma informed care model in the UK, and further aid our understanding of this.

Why have I been invited to take part?

You are invited to take part in this research project as you are a staff member working in a client facing role, in an establishment currently delivering a trauma informed care model.

What will you need to do?

If you are interested in taking part in this study, you can complete an opt in form which details the agreement to be contacted within 2 weeks of the date of completion by the researcher. If following this, you decide to take part you will be required to complete a consent form. Following this, you will be asked to take part in a semi-structured interview that explores your experience of delivering trauma informed care. The researcher hopes to complete this with you in a clinic room at HMYOI Werrington, or virtually via Microsoft Teams (MST). This interview will last around an hour, with time scheduled for breaks if needed. You will then be debriefed about the interview, with time to explore any questions or queries raised during the interview, as well as next steps.

Are there any risks of taking part?

Although there are no specific risks associated with completing the interview, some of the questions by the researcher may involve recollection of difficult or distressing incidents through your role. At the time of the interview, information on accessing support will be provided.

Are there any benefits of taking part?

Although there are no direct personal benefits of taking part, it is hoped that through your participation you will be helping to better understand the experiences of staff working in trauma informed settings, hoping to impact future practice and policy implementation. You have the choice if you would like to be contacted after the research project is completed, and if you would like to provide feedback on the research project, or receive a summary of the research report itself. You can select either opt in or opt out on the Consent Form to indicate your choice.

Your right to withdraw

Participation is completely voluntary, and you should only take part if you wish to. You can stop being a part of the research study at any time without explanation. You are still entitled to the same benefits as an individual who completes the study. You can also have your data withdrawn/destroyed up to 2 weeks post interview, after which point it will no longer be possible to withdraw. You are able to do this through contacting the researcher via email.

Your right to confidentiality/anonymity

Your data will be processed in accordance with the data protection law, complying with the General Data Protection Regulation 2016 (GDPR). The study will not involve the collection of any personal information about you except your age, gender, ethnicity, training completed, and length of service. Any personal information given will be unidentifiable to an external party – Your name, signature and any other identifiable information will be kept separately from the main study data, which will be stored confidentially, using a personalised anonymous pseudonym. The data from

the study will then be stored on a password protected file on a password protected laptop that only the head researcher has access to. Participants will remain anonymous upon publication of the data, with no names being published.

Data protection statement

The data controller for this project will be Staffordshire University. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under the data protection law is a 'task in the public interest' You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you.

Further information contact details

If you require further information or wish to withdraw from the study please contact the lead researcher on the contact details given below:

Lead Researcher: Luke Davies
Contact details: d042143m@student.staffs.ac.uk

If you have a concern or wish to make a complaint

If you wish to raise a concern or make a complaint around your interview, or anything related to your participation in the study, please contact the researcher's supervisor or the chair of the university ethics committee on the contact details below:

Dr. Yvonne Melia
Principal Clinical Lecturer in Clinical Psychology
Staffordshire University
Professional Doctorate in Clinical Psychology
Office: R207, Science Centre
Email: Yvonne.melia@staffs.ac.uk

Professor Nachiappan Chockalingam,
Director of Research,
Research, Innovation, and Impact Services,
Staffordshire University,
Leek Road Campus,
32 Leek Road,
Stoke-on-Trent,
ST4 2RU.
Email: N.Chockalingam@staffs.ac.uk

If I have further questions

If you wish to discuss the study with a person other than the head researcher, please contact the researcher supervisor on the contact details below:

Dr. Yvonne Melia
Principal Clinical Lecturer in Clinical Psychology
Staffordshire University

Professional Doctorate in Clinical Psychology
Office: R207, Science Centre
Email: Yvonne.melia@staffs.ac.uk

Thank you for taking the time to read this information sheet, and considering being a participant in this research.

Appendix E – Participant Opt in Form



EXPERIENCES OF DELIVERING TRAUMA INFORMED CARE

OPT IN FORM

BRIEF SUMMARY OF PROJECT

The primary aim of this research is to understand the experiences of individuals delivering trauma informed care in the UK.

To opt-in, we need to ensure that you understand the nature of the research, as outlined on the [Participant Information](#) page.

Please opt-in to be contacted about the study by ticking the boxes below:

I have read and understood the participant information sheet outlining the nature of the study.

I agree to be contacted by the researcher within 2 weeks to discuss the study in more depth.

**Participant's Name
(Printed)**

**Researcher's Name
(Printed)**

Appendix F – Participant Consent Form



Participant Consent Form

EXPERIENCES OF DELIVERING TRAUMA INFORMED CARE

I confirm I have read the participant information sheet, and have had the opportunity to ask any questions about the study

BRIEF SUMMARY OF PROJECT

The primary aim of this research is to understand the experiences of staff delivering trauma informed care in a YOI in the UK.

In order to participate in this study, we need to ensure that you understand the nature of the research, as outlined in the Participant Information sheet

Please initial the boxes to indicate that you understand and agree to the following conditions.

I have read and understood the participant information sheet outlining the nature of the study.

I understand that in order to take part in this study, I must meet the inclusion criteria detailed on the participant information sheet.

I understand that my participation is voluntary and that I am free to withdraw from the study at any time, up until 2 weeks post interview, without having to give a reason.

I agree that my data is anonymous and will be stored on a secure password protected file. I understand that it will only be used by the investigators for research and academic purposes.

I understand that data collected from me during the study will be anonymised, and throughout the study may be viewed by individuals from Staffordshire University, and any relevant authorities where it is relevant to my taking part in the research.

I would like to be contacted after the research is completed

I consent to take part in this study

**Participant's Name
(Printed)**

**Researcher's Name
(Printed)**

. . .

Appendix G – Semi-structured Interview Guide

Interview schedule

Thank you for agreeing to take part and taking the time to speak to me today. This interview will last around 60 minutes although it can be shorter if you wish. The interview will be recorded, is that ok? Also, before we begin; you can stop the interview at any time if you wish or take a break if you need to. Your name and identifiable information will be changed so that you are not identifiable.

The purpose of this interview is to develop an understanding of your experience of delivering trauma informed care in a young offenders' institute. There are no right or wrong answers – I am interested in hearing about your experiences in the way that you want to tell me about them. Finally, before we begin, I just need to collect some basic demographic information.

Ask age, gender, ethnicity, training completed and length of service prior to interview commencing.

Interview Questions

What is your understanding of trauma informed/integrated care?

Could you tell me about the training experiences you've had relating to trauma informed/integrated care?

Could you tell me about your experience of the rollout of SECURE STAIRS, including how it has impacted your day-to-day role and your interactions with young people?

Could you tell me about any benefits you have experienced of working in a trauma informed way?

- For incarcerated young people
- For yourself
- For the team
- Anything specific relating to your role

Prompts: reflective practice, formulations

Could you tell me about any drawbacks you have experienced of working in a trauma informed way?

- For incarcerated young people
- For yourself
- For the team
- Anything specific relating to your role

What has been the impact on you of undertaking this role?

Prompts: State 3 words to sum up the impact for you as an individual. Ask for an explanation on the choice of each word and an example if appropriate.

What has been your experience of staff support since the roll out of SECURE STAIRS/Integrated care?

Prompts: reflective practice, support team meetings

Is there anything you think would be helpful in supporting you as staff members in relation to delivering trauma informed care?

Prompts: meetings, practical support, training

What has been your experience of reflective practice since the roll out of SECURE STAIRS/Integrated care?

Have there been any difficulties in delivering trauma informed/integrated care?

Has your own life experience impacted how you deliver or have experienced trauma informed/integrated care?

Debrief

- Is there anything else you would like to add that I have not asked about that you want to say about your experience of trauma informed/integrated care?
- Do you have any questions?
- Thank you for taking part today, discuss avenues of support

Appendix H – Participant Debrief Form

Participant Debrief Form



EXPERIENCES OF DELIVERING TRAUMA INFORMED CARE

Summary of project

Thank you for taking the time to take part in this research project. The research project aimed to shed light on the experiences of staff working in a setting delivering trauma informed care in a YOI in the UK. It is hoped the findings from this research will help us understand the experiences of staff delivering trauma informed care in a YOI in the UK, in addition to further informing trauma informed care projects across the UK.

Withdrawing information

You are free to have your data withdrawn/destroyed up until 2 weeks post interview, after which point it will no longer be possible to withdraw. You are able to withdraw your data by emailing the lead researcher.

Further support

Ms Nicky Mosson-Jones will be available for on-site support after your interview in a confidential space. Ms Mosson-Jones is also contactable at Nicola.Mosson.Jones@mpft.nhs.uk. If you feel you need to speak with someone for support following this, please contact your line manager, occupational health, visit your GP, or use one of the organisations listed below to access support:

- **Samaritans.** To talk about anything that is upsetting you, you can contact Samaritans 24 hours a day, 365 days a year on **116 123**.
- **National Suicide Prevention Helpline UK.** Offers a supportive listening service to anyone with thoughts of suicide. You can call the National Suicide Prevention Helpline UK on **0800 689 5652** (6pm to midnight every day).
- **Campaign Against Living Miserably (CALM).** You can call the CALM on **0800 58 58 58** (5pm–midnight every day) if you are struggling and need to talk. Or if you prefer not to speak on the phone, you could try the CALM webchat service.
- **Shout.** If you would prefer not to talk but want some mental health support, you could **text SHOUT to 85258**. Shout offers a confidential 24/7 text service providing support if you are in crisis and need immediate help.

- **Protect.** Provide free expert advice to whistleblowers, helping you decide how best to raise your concern, advising you on what protection you are entitled to and what you can do if things go wrong. You can contact protect on **020 3117 2520** (Lines open Mon, Tue, Thurs: 9:30am – 1pm, 2pm – 5:30pm; Wed, Fri: 9:30am – 1pm.) An online form is also available to complete at <https://protect-advice.org.uk/contact-protect-advice-line/>

Further questions

We hope that you enjoyed participating in this study. If you have any further questions, please feel free to contact the head researcher as directed below.

Lead Researcher: Luke Davies

Contact details: d042143m@student.staffs.ac.uk

If you wish to discuss the study with a person other than the head researcher, please contact the researcher supervisor on the contact details below:

Dr. Yvonne Melia

Principal Clinical Lecturer in Clinical Psychology

Staffordshire University

Professional Doctorate in Clinical Psychology

Office: R207, Science Centre

Email: Yvonne.melia@staffs.ac.uk

If you have a concern or wish to make a complaint

If you wish to raise a concern or make a complaint around your interview, or anything related to your participation in the study, please contact the researcher's supervisor or the chair of the university ethics committee on the contact details below:

Dr. Yvonne Melia

Principal Clinical Lecturer in Clinical Psychology

Staffordshire University

Professional Doctorate in Clinical Psychology

Office: R207, Science Centre

Email: Yvonne.melia@staffs.ac.uk

Professor Nachiappan Chockalingam,

Director of Research,

Research, Innovation, and Impact Services,

Staffordshire University,

Leek Road Campus,

32 Leek Road,

Stoke-on-Trent,

ST4 2RU.

Email: N.Chockalingam@staffs.ac.uk

Thank you for all of your support with participation in this research.

Appendix I - Example of Coded Transcript

| Transcript Data | Codes |
|--|--|
| <p>Researcher: I guess, nonetheless, it's, some of the training experiences have helped support your understanding?</p> <p>Amelia: Yeah, so the formulations and stuff, and just knowledge. And people say it doesn't help, but I think that's just because, maybe not thinking about individuals, the fact that we're here because we're getting paid for it, so we are supposed to care. And a lot people don't.</p> <p>Researcher: Is that what it feels like?</p> <p>Amelia: Yeah, and a lot of the lads, particularly don't believe that we care. I have people say to me, you don't care. Actually, I do like because there are some people who don't, yeah, which is sad, but I think some people stay for the fact that they've either been here a while or they stay for the money, and it's not right, because then we've got a culture of people who don't care.</p> <p>Researcher: So maybe some of the officers, there's a variance of different motivations for doing the job?</p> | <ul style="list-style-type: none"> - Benefits of formulation - Staff not accepting of new methods of working - Motivators for the role - Expectations of conduct - Barriers to building rapport - Caring is important - People shouldn't stay if they don't care - It's sad some staff don't care - Reflections on culture - Punitive view amongst staff |

Amelia: I'd say so yeah, because there's a lot of people who are very cynical and quite like, you know, it rubs off on people, especially like new staff. You're in that environment where, like, slagging people off and complaining about stuff, and it's like, oh no. I can't think of an example, but just complaining about them, really, yeah, they're annoying.

Researcher: Okay, that's interesting. So I guess in terms of the rollout of secure stairs, so I know you've been here a year now, how do you think that being rolled out has impacted your day to day here? How do you think it's impacted your role?

Amelia: Not a lot. I mean, we just got two days on it, and, like I said, it was a very, very boring two days. We were holding on, and everyone was very much like that, because the course itself was good, and then we had these two days of quite boring, not a lot of breaks, and so people were switching off, and it wasn't very engaging. And I think they probably could have made it more engaging, which was why it felt more boring. But I can't really remember what it is now but I'm sure I implement it

Researcher: I was just gonna say, actually I think what you mentioned just prior to that around some of your interactions with the young people, that actually, you might give a bit more patience, and it helps your understanding of them. Maybe

- Staff are impressionable/culture spreads
- Staff complaining
- Frustration with the system

- Previous training was boring
- Ingredients for meaningful engagement
- Perseverance in learning

you're not giving yourself enough credit for how much has impacted your interactions?

Amelia: I'm probably just referring to, not crediting secure stairs, because I don't think about secure stairs. Yeah, maybe that shapes the way I do my job, but it's not something I think about on the daily.

Researcher: So maybe that, the understanding you've got of the lads and then how you support them as a result of that has maybe not come directly from secure stairs, maybe from some other experiences?

Amelia: Yeah.

Researcher: Which makes sense. Okay, do you think there's been anything that's been good for the lads in terms of working in a trauma informed way? Do you think there's been any benefit for the for the lads, of trying to work in a trauma informed way?

Amelia: I think so, yeah, because when you say trauma informed care, like, I think that's coming from other staff as well. So like, inclusion, obviously, know a lot more about their background and focus on their formulations and stuff. So, that is

- TIC implementation not a conscious practice
- TIC guiding role

- Team effort to roll out TIC
- Understanding of MDT role
- Formulations are beneficial

good for if people are involved with psychology and have interventions with that. So it sort of gives you a bit more background, and it can be easy to lose sight of that. But I think it does reflect on how people do their job, because we have got to bear in mind that these are difficult individuals, so we do treat them differently to each other, and I think that's also bearing in mind that we know their behaviour. So whether or not we know specifically what caused it, once you know a lad, it is sort of trauma informed, but without knowing specifically. Do you know what I mean? So you know how they might react because of something?

Researcher: Yeah, I think what I'm hearing is that the benefit for the young people here comes from the staff maybe being better informed and having just a better understanding of the lads, which then leads to them receiving better care. Have I heard that right?

Amelia: Yeah, because I've been doing my child study on one of the lads here, and just reading that specifically on his it makes you realise, like, when you actually do focus on it and read it, you're like, christ, because none of these lads have had it easy. That's a theme. Not many of them grew up and completed school, like maybe the odd few, but most have grown up in poverty or domestic violence and gangs and stuff. You know, no one in authority has been trusted before, so why would they start trusting anyone now? You know, when they don't

- Information sharing improves knowledge
- Staff interaction differs with young people
- Care is individualised
- Rapport building is trauma informed
- Triggers support understanding

- Compassion through understanding
- Young people have experienced adversity
- Being in an authority position might be a barrier

have the time for them, or make promises that they don't keep, and that's the biggest problem. Because if you tell a lad that you're going to do something and you don't, they're not going to trust you. Because if you make sure you follow on stuff, then they're more likely to trust you. I think if everyone was doing the same thing, they'd have a lot more respect for us, because they know where they stand. Yeah, because I think that they see us as that, they don't see us as a team. They see us as individual officers. So if you're not going to do it, they know someone else who will. So like, oh can I pass these or whatever? But if everyone said no, then they wouldn't ask, and then we'd be keeping by the rules, but they might benefit from clear boundaries and expectations from a team, versus maybe different officers having different standards of what they think's acceptable or not. It's like when they wear two pairs of joggers, and, like, there was a new lad that came to the wing and he was wearing two pairs, and I was taking him to health care, and he was like, oh, like, I've been, I've been wearing two pairs since I came in. And I'm like, okay, but now's the time. Like, if you know, if they know what standards you're gonna adhere to, and you stick to that every single time, without fail, then they're more likely to respect you, because at least if they don't agree with what you're doing, at least it's the same for everyone, rather than letting people get away with stuff.

- Staff don't have time for interactions
- Inconsistencies in communication
- Building rapport takes time and consistency
- Uniformed approach would be beneficial
- Recognition clarity of boundaries and expectations is helpful
- Staff want to be respected by young people
- Young people shouldn't be let off

Appendix J – Example of Coding Notes and Initial Categorization

Table A.1: Example categorization of codes

| Selection of Code Labels and Collated Data Extracts | |
|---|---|
| Code Labels | Example Data Extracts |
| Pessimistic/punitive view amongst staff | <p>Amelia: A lot of the lads, particularly don't believe that we care. I have people say to me, you don't care. Actually, I do</p> <p>Amelia: I feel like this job sucks empathy out of people. So a lot of people who've just started will have a higher level of empathy than people who've been here a long time. There's very few people who've been here longer than like, well, there's very few people who've been here longer than like, five years. And when you've got people who, like, been here for, say, three years, they're significantly less empathetic and care less, other than the exception of a few, but I think that's just the way it just wears staff down, and that's probably why they leave or why they stay and don't care.</p> <p>Bill: We know they probably work out which staff give a shit, for want of a better phrase. Yeah, even then, there'll be staff that don't care.</p> <p>Bill: I think some staff don't care.</p> <p>Dennis: A lot of people just don't, they don't care, or they don't want to know.</p> |

| | |
|-----------------|---|
| | <p>Dennis: A lot of people will hold grudges, and they'll sit in the back and bitch and moan and moan about the job.</p> <p>Emma: I think you can have a bit more of a negative view when you work here, because everything's quite negative a lot of the time</p> <p>Matthew: End of the day, do I think I'm going to turn these kids lives around? Possibly not</p> <p>Phil: There needs to be a bit more fucking empathy to be honest.</p> |
| Not enough time | <p>Chloe: At times, I'd love to have time to have a conversation, sometimes I haven't got time to. I'd love to be talking with the lads each hour or whatever, but I don't have the time, which is sad because some lads clearly need the extra support.</p> <p>Bill: I'm not aware as much as I'd like to be about what anyone's story is, what anyone's triggers are because I don't have the time to look into it.</p> <p>Amelia: Our lack of time is not helpful for lads or staff, and a lot of the like trauma based practice and stuff, it says that consistency is better for them.</p> <p>Emma: Usually like that on their way back from somewhere, and they're walking to their room on the wing and stuff, so there's little pockets, but it's hard.</p> |

| | |
|------------------------------|---|
| | <p>Matthew: It's having that time to read up on them all the time</p> <p>Phil: Even having those small pockets of time, you've got to weigh up between, do I toilet, brew or email?</p> |
| Managers can be invalidating | <p>Amelia: But sometimes there's not time, there's not staff, or that you know that that's not going to get a good response if you're like, I just need 10 minutes.</p> <p>Chloe: Even like if one day you managed to get them done, there will still be five more things, so there's never that downtime to them, there's always something else they probably think of to say.</p> <p>Chloe: Then it's like if you haven't got any injuries then you need to get back, get back to what you were doing.</p> <p>Matthew: Okay you might go and voice concerns, but are we doing anything about what's actually been voiced at that point in time. And again again, or else what's the point in talking about it, if nothing's going to be done from it.</p> <p>Emma: You know, nobody's got compassion for you, and what you've been through, you're not then gonna have compassion for them, because you might have been thrown across the ground by one of them in the morning and nobody cares</p> |

| | |
|--|--|
| | <p>Dennis: We do know you exist. We know you work here. You could build on this. Or do you know what you're actually doing a good job, just to hear something, rather than leaving everybody in limbo and leaving them until they either get injured or do a massive fuck up, because that's basically what it is at the moment.</p> |
|--|--|

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| <p>Personal Impact</p> <p>Changing identity</p> | <p>Amelia: But there's still, it's never like, stress free, yeah.</p> <p>Amelia: We're getting stressed, even though all we've done is get stressed by telling lads to go behind the doors</p> <p>Bill: So I didn't tell him, but I think he had an understanding of a couple of conversations we had that I might actually know what I'm talking about or why I'm talking about it.</p> <p>Bill: So I know from conversations with them when they were here, you know what it feels like to be behind the door.</p> <p>Chloe: You probably get desensitized to it, because you see it all the time, every day, like, as much as you shouldn't think it.</p> <p>Chloe: I probably am more anxious. I will definitely say I'm more anxious as a person. From memory, I don't think I used to be, but, I'm definitely more hyper aware in myself, like in general.</p> <p>Chloe: I think I'm hyper aware of what's going on 24/7, because you have to be like that, it's hard to switch off when you get home.</p> <p>Chloe: (personal experience) and that definitely impacts the way I probably work with more complex kids.</p> <p>Dennis: Everything's changed. Everything.</p> <p>Dennis: So I feel like since I've started the job, I've probably had the worst year of my life, which sounds crazy to say.</p> <p>Dennis: Fulfilling, rewarding, frustrating.</p> <p>Dennis: It's made me more probably empathetic, because a lot of the experiences they've gone through I've gone through myself.</p> <p>Emma: I think it does change you as a person quite a bit.</p> |
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Emma: I just think you get quite desensitised to violence and stuff, because you see it most days. I've experienced burnout from this job before

Phil: Went through my own stuff when I was younger, absolutely no help but pulled myself out of it, but I know how much it would have meant if I got that help, so that's why I've always been keen.

Phil: I love this job, love it.

Phil: Biggest impact on me is I'm happy at work. I haven't been happy at work for years

Phil: The things I went through, since then I've found it really easy to relate to people on a deeper level, and put myself in their shoes, regardless of what they've done

Appendix K – Example of Initial Code Clusters and Initial Theme Development

Table A.2: Initial Code Clusters

| Cluster Number | Code Descriptors |
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| Cluster 1 - Staffing | <ul style="list-style-type: none"> • Staff support • Staffing levels |
| Cluster 2 - Barriers | <ul style="list-style-type: none"> • Regime constraints • Consistency and communication |
| Cluster 3 – Staff empathy/attitudes/culture | <ul style="list-style-type: none"> • Staff empathy/attitudes • Understanding of TIC • Punitive vs rehabilitation • Expectations from officers • Beliefs around offending |
| Cluster 4 – Cohesive workforce | <ul style="list-style-type: none"> • Lack of validation for staff • Lack of connection • Lack of boundaries • MDT working |
| Cluster 5 – Reflective practice | <ul style="list-style-type: none"> • Action • Function • Regularity |
| Cluster 6 - Interactions | <ul style="list-style-type: none"> • Building rapport |

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| | <ul style="list-style-type: none"> • Consistency • Modelling • Communication • Psychology input |
| Cluster 7 – Lack of time | <ul style="list-style-type: none"> • Accessing formulations and resources • Availability of space • Lack of time for interactions |
| Cluster 8 - Training | <ul style="list-style-type: none"> • Applicability of training experiences • Content of training |
| Cluster 9 – Staff understanding of TIC | <ul style="list-style-type: none"> • Experiences • Understanding of behaviours |

Table A.3: Initial Theme Development

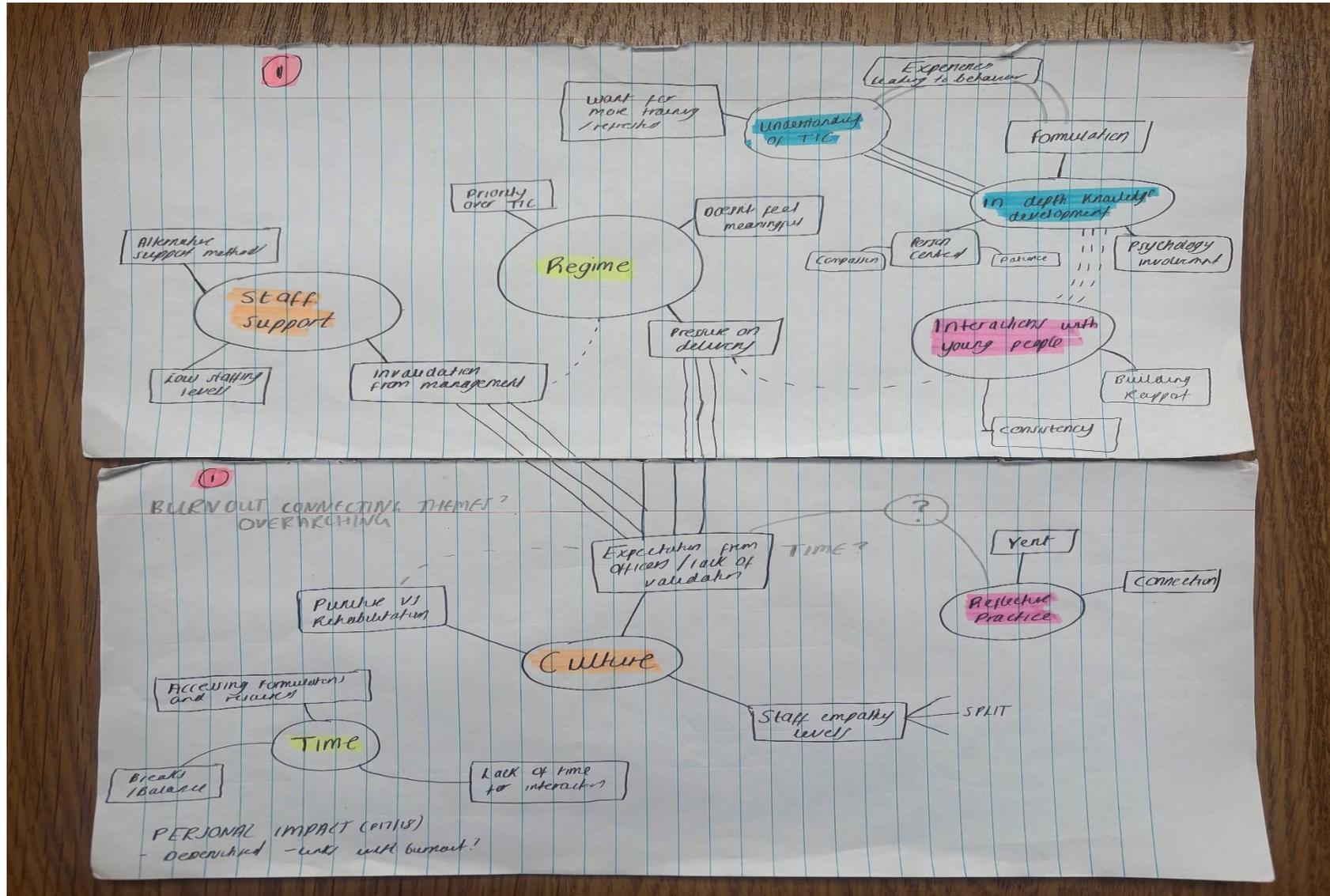
Those in blue indicate the final themes and subthemes following refinement, with several initial themes and subthemes dropped or reworked.

| Initial Themes | Subthemes | Refined Themes | Refined Subthemes |
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| Regime | <ol style="list-style-type: none"> 1. Priority over TIC 2. Doesn't feel meaningful 3. Pressure on delivery | Worn thin: 'Under resourced and overburdened' | <ol style="list-style-type: none"> 1. Punitive, desensitised staff 2. Wearing too many hats 3. Care compromised by time |
| Staff support | <ol style="list-style-type: none"> 1. Alternative support methods 2. Low staffing levels 3. Invalidation from management | Support deficit: 'The challenge of an unsupported framework' | <ol style="list-style-type: none"> 1. Regime prioritised 2. Invalidation from management |
| Understanding of TIC | <ol style="list-style-type: none"> 1. Want more training / refreshers | Relational foundations: 'Supporting young people' | <ol style="list-style-type: none"> 1. Building person-centred relationships 2. Building rapport 3. Knowledge into action |

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| | 2. Experiences leading to behaviour | through connection' | |
| In depth knowledge development | 1. Formulation 2. Psychology involvement 3. Person centred (compassion, patience) | | |
| Interactions with young people | 1. Consistency 2. Building rapport | | |
| Culture | 1. Expectations from officers / lack of validation 2. Punitive vs rehabilitation 3. Staff empathy levels (split) | | |
| Reflective practice | 1. Vent 2. Connection | | |

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| Time | <ol style="list-style-type: none">1. Accessing formulation and resources2. Lack of time for interaction3. Breaks / balance | | |
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Appendix L – Example of Early Thematic Mapping



Appendix M: Reflexive Diary Extract

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| <p>Context: Pre interview</p> | <p>Ahead of my first interview tomorrow, I'm holding in mind that while I feel I have an understanding of the officers' roles and the daily challenges they face, I have to remind myself that my own experiences and assumptions are mind and can't be generalised.</p> <p>My assumptions about the officers' views on rehabilitation for young offenders are important, but I must park this during questioning. I've previously observed a general sense of pessimism among officers, and I wonder how this may impact the care they provide. Will this belief influence the way they respond to questions about TIC? I must ensure I remain impartial and within a researcher role if I note these beliefs coming through. Most importantly I need to make sure I don't unintentionally guide responses based on my own views.</p> <p>Above all, I'm excited to begin data collection and want to get the most from every interview.</p> |
| <p>Context: Post interview</p> | <p>I'm feeling pleased that interviews appear to be going well, in that officers are forthcoming in sharing their experiences.</p> <p>I was struck by how strongly one participant expressed their desire for a systemic approach to TIC, with more collaboration across different functions within the YOI. They also spoke a lot about a sense of isolation in their role, where feeling passionate about something was undermined by the organisation and not really supported. I felt frustrated by this, as this is a long-standing narrative, and this interaction made me reflect on how this lack of support can negatively impact staff wellbeing. It felt like efforts for real change were undermined, and part of me felt sad by this, but also interested in how this might be different.</p> <p>I also felt surprised, with my prior assumption that staff might be sceptical or even dismissive of TIC due to beliefs on rehabilitation. To hear someone committed to TIC in the face of frustrations left me feeling inspired.</p> |

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| <p>Context: During coding stage of analysis</p> | <p>As I work through the coding, I feel sensitive and aware of the balance between my role as a researcher and my responsibility to ensure that participants voices are heard. I feel conscious of making sure participants experiences get the weight they deserve.</p> <p>One thing that's standing out to me in the codes is just how much nuance there is in participant responses. It would be easy to group their statements into broad themes, but doing so would feel dismissive, and possibly risk oversimplifying their experiences.</p> <p>I'm also trying to be mindful of the potential silences, the things that were not explicitly stated, and consider what that suggests.</p> |
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Appendix N: Master Table of Themes and Subthemes

| Theme Subtheme | Participant | Quote |
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| <p>Worn thin: 'Under resourced and overburdened'</p> <p>Punitive, desensitised staff</p> | Amelia | <p>"I think some people say for the fact that they've either been here a while or they stay for the money, and it's not right, because then we've got a culture of people who don't care."</p> <p>"I feel like this job sucks empathy out of people. So a lot of people who've just started will have a higher level of empathy than people who've been here a long time. There's very few people who've been here longer than like, well, there's very few people who've been here longer than like, five years. And when you've got people who, like, been here for, say, three years, they're significantly less empathetic and care less, other than the exception of a few, but I think that's just the way it just wears staff down, and that's probably why they leave or why they stay and don't care."</p> <p>"I actually think you'll find that a lot of officers don't care too much about what their trauma, maybe, what the triggers might be"</p> <p>"We're here because we're getting paid for it, so we are supposed to care. And a lot people don't"</p> <p>"It's like you've done a crime and now you need to go to prison, and this is what you're here for. It's not a Butlins."</p> <p>"Because people don't care, because people don't seem to care about the job in general, they're just trying to get through that day"</p> <p>"I'm very cynical of people that go to prison."</p> <p>"Personally, I think it's made me, interestingly, even though I do think I'm taking into account the trauma informed care and stuff, it's made me a lot more cynical on I think crime in general, because the sort of people that commit crimes and stuff."</p> |

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| | Bill | <p>“We know they probably work out which staff give a shit, for want of a better phrase. Yeah, even then, there'll be staff that don't care.”</p> <p>“Bit by bit, that, that staffing group that believed in that ethos has been eroded.”</p> <p>“I think some staff don't care.”</p> <p>“We don't help everyone, sadly, we can't help everyone.”</p> <p>“Some staff do just want the wage, but that doesn't mean they're bullies and they don't give a shit. Just means that they probably don't care as much you should to work in this establishment. They want to be a prison officer, and that's fine.”</p> <p>“And then they're getting punitive punishments from us because of their acting up”</p> <p>“I actually think you'll find that a lot of officers don't care too much about what their trauma, maybe, what the triggers might be, or may even not even be aware, because he's not been afforded the time to look into it.”</p> |
| | Chloe | <p>“There's people who genuinely care, and I think sometimes it's hard to try and differentiate, like, because people get told all the time that these are kids, let's be nicey nicey.”</p> <p>“So I think it's hard sometimes to want to carry on delivering trauma informed care when sometimes it gets thrown back in your face anyway”</p> <p>“I think you build them rapports, but then in one incident, it can all go out the window.”</p> <p>“You probably get desensitized to it, because you see it all the time, every day, like, as much as you shouldn't think it.”</p> |
| | Dennis | <p>“A lot of people will hold grudges, and they'll sit in the back and bitch and moan and moan about the job, moan about staff, but then when they see them, they will act the complete opposite.”</p> |

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| | | <p>“But I could, I can safely say that the vast majority don't work that way.”</p> <p>“It's not a job that a lot of people take pride in”</p> <p>“A lot of people just don't, they don't care, or they don't want to know.”</p> <p>“It's just seeing it on a daily basis, the way certain staff members rub them up the wrong way”</p> <p>“The majority of the time it's just a bitch and moan about the job”</p> |
| | Emma | <p>“I think you can have a bit more of a negative view when you work here, because everything's quite negative a lot of the time”</p> <p>“Some people are more sympathetic towards the boys, and some people are not.”</p> <p>“I can't remember what they call it, but you know when you're sort of punished for doing the job well? So if you do well on the wings, that's where you are every day, but then that burns you out”</p> <p>“He's put himself in here, he's a criminal, and all this, I'm not saying it's right to think like that. But obviously, if anybody's ever been a victim to a crime that's similar to what these have committed, then that might be a barrier to them following those processes.”</p> <p>“When you're having a particularly bad day, and you might have been through a lot of stuff here, you can sort of go back into mindset of, why should I care about doing that for them?”</p> <p>“You know, nobody's got compassion for you, and what you've been through, you're not then gonna have compassion for them, because you might have been thrown across the ground by one of them in the morning and nobody cares”</p> <p>“I just think you get quite desensitised to violence and stuff, because you see it most days. I've experienced burnout from this job before”</p> |
| | Matthew | <p>“It's failing miserably, secure stairs is not working”</p> |

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| | <p>“Everybody talks about secure stairs and integrated care when it actually comes to it, are we applying it?”</p> <p>Matthew: Unfortunately, a lot of the staff think it's a weakness by being good at their job.</p> <p>“End of the day, do I think I'm going to turn these kids lives around? Possibly not”</p> <p>“I don't think I'm going to change lives, because unfortunately, what we do, once we throw them back out there, they're going back to the same estates that they were born on, and mixing with the same kids that they were mixing with.”</p> <p>“There's lots of people in there that, other than the fact they've got to pay bills, they've got a mortgage to pay. They probably wouldn't come through the door”</p> <p>“Do a lot of them just see it as a job, pay the bills, it's good money for what it's doing? Possibly so.”</p> <p>“You've got people that all wanted to do the same thing, and make it work. Whereas, unfortunately, I don't think it's there now.”</p> |
| Phil | <p>“They'll pull you aside and say, why do you bother? Why are you giving them the time of day? It's almost frowned upon, with some people because of their attitudes.”</p> <p>“At the minute it's seen they step out of line, you sort them out, lock, unlock.”</p> <p>“People speak behind closed doors and, you know, all that sort of stuff, I think I'm being honest when I say yeah, they're not bothered.”</p> <p>“I think some of them sort of build a rapport through being, direct, authoritative”</p> <p>“It feels like if there's an opportunity to punish, then the opportunity is taken.”</p> <p>“More people care about doing the role of an officer (than delivering trauma informed care)”</p> |

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| <p>Worn thin: 'Under resourced and overburdened'</p> <p>Wearing too many hats</p> | Amelia | <p>"It's not necessarily the actual time, but it's the fact that it's like, all, like, off your own back (to engage with TIC material)"</p> <p>"But there's still, it's never like, stress free, yeah."</p> <p>"For me you're entitled to have that, you know, if you need time off the landing after something, you are entitled to that."</p> |
| | Bill | <p>"I was told I couldn't come to this meeting."</p> <p>"You're run ragged on there. You get some downtime, you're not going to go and pull up someone's formulation, sadly, that is the truth behind it"</p> <p>"But I can't lie rightly or wrongly, anyone that's in a light blue shirt just want you back on the landing."</p> <p>"I'm on an escort this afternoon. I don't know who I'm out with, but I'll be getting in that boy then, because I might be the only chance I get this week."</p> <p>"I mean, you're dealing with 35, 40 boys, you physically can't"</p> |
| | Chloe | <p>"It's all well and good trying to keep up with it, but I think once you keep up, then we're all just setting like really high expectations for ourselves that we've all got to keep on pushing ourselves to the absolute limit, just to get it to work, rather than saying, okay, this doesn't work."</p> <p>"Even like if one day you managed to get them done, there will still be five more things, so there's never that downtime to them, there's always something else they probably think of to say."</p> <p>"Then it's like if you haven't got any injuries then you need to get back, get back to what you were doing."</p> |
| | Dennis | <p>"But when you work on a certain unit, none of that information is really readily available, or you're not given time to search out."</p> |

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| | | <p>“That can make your job hard because you’re constantly fighting a battle. But then also you've got to support these members of staff, because that's what we are told to do.”</p> <p>“You are left on your own, doing your job day in, day out,”</p> |
| | Emma | <p>“More staff, which is obviously something that you can't just change. If we add more staff, then things would go so much quicker, which maybe that means there could be a bit more balance with some that stuff because there's more staff to facilitate some of the other priorities.”</p> <p>“I think because there's so much pressure on us to just get the boys out and get them doing an activity or away from the wing and stuff, we don't have time to have those interactions with them”</p> <p>“You're under a lot of pressure and a lot of stress, a lot of time, it's quite fast paced”</p> <p>“I think they probably expect us if we wanted to do something like that, I think they'd expect us to do it on our own time, like during a break or something”</p> <p>“Usually like that on their way back from somewhere, and they’re walking to their room on the wing and stuff, so there's little pockets, but it's hard.”</p> |
| | Phil | <p>“You're always needed somewhere, if you're on the wing, you're busy unless you're a lazy officer”</p> |
| <p>Worn thin: 'Under resourced and overburdened'</p> <p>Care compromised by time</p> | Amelia | <p>“Our lack of time is not helpful for lads or staff, and a lot of the like trauma-based practice and stuff, it says that consistency is better for them”</p> <p>“There's never any time to do that unless you’re on your break”</p> <p>“I've never had a one to one CUSP session, because there’s just not the time.”</p> <p>“I just think that you don't get a lot of time with the lads”</p> |
| | Bill | <p>“You’re run ragged on there. You get some downtime, you're not going to go and pull up someone's formulation, sadly, that is the truth behind it”</p> |

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| | | <p>"I'm not aware as much as I'd like to be about what anyone's story is, what anyone's triggers are because I don't have the time to look into it."</p> <p>"The formulations for the boys? It's the same thing that we got on the first question you asked me that over there you don't have time, but unless you physically get some time"</p> <p>"We definitely need time"</p> |
| | Chloe | <p>"At times, I'd love to have time to have a conversation, sometimes I haven't got time to. I'd love to be talking with the lads each hour or whatever, but I don't have the time, which is sad because some lads clearly need the extra support"</p> <p>"I think having the time to sit down, like I'd love to be able to sit there and read. I'm sure a lot of people would, but you genuinely don't have time to look at them"</p> <p>"I think if you probably focused more time on the meaningful things, it would help us in the long run, like trying to get stuff done, because then they probably they build their relationships with staff and trust staff"</p> |
| | Dennis | <p>"If I was given the time, I would look into it, absolutely, because that's one of the reasons I love this job"</p> <p>"I feel like if the information was there and we had the time to be able to go through it properly, then yeah, I feel like it would. I feel like it would benefit some staff"</p> <p>"You don't always get that one on one time with them, because they're either in a group or you're elsewhere in the prison."</p> |
| | Emma | <p>"If a manager came to me and said, oh, why have you not done this yet, if I turn around and said sorry I was reading this formulation, like it wouldn't be okay"</p> <p>"Because there's no there's no time to do it."</p> |

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| | | <p>“If everybody had the time to sort of go through everybody's, then in an ideal world, I think it would help a lot.”</p> <p>“We don't have time to have those interactions with them”</p> <p>“You don't really get time to just sit down and have a one to one conversation with them.”</p> <p>“But again, it's just time, because we start at half seven, we have to get a group on yard by quarter to eight, so we don't have time to do stuff like that.”</p> <p>“I think the main thing is, whether it's dealing with the boys or dealing with staff, your issue is always the same, because it's always time”</p> |
| | Matthew | <p>“The only time you build up things with the kids is if you've got a particularly bad one that you're spending additional time on... however, you've got all the others that go under the radar”</p> <p>“If you ever take a boy out on escort, that's your time to work on them and to get it under the skin, to build that confidence, to build that trust, so that they do trust you.”</p> <p>“The fact that we're doing formulations and stuff elsewhere is good, but nobody's having time to read them.”</p> <p>“You're relying on the staff to go and read the formulations and having the time to read the formulations”</p> <p>“It's having that time to read up on them all the time”</p> |
| | Phil | <p>“Even having those small pockets of time, you've got to weigh up between, do I toilet, brew or email?”</p> <p>“You know, if you get five minutes, do I have a break and check my emails quick? Yes? Then that leaves nothing else, you know.”</p> |

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| | | “The hot commodity time. Yeah a bit more time would be nice, you know, half hour a day just to do a bit of paperwork.” |
| Support deficit: ‘The challenge of an unsupported framework’ Regime prioritised | Amelia | “It looks great on paper talking about evidence-based practice, multi-agency working, when in reality, it's a lot more difficult because of things like regime” |
| | Bill | <p>“Driving your regime and dealing with what the prison needs came second to understanding the boy. Now when you're on that unit, it's regime, regime, regime, regime, regime... That boy's life in prison is driven by the prison regime, not his care”</p> <p>“Supports shocking from a prison side of things because they are driven on, focusing on the regime”</p> <p>“I've been on the landing before now having a real good conversation with someone who's very, very, very, very difficult. And I'm getting somewhere with this kid, really getting somewhere. They're like X , you need to shut that door. You need to do something. And then that's gone. Then, sorry, a week later, he's probably thinking, I was just about to open up to you, about to tell you something, and you pull the door on me?”</p> <p>“I think we should be made up of smaller units, because then you've got the flexibility to let their needs dictate what they're getting that day.”</p> |
| | Chloe | <p>“It's regime, regime, regime. It's all you hear all day... I think the pressure is always on the regime anyway, and I think they definitely prioritise regime over doing meaningful things. I think if you probably focused more time on the meaningful things, it would help us in the long run, like trying to get stuff done, because then they probably they build their relationships with staff and trust staff”</p> <p>“The way the regime limits and how much pressure is on the regime, on staff to get everything done”</p> <p>“It just goes back to regime again”</p> <p>“You know, can we not just take the pressure off the regime for half an hour?”</p> |
| | Dennis | “It's seen as an inconvenience to the workforce (trauma informed care)” |

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| | | <p>“When you walk in for your shift, the first thing everybody does is look at the detail”</p> <p>“The only things that are communicated is whether they are risk to females or if they are no lone contact. So there's nothing really that can benefit them.”</p> <p>“I can't say I've noticed them trying to roll out, or push anything.”</p> |
| | Emma | <p>“There's just too much pressure to get regime delivered, like there's too many different things that you've got going on that take priority over it”</p> <p>“Even if that doesn't feel like it's not meaningful activity, it's more about on paper, outside of their room, whatever they are doing, even if they are just stood there, as long as they're not in their cell, then that's the priority.”</p> <p>“We need to carry on delivering the regime. So I think it's just trying to balance priorities a bit more and treating people a bit more human.”</p> <p>“I didn't even know they were trying to roll anything out to be fair.”</p> <p>“I just say again, just the fact that we don't have access to, read their formulations fully.”</p> <p>“We can't mix them all, so it does put pressure on regime, that's prioritised.”</p> |
| | Matthew | <p>“Yeah, don't think it is supported much by the SLT. They all make the right noises that want to be doing it, and integrated care is the way. It's just something people talk about more than actually deliver on”</p> <p>“If you can convert them to the secure stairs, then it's a bonus as it goes. And if we lose them along the way, they're not bothered about losing them. It's just somebody through the door, and maybe they will meet the criteria eventually”</p> <p>“The environment and the things that we're promising them isn't always there.”</p> |

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| | | <p>"It's the sheer fact that we're not applying it to other areas of the prison because it's not done."</p> <p>"All you're bothered about is the fact that you've got to go back to the unit straight afterwards and finish off whatever you've not done with regards exercise and things like that."</p> |
| | Phil | <p>"I'm putting them in the gold room for a bit, because the classes have been cancelled. I got told that's education's problem not as ours. If you get lads out, you need them cleaning."</p> <p>"They've been trained to manage processes and policies."</p> |
| <p>Support deficit: 'The challenge of an unsupported framework'</p> <p>Invalidation from management</p> | Amelia | <p>"You know that that's not going to get a good response if you're like, I just need 10 minutes"</p> <p>"But it would just be nice to have that slight bit of care, just from the manager that I literally mentioned it to earlier."</p> <p>"But then there's times where you want to discuss things with them, and you don't want to hear a joke, you don't want to hear a sarcy comment, you want an answer"</p> |
| | Bill | <p>"We're not being supported in reality... Supports shocking from a prison side of things"</p> <p>"Staff support by anyone in a uniform is terrible. Staff support by anyone that might be directly employed or indirectly employed that's wearing a nice pair of shoes, trousers and shirt, is infinitely better."</p> <p>"I can't remember a discussion about what went well, it will be a moan and a nag about those above us and the facilitators will sit there and just sort of take it all in"</p> <p>"You're supposed to have regular meeting with your with your manager, I can't remember the last time I had one"</p> |
| | Chloe | <p>"The initial, like point of contact for the staff support is good, but I think the follow up could be better"</p> <p>"Because you hear that we're gonna try and do more secure stairs and implement it, and doing this and doing that, and then nothing comes from it."</p> |

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| | | <p>“I went upstairs now to cry about it, and then that same manager had came in, seen me upset, and still didn't say anything”</p> <p>“I've had it before, and it wasn't a new CM, but they just completely undermined me in front of a group of boys.”</p> |
| | Dennis | <p>“Leaving everybody in limbo and leaving them until they either get injured or do a massive fuck up, because that's basically what it is at the moment”</p> <p>“We do know you exist. We know you work here. You could build on this. Or do you know what you're actually doing a good job, just to hear something”</p> <p>“I can't say that I've noticed any support or change in terms of secure stairs”</p> <p>“On reflection, obviously when I think about the time that we did there, a lot of it was tick boxes, going through it very quickly, getting it boxed off so we can get back and basically get stuck into the role.”</p> <p>“No recognition, no feedback, no nothing, unless you do something wrong or unless you're attacked. That's the way I feel about it.”</p> |
| | Emma | <p>“We're sort of treated like a number”</p> <p>“When I've been off sick, I often feel pressured to come back”</p> <p>“There are managers that are not supportive at all.”</p> <p>“Because even after an incident, people say to you take five minutes if you need five minutes, but then they're like, oh, we need to get this group out now.”</p> <p>“Even just that acknowledgement that some things might have been hard, instead of just pretending that it's fine...they could at least acknowledge it”.</p> <p>“We used to do staff recognition awards, and you'd get a pin badge, and a letter, stuff like that.”</p> |

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| | Matthew | <p>“Okay you might go and voice concerns, but are we doing anything about what's actually been voiced at that point in time. And again again, or else what's the point in talking about it, if nothing's going to be done from it.”</p> |
| | Phil | <p>“They’ll say in the morning briefing, we’re here if you need us, then you go and ask something, what you asking me that for?”</p> <p>“There needs to be a bit more fucking empathy to be honest”</p> <p>“I think they feel like they need to lord themselves around a little... you know they're happy to give you the what you got to do, but not the why we're doing that? And then you're stupid for asking for why”</p> <p>“If you're going to be a manager, you need to be a manager, not be an officer with a blue shirt, light blue shirt that can swan off when you want, because you're in charge.”</p> <p>“But yeah, it's that evidencing in things. You get your knuckles wrapped if you haven't, which is frustrating because you know you've done it.”</p> |
| <p>Relational foundations: ‘Supporting young people through connection’</p> <p>Building person-centred relationships</p> | Amelia | <p>“Based on experiences that people have had, treating them the best way that you're going to get the best out of them, the best chance of rehabilitation, making it so that we're not provoking them”</p> <p>“I think if everyone was doing the same thing, they'd have a lot more respect for us, because they know where they stand.”</p> <p>“But if that's how they've been brought up, because of no fault their own, like, if you've got that baby and put them in my house when I was baby, they would have ended up in a different way. So it's just interesting.”</p> |
| | Bill | <p>“It’s a wraparound care that we should provide for the kids, or informed by the things that they may have been through in their life”</p> <p>“We knew what wouldn't help, we knew what would trigger them”</p> |

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| | <p>“So it's that actually it gave me more reflection on just what they might have been through that got them to the stage.”</p> <p>“You've got what triggers, maybe what may have happened to them, or what we think has happened to them, what we know has happened to them, and then knowing how to deal with that, it does change the way that you then run the unit.”</p> <p>“I think we should be made up of smaller units, because then you've got the flexibility to let their needs dictate what they're getting that day.”</p> |
| Chloe | <p>“I think they are useful, they are normally in all the boys folders in like, the back of in the office. But they are useful and contain really good information, obviously, that's got previous trauma or even like, smaller things that you need to know.”</p> <p>“How maybe best to interact with them, when they are up there and their behaviour is quite hard.”</p> <p>“How we interact with the lads day to day, how we communicate with them, or try and explain stuff to them, doing it in a way that's mindful of things that they might have gone through.”</p> |
| Dennis | <p>“Forming a method of working that is tailored to each individual's needs, rather than a copy and paste, you know way of working”</p> <p>“It's more person centred based on either trauma responses or emotions or personal experiences.”</p> <p>“Even things like people wearing perfume or the way some people do their hair or jewellery, could be anything that could be a trauma response. So just reading that little bit could change somebody's perception”</p> <p>“Body language is a massive part of our job, just the way you present yourself on the wing, and it does go a long the way.”</p> |
| Emma | <p>“I've seen people have better interactions with certain boys because of the way that they're talking to them, and that's to do with trauma informed care”</p> |

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| | | <p>“Because I've seen that, I do consider my interaction with them a bit more. So I think when you've got something that sticks out about a boy, when it's been read out in something like that, then, yeah, you do think about it.”</p> <p>“And you know, there might be situations where, if a boy's under restraint or something, having that knowledge, can actually de-escalate it and get them to work with staff.”</p> <p>“It's more about the in depth stuff that's happened to them.”</p> |
| | Matthew | <p>“It's all about supporting the officers that are dealing with the young people, and how we're getting a better understanding of the young people, that young person, how we can actually manage that person better”</p> <p>“Build up a better history of the person, a better understanding of the young person and being able to manage them better. So what trigger points they have, how you can actually, what works better for them if you're trying to bring them back down.”</p> <p>“Multidisciplinary meetings, which we did enforce to start with, with regard to coming up with a formulation of that young person. So it could be documented, and everybody could read it to so you'd have an understanding that person.”</p> <p>“Talking amongst just your own colleagues. I put my hand on him, and all of a sudden he flared up, sort of thing.”</p> <p>“You could have a history of that person, and then putting it into place, again being role models for the kids.”</p> <p>“Any interaction is more, is a better interaction than having no interaction with somebody.”</p> <p>“So it's not just like for the young person. It's all about the young person as well as the staff delivering it.”</p> |
| | Phil | <p>“This place on its own could be traumatic, yeah, it's just about helping them manage”</p> |

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| | | <p>"I remember thinking that makes complete sense, thinking about myself when I was that age, and sort of the react, and then the think after they reacted, that sort of thing."</p> <p>"The young lads have been through traumatic experiences."</p> |
| <p>Relational foundations: 'Supporting young people through connection'</p> <p>Building rapport</p> | Amelia | <p>"I think it gives me more patience"</p> <p>"Because I think it does help to understand why they're like that, and what you can use, how you can understand why some lads are the way they are."</p> <p>"In the back of your mind, this is why this person is the way that they are, yeah. So it means you can be more patient with them"</p> <p>"You can have a conversation with them, and you can understand. They'll speak to you about their background and stuff"</p> |
| | Bill | <p>"Us having the mindset that we have to demonstrate that we care and show empathy, and show that we've got an understanding of their individual needs, it just means that relationship's better and quicker"</p> <p>"Some staff have got a real good reputation with the boys, and it's because they know that you actually care, and you've demonstrated a little bit of knowledge about their life"</p> <p>"Us having the mindset that we have to demonstrate that we care and show empathy, and show that we've got an understanding of their individual needs, it just means that relationship's better and quicker"</p> |
| | Chloe | <p>"I think if you're actually interested in them, want to know a bit about them and get like how they behave, or maybe, like, some of them might confide in you about something, that helps build that relationship"</p> <p>"It definitely helps build your rapport with them. So I think it is good for that, because obviously you're working with them day in, day out."</p> |

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| | | “It is rewarding, the relationships you do build, it does boost morale a little bit.” |
| | Dennis | <p>“Somebody just to listen”</p> <p>“Not everybody wants to talk, but do it on a consistent basis you might eventually break down those barriers, yeah, they might open up about things that they've got concerns about, or things that they need, may need extra support with”</p> <p>“I love learning people's stories, and you know where they've come from and where they're going to go. And if one conversation can change their life, then you know that's worth my time tenfold.”</p> <p>“I've got a very good balance in the relationship that I've got with them, and it stands me in very good stead in my work”</p> <p>“You do see differences that it can make in the relationships that you build. It can make their time in here easier, or it can maybe put them on a different path.”</p> |
| | Emma | <p>“I do think it helps them, especially if you're aware of things like triggers”</p> <p>“I think it can just de-escalate situations”</p> <p>“I've noticed my interactions with him have improved since I've seen that.”</p> |
| | Matthew | <p>“Being role models for the kids”</p> <p>“It's about setting boundaries to a degree, because a lot of these young people haven't had the boundaries set before they come to us. So if they know you are what you are, and you tell them what you're going to do and how it's going to be, they kind of respect that all the bit more to be honest.”</p> <p>“That's your time to work on them and to get under the skin, to build that confidence, to build that trust, so that they do trust you.”</p> |
| | Phil | “You do feel as if you're genuinely making an impact on some of these young people through the way you work with them” |

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| | | <p>“They know now I'm open, but I'm open with them, and they know they can be open with me.”</p> <p>“It's just another way to build a positive relationship.”</p> <p>“Talking about how you actually feel, like trust, building the trust up that you need to do first. Be open, be honest, be straight, direct, whatever. And then it just follows, and that supports it, you know?”</p> <p>“It opened up a dialog, because I was honest”</p> <p>“I've found it really easy to relate to people on a deeper level, and put myself in their shoes, regardless of what they've done”</p> <p>“You know, just talking about the prison, asking about their life, where they've come, background, that kind of thing.”</p> |
| Relational foundations: 'Supporting young people through connection' | Bill | <p>“The impact is that they're getting more care. Our boys will definitely have had a better level of care by us being secure stairs trained”</p> <p>“Any training that's delivered to us needs to be outside of the gates. That would be a big one.”</p> <p>“Because sometimes you may need to do training, but we specifically applied and we wanted to do that once we were there”</p> |
| Knowledge into action | Chloe | <p>“I think we probably would benefit from maybe more training, in situations like that... But then doing that training, and then having the time to implement it, there's no good us doing it again and it not going anywhere”</p> <p>“I think we'd probably need more training on it. Because I think, of my point of view of trauma informed care, that's how I think of but also there are probably other ways you could probably implement it that you wouldn't even think of.”</p> <p>“I think it's probably, impacted why I done the job anyway”</p> |

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| | Dennis | <p>“If secure stairs is going to be an important part of the way we work, in the way the prison service works. I do feel like it would be imperative that more training was rolled out”</p> <p>“I think if they can designate a whole day to doing an MMPR, which is obviously a mandatory part of the job, then I feel like they can at least allocate an hour or two hours to be able to go over secure stairs”</p> <p>“I don't think it should be a tick box if it's going to be something that's rolled out nationwide”</p> <p>“Yeah, because then if time is dedicated, so people have got no choice but to have to go to have to attend it, yeah, and they've got to sit there and listen. They've got to take it on board. And then once they've taken it on board, these people that may have thought it's a bit of a fluffy way of working, or, you know, stuck in their ways might actually take a little bit of a bit of it on board. Yeah, which is a win?”</p> |
| | Emma | <p>“I think that we probably do need training refreshers”</p> <p>“If we've been here a long time, we've had training at college, but I don't really remember it, so it'd be good to have refreshers.”</p> <p>“That's where training might come in helpful, to change your mind”</p> |

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| | Matthew | <p>“It’s got to be a training thing at the end of the day, maybe it is more secure stairs training that will give them the understanding as to what they need to be doing”</p> <p>“The training that they’d all had at the time was probably the best staffing group that had ever been”</p> <p>“It needs to be smaller units, better staff training”</p> <p>“With regards to secure stairs, with regards bringing the formulations together, actually putting some of these staff members in meetings like they used to have, so they can get an understanding of the boys. And it’s one thing to read, it’s something else to hear other people’s views of it in a room where you’re all sat down with and think oh, yeah. And that might actually stick in your head at that point”</p> |
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Paper Three: Executive Summary

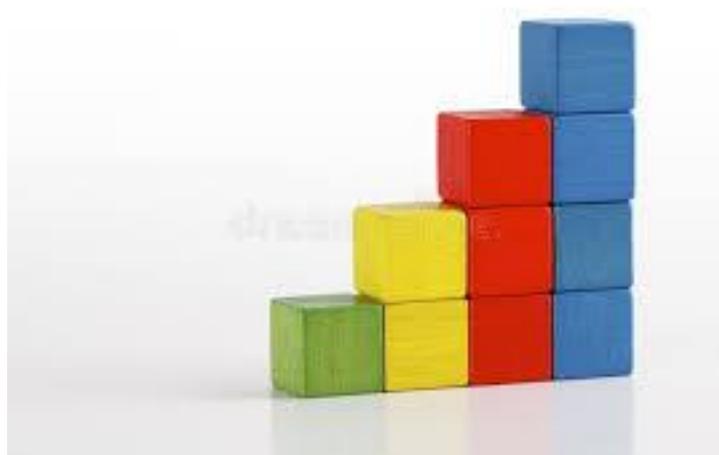
“That boy's life in prison is driven by the prison regime, not his care” – Prison Officers’ Experiences of Trauma Informed Care in a Young Offender’s Institute: A Reflexive Thematic Analysis.

Word count: 2499

This paper aims to offer an accessible, concise summary of the main findings and recommendations derived from this study.

This paper is intended for the participants who took part in this research, to whom I am deeply grateful. It may also serve as a valuable resource for professionals working within YOIs in the UK and other youth secure settings.

I would like to thank the two volunteers who have experience of working within a UK YOI for their support in contributing to the structure and language in this paper.



Background

Research tells us rates of youth offending are rising across the UK (Youth Justice Statistics, 2024). Youth offenders are more likely to reoffend than adults, with 31% of children reoffending (Ministry of Justice, 2023). Many of these young people have experienced adversity and complex trauma during their early years, which amongst factors including; economic deprivation, poor parental supervision and parental criminality, increase risk of offending behaviours.

Increased awareness of the relationship between experiences of trauma and offending behaviour have led to secure settings moving towards a trauma informed care (TIC) way of working in recent years (Prescott, 2020). There is recognition this can improve outcomes for young people (Bosk et al., 2020), including reducing the risk of reoffending and supporting young people to develop positive relationships with adults.

What is Trauma Informed Care (TIC)?

TIC focuses on a whole system strengths-based approach, grounded in an understanding of the impact of trauma, and how to respond appropriately as a system. Service delivery is led by awareness of the how trauma can impact young people, placing emphasis on every interaction. This is particularly important in youth custody where trauma histories are common. Additionally, staff providing TIC have a key role to support the implementation of TIC, through fostering a supportive environment whereby staff feel they have appropriate skills relating to their role, feel supported and listened to. TIC also recognises the potential for staff to experience vicarious trauma and burnout from working in high pressure environments such as youth custody. TIC is built on six key principles:



SECURE STAIRS

Trauma informed care was introduced in UK YOIs in 2018, with the SECURE STAIRS framework developed. It aims for culture change, promoting trauma-informed, formulation-driven care, delivered within a whole-systems approach by well trained, supported staff (NHS England, 2018). The framework is outlined in the figure below.

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| S | Staff with skill sets appropriate to the interventions needed. |
| E | Emotionally resilient staff able to remain child-centred when faced with challenging behaviour. |
| C | Cared for staff: through supervision and support. |
| U | Understanding across secure settings of child development, attachment, trauma, and other key relevant theories. |
| R | Reflective system: staff able to consider the impact of trauma at all levels. |
| E | 'Every interaction matters': a whole system approach. |
| S | Scoping: Presenting situation is assessed in context of a young person's life narrative. |
| T | Targets that staff, young people and the 'home' environment agree on for young people. |
| A | Activators: Interventions are based on a multi-faceted formulation based on the bio-psycho-social model, which is developmentally informed to understand what activates difficulties for young people. |
| I | Interventions: Specialist and core interventions tailored to the needs of each young person. |
| R | Review of progress towards agreed targets, regularly evaluated using a formulation-based approach within a multi-disciplinary team. |
| S | Sustainability planning to maintain goals in the next setting young people are transitioning to. |

What does this mean for this research?

Staff are key to successful implementation of TIC, particularly frontline staff who have the most contact with young people (Sweeney et al., 2018). Therefore, it is important for the voices of staff to be heard, to understand their experiences of delivering TIC.

What is the research about?

The study is about exploring officers' experiences of delivering TIC, in a UK YOI. There have been a number of research studies in the USA exploring staff experiences (Sweeney et al., 2016). No research to date has explored how officers' experience delivering TIC in UK YOIs.

This study aimed to:

- Understand the experiences of staff delivering TIC in a UK YOI.
- Further inform TIC projects across the UK, through disseminating findings based on officers' experiences



Methodology – what did we do?

We obtained full ethical approval from the University of Staffordshire, the Governing Governor, and HMPPS. Following this, we had discussions with Senior Managers within the establishment and attended staff briefings to identify who may be interested in participating. Our criteria for taking part were:

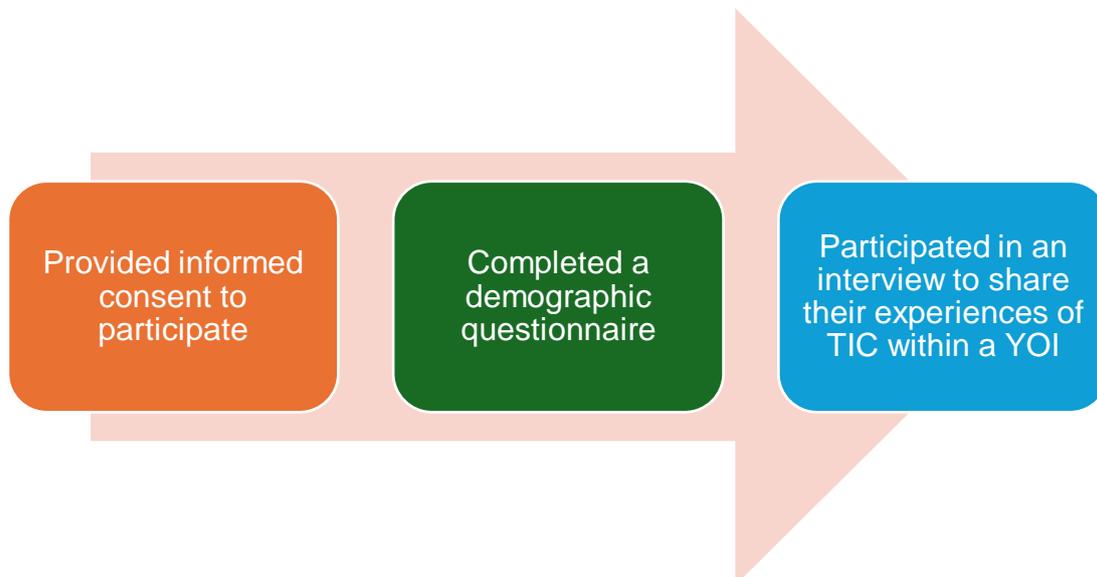
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| Needed to be a prison officer |
| Able to provide informed consent |
| Speak the English language |
| Had worked at the YOI for a minimum of six months |
| Had completed at least one training day on trauma informed approaches |

Which members of staff participated?

Participation in the research was anonymous, although some demographic information was collected to understand diversity within the staffing group:



What did participants do?



Interviews were semi-structured, lasting on average 49 minutes, with a range of 36 to 62 minutes.

What happened next?

The researchers spent time transcribing the interviews, before beginning data analysis. A method of analysis called Reflexive Thematic Analysis (RTA) was used, which allowed the researcher to interpret officers' experiences of what implementing TIC had been like, looking for both similarities and differences across staff accounts, before developing themes based on these. RTA acknowledges the researchers' reflections on their own assumptions, and how this might shape data interpretation.

Key findings

Three main themes, with eight subthemes were developed following data analysis. Each will be summarised below, using real quotes from participants to ensure their voices are heard. The names below are pseudonyms, to protect participants confidentiality.



Theme 1: Worn thin: 'Under resourced and overburdened'

Participants shared feeling overwhelmed trying to deliver TIC in an already challenging role, with punitive attitudes, unrealistic expectations from managers, and time constraints impacting their ability to deliver TIC.

Subtheme 1: Punitive, desensitised staff



“It’s hard sometimes to want to carry on delivering trauma informed care when sometimes it gets thrown back in your face anyway” (Chloe)

Participants shared a punitive attitude towards the delivery of TIC, whereby *“because people don’t care, because people don’t seem to care about the job in general, they’re just trying to get through that day”* (Amelia). This made adopting a TIC approach challenging due to the burden staff are under. Additionally, staff felt *“I feel like this job sucks empathy out of people... they’re significantly less empathetic and care less, other than the exception of a few”* (Amelia), leading to staff who feel desensitised, and can become punitive in their approach. Overall, there was a sense it was challenging to adopt a TIC approach in an already demanding role, leaving it challenging to adopt an approach that aligns with TIC, and increasing risk of staff burnout.

Subtheme 2: Wearing too many hats

Staff had high expectations placed on them, currently beyond the remit of what they felt able to complete, with their ability to implement TIC made challenging by the number of duties they needed to fulfil. Staff shared *“there’s so much pressure on us to just get the boys out and get them doing an activity or away from the wing and stuff, we don’t have time to have those interactions with them”* (Emma). Staff felt they had little choice in what they did, *“you’re always needed somewhere”* (Phil), with a continuous cycle of the workload not being relieved despite commitment from staff to complete all duties. It became apparent expectations placed on officers conflicted with what they felt able to do in reality, with the added pressure of TIC implementation challenging.



“Anyone that’s in a light blue shirt (a managerial position) just want you back on the landing” (Bill)

Subtheme 3: Care compromised by time

A lack of time had a significant impact on officers' ability to deliver TIC. Staff were aware this impact, *"our lack of time is not helpful for lads or staff, and a lot of the like trauma-based practice and stuff, it says that consistency is better for them"* (Amelia). Staff had to make difficult decisions imposed on them by time constraints. which led to inconsistencies in interactions with young people and within the system. Staff shared *"even having those small pockets of time, you've got to weigh up between, do I toilet, brew or email?"* (Phil). A key aspect of TIC is formulations or "my story", and although staff expressed interest in engaging with these, staff felt *"you're run ragged on there"* (Bill), and it was not possible to find the time to do this.



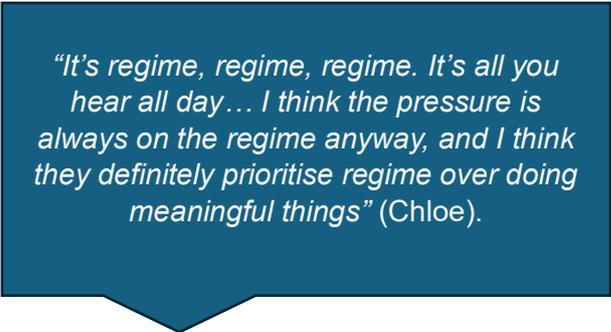
"If a manager came to me and said, oh, why have you not done this yet, if I turn around and said sorry I was reading this formulation, like it wouldn't be okay" (Emma).

Theme 2: Support deficit: 'The challenge of an unsupported framework'

Staff shared they felt unsupported to implement TIC, particularly from management, and the regime was heavily prioritised.

Subtheme 1: Regime prioritised

Staff felt there was a conflict between delivering TIC and the regime, hindering ability to deliver TIC. Staff shared *"there's just too much pressure to get regime delivered, like there's too many different things that you've got going on that take priority over it"* (Emma). There was also a sense staff felt they *"don't think it is supported much by the SLT"* (Matthew). Staff felt what happened in practice did not reflect the day-to-day proposition of a TIC approach. The prioritisation of the regime was echoed amongst staff who felt *"that boy's life in prison is driven by the prison regime, not his care"* (Bill).



"It's regime, regime, regime. It's all you hear all day... I think the pressure is always on the regime anyway, and I think they definitely prioritise regime over doing meaningful things" (Chloe).

Subtheme 2: Invalidation from management

"We're not being supported in reality... Supports shocking from a prison side of things" (Bill).

Staff felt dismissed by management and undermined in their efforts to deliver TIC. Staff shared they did not feel comfortable asking for support, *"they'll say in the morning briefing, we're here if you need us, then you go and ask something, what you asking me that for?"* (Phil). Staff also felt they were treated as an easily replaceable part of the workforce and felt devalued by management. Asking for a break from managers after challenging situations was difficult, with staff sharing *"you know that that's not going to get a good response if you're like, I just need 10 minutes"* (Amelia). Others added *"there needs to be a bit more fucking empathy to be honest"* (Phil). This subtheme displays a gap between the support offered to staff versus the support they receive.

Theme 3: Relational foundations: 'Supporting young people through connection'

Staff had worked hard to develop their skills in TIC, using them to support meaningful interactions with young people, and identifying a further desire for training.

Subtheme 1: Building person-centred relationships

Staff reflected a thorough understanding of TIC where *"it's all about supporting the officers that are dealing with the young people... how we can actually manage that person better"* (Matthew). Staff used skills to build person centred relationships with young people, whilst recognising the environmental challenges and how they can use their role to support as *"this place on its own could be traumatic, yeah, it's just about helping them manage"* (Phil). Staff were reflective in the benefit of knowledge development where *"we knew what wouldn't help, we knew what would trigger them"* (Bill).

"I've seen people have better interactions with certain boys because of the way that they're talking to them, and that's to do with trauma informed care" (Emma).

Subtheme 2: Building rapport

“Not everybody wants to talk, but do it on a consistent basis you might eventually break down those barriers, yeah, they might open up about things that they've got concerns about, or things that they need, may need extra support with” (Dennis)

Staff had skilfully learned to build rapport with young people where *“I think if you're actually interested in them...that helps build that relationship”* (Chloe). Staff were aware of how it impacted their skills where *“I think it gives me more patience”* (Amelia), and acknowledgement listening is key as with young people benefit from somebody to listen to them. The benefits of building rapport were shown where participants referenced how this can de-escalate situations, and how through building rapport they could use their role *“being role models for the kids”* (Matthew). Better relationships were fostered through staff being able to demonstrate care and empathy.

Subtheme 3: Knowledge into action

Staff felt the need for ongoing development in TIC was imperative, with reflection on how training to date had impacted interactions with young people, *“our boys will definitely have had a better level of care by us being secure stairs trained”* (Bill), Staff displayed how that adapted to working to a TIC approach and developed skills to support their interactions, adding *“if secure stairs is going to be an important part of the way we work... I do feel like it would be imperative that more training was rolled out”* (Dennis). Being able to make time for this was shared where This was echoed by others who shared *“but then doing that training, and then having the time to implement it, there's no good us doing it again and it not going anywhere”* (Chloe).

“I think if they can designate a whole day to doing an MMPR, which is obviously a mandatory part of the job, then I feel like they can at least allocate an hour or two hours to be able to go over secure stairs” (Dennis).

What does this mean?

These findings suggest staff face challenges in delivering TIC in a UK YOI with:

- Unrealistic expectations and invalidation from management
- Time constraints and regime prioritisation impacts officers' ability to implement principles of TIC
- Findings highlight how staff have developed crucial skills and knowledge to offer the best care possible.

How can we use the findings?

Support towards a culture shift is required with a commitment to TIC at all levels, to ensure staff feel better supported, and a whole systems approach is utilised:

- **Regular staff training** in TIC is provided to all staff, with specialised training for staff working directly with young people.
- **Prioritisation of staff wellbeing** to support effective delivery of TIC, reduce risk of burnout, and support staff retention.
- **Parallel leadership processes** whereby staff feel valued by leaders, incorporating collaboration at all levels of the establishment.



RECOMMENDATIONS

What are the strengths and limitations of the study?

• A lack of ethnic diversity amongst the sample, not reflective of the demographics of young people within UK YOIs (GOV UK, 2017) and only explored officers' experiences from one YOI.



• This is the first study to explore officers' experiences of delivering TIC within a UK YOI

• Sample reflected the ethnic diversity of UK prison officers, with 89.9% identifying as white (GOV UK, 2024).

Where to go next?

- Future research should explore staff experiences in key roles such as management, as for TIC to be effective, a shared commitment from all staff is needed
- Future research should recruit a diverse sample reflecting the demographics of the young people within YOIs, to support an understanding of how cultural, systemic and racial dynamics impact relationships between staff and young people, how this influences TIC implementation.
- Staff beliefs and values should also be explored on the rehabilitation of young offenders, and how management attitudes may underpin conflicts between TIC and historic punitive approaches.

References

- Bosk, E. A., Williams-Butler, A., Ruisard, D., & MacKenzie, M. J. (2020). Frontline staff characteristics and capacity for trauma-informed care: Implications for the child welfare workforce. *Child Abuse & Neglect*, 110, 1-9. <https://doi.org/10.1016/j.chiabu.2020.104468>
- GOV.UK. (2017). The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System. <https://www.gov.uk/government/publications/lammy-review-final-report>
- GOV.UK. (2024). Prison Officer Workforce. www.ethnicity-facts-figures.service.gov.uk. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/prison-officer-workforce/latest/>
- Ministry of Justice. (2023). *Proven Reoffending Statistics Quarterly Bulletin*. https://assets.publishing.service.gov.uk/media/63d171bfe90e071ba9122343/P_RSQ_Bulletin_2020_F4.pdf
- NHS England. (2018). The children and young people secure estate national partnership agreement. NHS England. <https://www.england.nhs.uk/wp-content/uploads/2018/09/the-cyp-secure-estate-nationalpartnership-agreement.pdf>
- Prescott, D. S. (2020). Trauma-informed care in secure settings: The whys, hows and challenges associated. *Sexual crime and trauma*, 8, 33-55. https://doi.org/10.1007/978-3-030-49068-3_2
- Sweeney, A., Clement, S., Filson, B., & Kennedy, A. (2016). Trauma-informed mental healthcare in the UK: What is it and how can we further its development? *Mental Health Review Journal*, 21(3), 174-192. <https://doi.org/10.1108/MHRJ-01-2015-0006>
- Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances*, 24(5), 319-333. <https://doi.org/10.1192/bja.2018.29>

Youth Justice Statistics: 2022 to 2023. (2024, January 25).

GOV.UK. <https://www.gov.uk/government/statistics/youth-justice-statistics-2022-to-2023/youth-justice-statistics-2022-to-2023-accessible-version#sentencing-of-children>