



# Hidden PTSD & Youth Offending Cause or effect?

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# format of presentation

- Background
- What is at issue here?
- What did we do & why that way?
- What did we find?
- What do these findings mean and for whom?
- What is next then?



# defining the issue

- What is at issue here?
  - High levels of violence affecting YP
  - The role of gang culture
  - “Science” says there is PTSD
  - Spikes not reported by NHS
  - Families & communities' take on aftermath
  - Community assets and strengths
    - Appreciative Inquiry
    - Behavioural vs. clinical



# ToR for BRGV

- What did we set out to show?
  - provide evidence of the link btw exposure to violence on one hand and anti-social and criminal behaviour on the other.
  - provide evidence that troubled YP have “undiagnosed” albeit low to mild levels of PTSD.
  - develop community definition and solution to shared concern
    - Learning from Each Other forums
  - explore the elements of gang culture and policing in the PTSD



# Intro to Trauma & PTSD

- What is trauma - physical and psychological
- What happens with the traumatised psyche: - the neuro-biology of trauma & living with PTSD
- PTG
- Secondary Traumatic Stress & Compassion fatigue
- Deploying & enacting



# What we did

## Part 1

- Met community players suggested by BRGV & BSMHFT & introduced the plan
- Sought access to “ready” YP
- ISSP, Youth Space, 16+ Leaving Care, local Church & Masjid

## Part 2

- Met staffs & YP in groups
- Followed by 1-2-1 sessions (5 - 9)
- Using TF-CBT

## Part 3

- Concluding focus groups - Lozells & Sparkbrook.



# Referral Routes Into C2C

- Family & Friends
- GP's
- Medical staff (e.g. Paediatricians)
- Social Services
- Health Visitors
- Education providers
- School Nurses
- Youth Offending Team



# What did we find out?

- Established a probable direct link between young people's exposure to trauma & some anti-social/criminal behaviour.
  - More "scientific" evidence required
- Seeded (potentially) local agencies with interested YP who have lived experience - credibility.
  - Peer mentoring via structured programme including apprenticeship in NHS and Youth Service
- Engaged "significant adults" in effort to address exposure of adolescents to traumatic events.
  - (small) Big Society - our version of it





# What did we find out?

For the participating young people

- All participants report multiple exposures to traumatic and traumatising events - compound trauma
- The greater majority report that the traumatic exposure occurred "away from home" in their local communities -
  - DV & "gang culture"?
- All the participants reported that they did not understand some of their behaviours
  - Realisation without solutions - disillusion and disaffection



# What did we find out?

## Members of communities

- Heard about the probable link between hidden PTSD and difficult/anti-social/criminal behaviour for the first time.
- They reported noticing behaviours that form the classical signs of PTSD; avoidant responses, unexplained distressing behaviour, physiological arousal, intrusive thoughts and others.
- Realised the probable progression and incremental link between medium to long term undiagnosed PTSD; reported disaffection, isolation and possible persuasion to extremism.
- Appreciated the need for information on how to support YP, their limits, if they were to participate, "...loving our own...".

# What did we find out?

Reported instances of exposure to traumatic events among the 15 participants

No. of reported instances	Total	Male	Female
0 to 5	3	1	2
5 or more	5	2	3
Cannot remember/lost count*	7	7	0

# Types of traumatic events reported

Category of traumatic event	No reported	Remarks
Homicide – witnessing	2	
Arson	1	
Carjacking, accident, high speed chases	8	
Robbery – involved in and witnessing	6	
Kidnapping/holding against one’s will	5	
Stabbing- being stabbed/ serious threat of stabbing	3/8	
Severe physical assaults with injury – requiring medical attention/ no medical attention	7/15	
Sexual assaults – unwilling sexual activity/”rape”/appeasement/roasting/same sex or gender	6/4/3/2/3	
Gang**/Group fights	3	
Falls	4	
Armed robberies	7	
Muggings	8	
Breaking and entering	10	
Terrorism – “being approached”	1	



# Important factors

These responses were sought from programme participants as feedback.

- Ceding "power" -
  - Volition
- Locations for meeting
  - - YOT offices instead of NHS
- Time frames
  - Weekly does not work - immediacy
- Practitioner style - non-medical
- Language and vocabulary



# Headlines

## Part 1

- Collaborating partner selection is key - turf wars
- Not to re-invent the wheel - working with existing protocols
- Panoramic view
- Immediate accept of the concept - how more than the what
- Practitioner perspective



# Headlines

## Part 2

- All participants reported exposure to traumatic events very early on in their lives,
- Reported the traumatic events were outside the home,
- All 16 reported "compound" trauma
- 6 had heard about "trauma" and "PTSD"
- None knew what it was nor what it caused.
- All reported "being" difference "since the event(s)" - being constantly angry, experiencing feelings of deep distress, loads of shame disillusionment with life. "Life is basically sh\*t"



# Headlines

## Part 2 (cont.)

- 8 described “poor parenting” but all 8 reported “good family relationships” with bio-logical family members,
- 3 reported their family being aware of their “criminal” (not “bad” but “criminal”) behaviour.
- The majority reported not having an “authority” figure in their lives.
- The “clinical” elements are included in the results of the IES, PWB-PTCQ and SDHS
- Times 1, 2 and 3!





# Headlines

## Part 2 (cont)

- All YPs attended their set sessions except few DNAs (97% attendance)
- We got stuck with the “so what’s next” question
  - Distress & disillusion - fear with no solution
- Sequencing programme is important
  - The 3 elements required
- Commitment to the participants remains



# Headlines

## Part 2 (cont)

- Most YP coming through to ISSP have history of trauma in their past and presumably undiagnosed PTSD.
- It cannot be an “excuse” - they do not know/understand it
- In most it is low to mild - behavioural and not pathological,
- All report “being done for the small stuff”
- There are perceptions of “victimisation” by the Court system
- Avoiding incarceration is important but it can be a lifestyle choice
- Most ISSP Staff are viewed positively
- Most participants have “insight”



# Closing

Thank you