Exploring how children subjected to violence in the home cope with experiences in

Secure Training Centres

Abstract

Background: Violence in the home is recognised as a significant problem, with around 29.5% of children subjected to violence in the home at some point in the United Kingdom (Radford et al. 2013). Children in custodial environments are a particularly vulnerable group in society (McAra and McVie 2010), with 51% of the children in Secure Training Centres subjected to violence in the home (Author). **Objective:** The purpose of this paper is to explore how children subjected to violence in the home cope with violence and experiences with restraint in Secure Training Centres. **Participants and Setting:** The research was conducted with children and staff in a Secure Training Centre that accommodates boys aged between 12 and 18 years-old in England. **Methods:** Thematic analysis was used to analyse secondary data, originally collected by the author, from semi-structured interviews with children ($N = 15$) and staff ($N = 15$) in Secure Training Centres. It led to the identification of four themes: 'Struggling to cope with abuse', 'Substance use as a coping mechanism', 'Disjointed service delivery' and 'Mirroring violence in the home through normalised restraint'. **Results:** The findings illustrate that children in custodial environments who have experienced violence in the home are subjected to violent behaviour management techniques in custody, mirroring their experiences in the home. This normalised violence inhibits the development of positive coping mechanisms, relationships, and attitudes towards violence. **Conclusions:** Enhancing our understanding of 'what works' in supporting children subjected to violence allows for the development of effective and sustainable services founded on collaboration, violence reduction, and trauma-informed practices.

Keywords: Violence, Custodial Environments, Emotional Regulation, Restraint

Introduction

In the United Kingdom, approximately 5.7% of children are subjected to violence in the home every year, with 29.5% of children having been subjected to violence at some point in childhood (Radford et al., 2013). Violence in the home refers to controlling, threatening, degrading, emotional and/or physical violence, where the term "subjected" is used to describe children witnessing and/or directly experiencing violence in the home. Violence in the home affects children across the globe (Krug et al., 2002), with research showing that violence in the home heightens the risk of subsequent physical and mental health problems (Bair-Merrit et al., 2006; Peltonen et al., 2010), educational difficulties (Willis et al., 2010), and involvement in criminal activity (Gilbert et al., 2009).

Despite attention on the impact of violence in the home on children's lives, including the increased risk of involvement in criminal activity (Gilbert et al., 2009), research into the impact of custodial environments on children who have been subjected to violence in the home remains a somewhat nascent area. This paper explores how children subjected to violence in the home cope with violence and experiences with restraint in Secure Training Centres. Understanding children's experiences in Secure Training Centres enable organisations and policymakers to understand 'what works' when supporting children in custody who have previously been subjected to violence in the home. Drawing on Maslow's (1943; 1987) hierarchy of needs and Paterson-Young's (2018) rehabilitative environment, this paper explores children's experiences of custodial environments, enhancing our understanding of the impact of custodial environments on children who have been subjected to violence.

Violence in the home

Violence in the home affects children from all backgrounds (Krug et al., 2002), with literature on violence showing that children entering custodial environments have a higher prevalence of mental health problems, neurosis, and personality disorders than the general

population (Jacobson et al., 2010; Hughes et al., 2012). Being subjected to violence in the home can result in emotional and/or behavioural problems that hinder children's development and progression into adulthood (Holt et al., 2008; Wilson et al., 2009; Malvaso et al., 2016). These problems, resulting from violence in the home, can lead to school dropout (Callaghan, 2015) and challenges establishing relationships (McLaughlin et al., 2012).

Exposure to violence can severely impact children's behaviour, with research showing that children may display increased aggression and antisocial behaviour (Orndugg and Monahan, 1999; Wolfe et al., 2003; Holt et al., 2008). This can lead to problems regulating emotions and/or developing positive coping mechanisms which subsequently have an impact on their adulthood (Holt et al., 2008). This impacts on children's ability to develop resilience and regulate emotions, and for many children (Hughes et al., 2012) can result in suicidal thoughts and/or attempted suicide (Jacobson et al., 2010). Violence in the home increases children's risk of exhibiting violence during adulthood (Krug et al., 2002) and involvement in criminal activity (Gilbert et al., 2009). This is not to assume that all children subjected to violence will *definitely* display increased aggression and/or involvement in criminal activity, of course, but rather illustrates that this risk exists.

Despite research showing that violence in the home increases the risk of involvement in criminal activity (Gilbert et al., 2009; Wolfe et al., 2003), there is limited research on the impact of custodial environments on children who have been subjected to violence in the home. Research investigating the impact of Secure Training Centres found that around half of children sentenced to custody (51%) had experienced violence in the home (Paterson-Young, 2018). This research found that Secure Training Centres, with their emphasis on security and control, offer limited opportunities for children to understand and/or explore their experiences with violence (Paterson-Young, 2018). Understanding children's experiences in custodial

environments, then, offers an opportunity for practitioners and policymakers to improve and develop effective support for children.

Secure Training Centres

Custodial environments for children in England and Wales are provided by Secure Children's Homes, Secure Training Centres, and Young Offender Institutions, with the introduction of Secure Schools (recommended by Taylor, 2016) pending. The imposition of custodial sentences on children in England and Wales has fallen over the past ten years, with a 4% reduction from 2017-2018 and 2018-2019 (YJB, 2020). The average monthly population of children in custody is 860, with around 73% accommodated in Young Offender Institutes, 17% in Secure Training Centres, and 10% in Secure Children's Homes (YJB, 2020). There are currently three Secure Training Centres in England, with Medway having opened in 1998, Rainsbrook in 1999, and Oakhill in 2004. Each environment accommodates children aged 12 to 17 years-old who are remanded to custody or who are already serving custodial sentences. Each environment is managed distinctly, with the prison service responsible for managing Medway and private companies responsible for managing Rainsbrook and Oakhill. Medway Secure Training Centre is expected to be refurbished and replaced with the first Secure School in England and Wales (HM Government, 2018). The purpose of Secure Training Centres is *"accommodating trainees in a safe environment within secure conditions; and helping trainees prepare for their return to the outside community"* (Secure Training Centre, 1998:1).

Secure Training Centres are designed to provide safe environments for children; however, violent incidents in custodial environments often result in the use of physical restraint through a form of 'legitimate violence' (Ministry of Justice, National Offender Management Service and Youth Justice Board, 2012). Concerns over the use of physical restraint are nothing new, with the House of Commons Justice Committee outlining issues with the use of physical restraint in custodial environments in 2013 (YJB, 2014). This review was concerned with the

underlying culture of restraint which led to the deaths of Gareth Myatt and Adam Rickwood (YJB, 2014). Physical restraint, according to the HM Inspector of Prisons (2015) and Ofsted (2019), is unsafe and damaging to children's health, wellbeing, and development. Minimising and Managing Physical Restraint (MMPR) techniques, introduced in Secure Training Centres and Young Offender Institutes in 2013, are routinely used with children to manage behaviour (HM Inspectorate of Prison, 2015). This technique "is a behaviour management and restraint system that has been developed specifically for staff working with children" (YJB, 2020:58). The introduction of MMPR is accompanied by the caveat that restraint should be avoided, and that children's behaviour should be managed by de-escalation, diversion, and behaviour management techniques (YJB, 2020).

Despite this caveat, restraint was administered in 7,200 incidents in the year ending March 2019, with MMPR techniques having been used in 68% of incidents (YJB, 2020). These incidents were categorised as pain inducing (3%), high level (50%), medium level (41%), and low level (16%) (YJB, 2020). Recent information on injuries resulting from restraint incidents showed that around 60 children required medical treatment for injuries, with 50 injuries recorded as being minor and nine as being serious (YJB, 2020). The injuries sustained by children in custody have implications for both their health and development, which illustrate the problems with behavioural management approaches in custody. Understanding how children subjected to violence in the home cope with violence and experiences with restraint in custody is essential to an understanding of 'what works' in supporting children in order to understand and manage violence.

Hierarchy of Needs and Rehabilitative Environment

Maslow's (1943; 1987) hierarchy of needs illustrates the five needs for human satisfaction, with basic physiological needs (food and housing) at the base of the pyramid

followed by safety needs, love/belonging (basic need for physical protection and emotional security), self-esteem (internal need to belong and feel accepted), and self-actualisation (reaching one's full potential). The satisfaction of needs at each stage is complicated, with individuals able to satisfy needs at different points in time, rather than consecutively as the hierarchy of needs suggests (Maslow, 1987). Maslow (1987) revised his early version of the hierarchy of needs, stating that children may progress through the pyramid by satisfying a proportion of needs or challenges in earlier stages.

Research conducted by Paterson-Young (2018) builds on Maslow's (1943; 1987) hierarchy of needs, adopting an approach to understanding the building blocks necessary to achieve the successful transition from custodial environments for children, that is, promoting resilience and positive behaviours. The rehabilitative environment, developed by Paterson-Young in 2018, positions Integrated Cognitive Antisocial Potential (ICAP) theory and desistance theory in a social impact measurement approach. It highlights five key areas in helping children's successful transition from custodial environments: health, wellbeing, and safety; relationships; education; independence; and transition (Paterson-Young, 2018). Paterson-Young et al. (2019) argue that challenges in satisfying early stages in the rehabilitative environment can disrupt progression during later stages. Therefore, it is essential to understand that the satisfaction of needs is not *all or nothing* and that children will progress at different rates (Paterson-Young et al., 2019). The application of Maslow's (1943; 1987) hierarchy of needs and Paterson-Young's (2018) rehabilitative environment aids our understanding of 'what works' in supporting children's ability to achieve positive outcomes, especially for children who have unmet safety needs due to exposure to violence in the home and, indeed, in custody.

Methods

Background

The data used to form the arguments presented in this paper were collected by the author between 2015 and 2017 for research into 'how social impact measurement as a form of organisational performance management can enhance the outcomes for young people in Secure Training Centres' (Paterson-Young, 2018). The original research addressed children's experiences in Secure Training Centres; however, it only partially addressed children's experiences with violence and restraint. This paper provides a more in-depth focus on how children subjected to violence in the home cope with violence and restraint in Secure Training Centres. The research was conducted with children and staff in a Secure Training Centre in England. Children were interviewed to understand the direct impact of Secure Training Centres on their lives, and staff were interviewed to gain an understanding of the purpose of Secure Training Centres in terms of supporting children. Accessing the Secure Training Centre for the purposes of the above research required the completion of a detailed vetting process and extensive training on safeguarding, health and safety, policies, and procedures. Between 2015 and 2017, custodial environments for children were experiencing apparently insurmountable challenges, with a BBC News (2016) Panorama programme exposing the abuse of young people at Medway Secure Training Centre and, more generally, the Taylor (2016) report highlighting problems with custodial environments for children. This paper adopts a qualitative approach to explore how children subjected to violence in the home cope with violence and experiences with restraint in Secure Training Centres. A qualitative approach, as achieved via semi-structured interviews, was appropriate as it offered children and staff the opportunity to actively participate in the research (Alderson and Morrow, 2004) through sharing their stories and experiences.

Participants

This paper examines data from interviews with children ($N = 15$) and staff ($N = 15$) in a Secure Training Centre in England. Children sentenced to custodial sentences were sent invitations to participate in the research via research information sheets distributed throughout the Secure Training Centre. Children participating in interviews discussed violence in the home, with 11 of the children interviewed having been subjected to such. The participants were all male (the Secure Training Centre only accommodated male children at the time of the research), with ethnicity recorded as: White (46.7%), Black (33.3%), Mixed (13.3%) and Other White (6.7%). There were some variations in the type of offence and length of sentence, with the most common offence type being assault/GBH (40%) and the most common sentence being a length of 6-12 months (40%). A further breakdown of information for children participating in the interviews is illustrated in Table 1. Staff participating in interviews were primarily female (73%), employed in various roles in a Secure Training Centre with most participants in Specialist Intervention or Resettlement roles. A further breakdown of information on staff participating in the research is reported in Table 2.

Procedure

Interview schedules, developed in consultation with the Head of Education, were conducted with a purposive sample of children ($N = 15$) and a random sample of staff ($N = 15$). A purposeful sampling technique (Sandelowski, 1995) was used to ensure children were only selected for participation in research if sentenced to custodial sentences, with children on remand excluded from the research due to a presumption of their innocence. Children were sent invitations to participate in the research using contact slips and envelopes attached to the invitations. All staff were sent invitations to participate in the research via email (sent internally by administrative staff in the Secure Training Centre) and posters in staff areas. This convenience sampling technique was used to reduce human bias and subjectivity (Bryman,

2012). Sampling widely allowed for data saturation given that samples of 10-20 are associated

with such (Onwuegbuzie and Collins, 2007; Mason, 2010). Interview schedules were designed

to investigate the impact of Secure Training Centres on children in England and Wales, with

the perceptions of the children and staff members being central to the research. Interview

schedules included questions for children such as, "Can you describe some of the relationships

that you had with people in your life before arriving here?" and, "What are your relationships

like with staff in the Secure Training Centres?" (Appendix A), and questions for staff such as,

"What are views of the support/interventions offered to children and young people at the

Centre?" and, "Do you think the Centre supports children and young people to learn useful

skills?" (Appendix B). Interviews lasting between 30 minutes to 90 minutes were conducted in

the Secure Training Centre environment and were audio-recorded (with additional notes taken)

and transcribed by the researcher.

Analysis

Information collected from the original semi-structured interviews were reanalysed by

the original researcher to: (i) explore how children subjected to violence in the home perceive

Secure Training Centres; (ii) identify children's experiences with restraint in Secure Training

Centres; and (iii) contribute to an understanding of how to support children in Secure Training

Centres. Secondary analysis involves analysing existing data (Hammersley, 2010), with this

research seeking to advance partially addressed areas from currently existing research

(Paterson-Young, 2018). The analysis and interpretation of the findings by the primary

researcher strengthens their trustworthiness (Ruggiano and Perry, 2017). Positioned within

critical realism (Paterson-Young, 2018), the researcher used Thematic Analysis (Braun and

Clarke, 2006) to analyse the data. The data was organised in NVivo 11.4.0 and analysed

according to a six-phase process – 'data familiarisation'; 'data coding'; 'theme development';

'theme review and development'; 'theme refinement and naming', and 'reporting' (Braun and

Clarke, 2006; Clarke and Braun, 2017; Braun and Clarke, 2020). The 'data familiarisation' phase enabled the researcher to thoroughly review the interview transcripts and take detailed notes. Familiarisation with data was essential for 'data coding', with sections of text in the transcripts highlighted and assigned shorthand labels. These codes were interrogated to identify patterns and themes ('theme development'), which were further reviewed and developed in the 'theme review and development' phase. These themes were refined, with four core themes identified – 'Struggling to cope with abuse', 'Substance use as a coping mechanism', 'Disjointed service delivery', and 'Mirroring violence in the home through normalised restraint'. This process allowed themes to emerge from the data through inductive reasoning rather than through existing concepts.

Ethical Considerations

Ethical considerations for research are associated with confidentiality and anonymity; voluntary informed consent from children and guardians; data protection and storage; and the safeguarding of participants. Interviews with children and staff are reported anonymously, with pseudonyms randomly assigned to participants integral to the research. The reporting of quotes with randomly assigned pseudonyms was discussed with participants. The ethics for this research were reviewed by a representative of the Youth Justice Board and the Head of Safeguarding at the Secure Training Centre. The ethics application was then approved by the University of Northampton's Research Ethics Committee (REC 2016 60.12). Safeguarding children and staff was pivotal, thus the researcher completed advanced safeguarding training and obtained an updated Disclosure and Barring Service (DBS). Other key considerations in conducting research with children were associated with the researcher's experience and the imbalance of power between the researcher and the children involved in research. Has the researcher previously worked with vulnerable children and young people? Does the researcher understand the impact of new people on the lives of the participants? The researcher drew on

practical experience from working with children, acknowledging the relationships and power imbalance in conducting research. Drawing on experience with children, whilst acknowledging the imbalance of power, the researcher adopted child-centred research approach by considering children's preferred method of communication (Barker and Weller, 2003). This approach recognised the age and position of children in Secure Training Centres, with adjustments to traditional semi-structured interview methods to empower children within the research. Interviews were conducted in children's preferred locations (for example, one interview was conducted in the fitness suite as the child participating in the interview viewed it as a safe space).

Results

Thematic analysis of interviews with children and staff led to the identification of four themes: 'Struggling to cope with abuse', 'Substance use as a coping mechanism', 'Disjointed service delivery', and 'Mirroring violence in the home through normalised restraint' (Table 3). Figure 1 illustrates the links between the themes and sub-themes.

Theme One: Struggling to cope with abuse

There was a consensus among the children who had been subjected to violence in the home that it impacts on behaviour, relationships, and experiences. The children participating in the interviews discussed the challenges inherent to regulating their behaviour as a direct result of their life experiences (specifically violence), with Mo and Anthony describing themselves negatively:

I'm not confident though, I'm not good at stuff. I struggle to speak right, and people judge me. I mean, people say I'm rotten. (Mo – Child)

> I don't really have many friends, except my online friends. People don't like me, they think I'm weird. I have stuff, its makes me angry and I punch stuff sometimes. (Anthony – Child)

These negative perceptions hinder children's ability to cope with experiences in Secure Training Centres, with one child explaining the challenges of coping with the Secure Training Centre environment itself:

> It's difficult being in here… I don't really have anyone outside of here but it's better than being locked in room all day, well, for most of the day. Spending time on my own just reminds me of all the shit in life. It reminds me that I don't really have anything. But not like anything helps. I'm just alone, feeling shit, feeling angry. (Neal – Child)

This resulted in concerns over establishing a life free from crime:

> …I'll probably end up in jail again so no point really thinking about what I might have in the future. I mean, I'm not really good at anything so if I did have something I wanted, I wouldn't get it cause I ain't so lucky right. (Zak – Child)

Concerns over children's ability to cope with the Secure Training Centre environment were discussed by staff, with Karen and Val arguing that the children find it difficult to manage their emotions and behaviour:

> I find it really difficult when some of these young people have witnessed so much, intervention is way more important than sitting them in a classroom colouring for an hour… So many of these young people have issues managing their emotions and managing their behaviour – they just get angry and lash out. (Karen – Staff Member)

> …there are a lot of kids in here that have had horrific lives. I mean really horrific, living with violence from parents. The boy I mentioned earlier, he was badly abused and described it as "normal". (Val – Staff Member)

Coping mechanisms vary for children in custodial environments, with some coping through emotional disengagement and/or substance misuse, whilst others resorted to violence. This issue was discussed by Liam, Del and Val:

When I am angry, I just go for it. I won't stand down. I think it's because of my mental health issues, though. It tells me what to do so I do it… (Liam – Child)

Once I refused bed and because of that I lost my TV. I was angry then, I swung at some of the staff, and they grabbed me. I just kept swinging and swinging but I never hit anyone. Well, I might have hit someone in the chest, but I don't actually know... I'm allowed to be angry, you know, I'm human and I can be angry if I want. (Del – Child)

He really struggles to deal with stuff in here – he will flip out if someone bumps into him. The other day another kid picked up his jumper by mistake and he threw a cup across the room... He is just really difficult to manage, sometimes. (Val – Staff Member)

Children and staff discussed methods of coping with life experiences, with children who have been subjected to violence in the home coping with the custodial environment by acting out. Consequently, staff members perceived children as "difficult" and/or "angry" - impacting on support and behaviour management.

Theme Two: Substance use as a coping mechanism

Children participating in the research viewed substance use as *recreational* rather than *problematic,* with 87% reporting substance misuse. Children primarily reported cannabis use (100%), with 37% of children reporting poly-drug (the use of more than one drug at the same time or different times). Children reporting substance use had been subject to violence in the home, with the substance use described as a co*ping mechanism:*

Smoking calms me, I have smoked since I was… I don't know… young like. It helps me cope with stuff, like, I have ADHD, it helps me cope with it. I can't have weed in here, so I have meds... but... that makes me want to sleep all the time. (Del – Child)

You know I smoke drugs, not like the drugs you are thinking of though, just weed. It's the only things I have ever done, and I won't stop doing that ever. It helps me cope with all the bad in life. It keeps me cool. (Liam – Child)

Well, mostly weed but I have smoked other stuff too. I like weed, it relaxes me, but they don't let you have it here. (Michael – Child)

Val reiterates the point made by the children accommodated in the Secure Training Centre, explaining that one boy requested cannabis to help him relax:

…interventions are more important than education – especially for the young people that have substance misuse or psychological issues. We have boys in here that use serious drugs on the outside – we had one boy in here ask healthcare for some cannabis because he used it to relax. He was serious too, he told one of the staff here that he started smoking cannabis when he was 10 and that it helped him cope… If you look into his history, you can understand, he was abused by his parents. (Val – Staff Member)

Staff discussed the need for targeted support to deal with the problems leading to substance use (for example, violence in the home) rather than simply focusing on the substance use itself. Val and Jane reflected on the challenges facing children on release from custodial environments and the fact that provisions in the Secure Training Centre do not equip children to deal with these issues:

You have a YP, who has horrendous drug issues, no amount of education whether they are engaging here or not will tick the boxes for them when they are outside because they still have the same issues, in the same environment, with the same people tempting them with drugs. (Jane – Staff Member)

Theme Three: Disjointed service delivery

Despite the prevalence of substance use amongst children subjected to violence in the home, staff highlighted the strain on psychology and substance misuse services in custodial environments and the challenges to offering effective services to children in the Secure Training Centre environment:

The substance misuse [team] do a fantastic job, they work really well, as do [the] psychology team, but there isn't enough people employed to do those interventions... if all young people wanted an intervention then you need the staff. The substance misuse team is three people and the psychology team is two people. We have 80 young people with are five people catering to 80 kids. (Karen – Staff Member)

We have a substance misuse service, well three people. The staff are great, really skilled and knowledgeable. The only problem is that we have limited staff and rather than a connected approach to working with the young people here, we have a very individual service approach. The substance misuse team do this, and resettlement do that. It just doesn't work. (Ella – Staff Member)

This was reiterated by John and Sam:

Substance misuse, again, we could probably benefit from another intervention worker. But that provision, it's been a bit up and down with people on leave and off sick… the service does need more consistency and we could definitely use better communication between our interventions, education, and resettlement. (John – Staff Member)

Substance misuse, I think they are doing a really good job. And they have been hit again with a lack of people in their team. But at the same time, working under pressure with a

limited number of people, they have still managed to get their sessions completed. But they could use more support, better support from other teams. (Sam – Staff Member)

Substance misuse services are delivered by a limited number of staff and tend to operate in isolation, with service collaboration and partnership working being effectively non-existent.

Children's perceptions of Secure Training Centre staff and engagement with support are hindered by views that staff "really don't care" and "are here to do a job":

My relationship with the staff here is standard. We talk, no need to argue with them or anything. It's not like I'm going to trust them, though, be honest like, they are here to do a job. It's only a job to them here and we all know it. (Liam – Child)

I get on with some staff here, like staff on the unit. Some I get along with and some I don't. If they get along with me then they will have a good shift, if they don't then I will make it hell for them... they really don't care though… (Neal – Child)

Children's perceptions of staff as being *uncaring* would clearly hinder the promotion of positive relationships that are pivotal for children in custody. The promotion of positive relationships is further inhibited by the children's experiences with violence and restraint.

Theme Four: Mirroring violence in the home through normalised restraint

Children's experiences in Secure Training Centres are complex, with experiences of restraint (either direct experiences with restraint or witnessing restraint) mirroring violence in the home:

Sometimes in here they restrain you for nothing, like outside just there, they restrained R. R was doing nothing wrong, like, he was calm, and they restrained him. Sometimes they just need to talk to us, and we will be alright. But they never do. Some of us just have issues, we are used to being slapped around at home and then, we come here and, it's like the same. (Del – Child).

> Other staff are bad though, they don't let you do nothing, and they won't let you do what you want. It's like at home, you get a smack if you say the wrong thing. I think it's because they don't like some of us or something. (Anthony – Child)

> I have been restrained lots of times, for fighting, play fighting, and assaulting staff. Oh, and for criminal damage and stuff. It hurts when you get restrained, but you get used to it. Sometimes you just lose it and you just want someone to tell you it's alright. I lose it sometimes, I'm like my dad in that way. (Liam – Child)

Experiences with restraint has an emotional impact on children; however, support for dealing with the aftermath of restraint are insufficient, with children dealing with this alone rather than receiving support:

> The staff here are alright, some annoy me, and I can't control my anger. I can be really calm but if you annoy me or dis me then I get angry and I have to put them in their place. Sometimes I get restrained but its fine, it gets you down and messes you up for a bit, but you just have to get over it. (Faisal – Child)

> Some [staff] are cool, they treat you like you're alright. But some treat you shit, like, they just want to restrain and control you. If they don't respect me, I don't respect them. Like my dad man, some treat me like I don't matter, I matter. (Neal – Child)

> I suppose staff here can be alright, but they all tell us different shit… if they don't like you and you do the smallest little thing, they restrain you, it's like they love a restraint… Other staff just calm you down, speaking to you and shit. (Mo – Child)

Some children discussed feelings of anger, directly preceding an incident of restraint, however, there was no evidence of support for children after experiencing and/or witnessing restraint. Faisal, Neal, and Liam mentioned this briefly:

I haven't had any anger management stuff in here or anything, but I had it at secondary school. It was crap, they told me to count to 10 if I felt angry and that just made me angrier. (Faisal – Child)

…If they restrain you then you end up locked up for the rest of the day, then they let you out the next day like it's all nothing. It's not nothing, no one cares. (Neal – Child)

When I am angry, I just go for it. I won't stand down. I think it's because of my mental health issues though. It tells me what to do so I do it. But there is nothing in here to help with that. (Liam – Child)

Children's experiences with restraint in the Secure Training Centre essentially mirror violence in the home, which impacts on their feelings of safety and security.

Discussion

The findings illustrate that children in custodial environments who have experienced violence in the home also experience challenges navigating the custodial environment. Children who have experienced violence in the home struggle to cope with experience of abuse, with several children viewing substance use as a coping mechanism. Coping mechanisms exhibited by children were often viewed negatively, with violent behaviour management techniques used to manage certain behaviours. This normalised violence inhibits the development of positive coping mechanisms, highlighting the need for joined-up specialist support for emotional regulation and substance use.

Implementing specialised behaviour management approaches

Secure Training Centres claim to *"accommodate(e) trainees in a safe environment within secure conditions"* (Secure Training Centre, 1998:1). Children in custodial environments should have a reprieve from violence in the home, but the reality is that violence remains a prevalent problem in custody. Many children are subjected to violence in custodial

environments, with Ofsted (2019) reporting that, in a six-month period, there were 132 assaults on children, 214 assaults on staff, and 11 fights. Children viewed restraint as a *normal* part of life in the Secure Training Centre, mirroring experiences of violence in the home. Violence in custody can hinder the development of pro-social attitudes, relationships, and progression through Maslow's hierarchy of needs (1943; 1987) and Paterson-Young's Rehabilitative Pyramid (Paterson-Young, 2018; Paterson-Young et al., 2019).

Behavioural management in custodial environments, specifically restraint practices, are viewed by children as *normal* (outlined above), which impacts on their perceptions of appropriate behaviour both in custody and in the community. Promoting violence as a means of controlling negative behaviour has a significant impact on children's views of violence (Bandura et al., 1963; Kreager 2007; Shaffer 2009). This illustrates the need for custodial environments to overhaul behavioural management approaches to ensure children (including children subjected to violence in the home) understand appropriate behaviour. Developing services to acknowledge the impact of behavioural management approaches on children's perceptions of violence are essential to ensuring safety needs, located immediately after basic survival in Maslow's (1943; 1987) hierarchy of needs, are met.

Adopting an emotional regulation framework

Children in custody are subjected to violence at an alarming rate which mirrors their experiences of violence in the home. Violence has a significant impact on children (Gilbert et al., 2009; Holt et al., 2008; Willis et al., 2010; Callaghan, 2015), with violence in custody mirroring the trauma experienced by children subjected to violence in the home. Trauma resulting from experiences with violence in the home and custody hinder development (Kitzmann et al., 2003; Holt et al., 2006; Cohen, Mannarino and Deblinger, 2017). This impacts on children's outcomes and progression through Maslow's (1943; 1987) hierarchy of needs and Paterson-Young's (2018) rehabilitative environment.

Children and staff discussed the coping mechanisms adopted by children subjected to violence; however, there was no acknowledgement of positive coping mechanisms. Some children expressed anger whilst attempting to cope with challenging situations, however, anger was always viewed negatively by staff, resulting in restraint. This expands on the existing literature on children's experiences in custodial environments by identifying the need for specialised training that enables staff to understand the coping mechanisms children adopt following experiences with violence. Laws and Crewe (2016) proposed an emotional regulation framework that would enable staff to support children in managing emotions. The adoption of this framework (Laws and Crew, 2016) relies on children feeling safe in custodial environments; however, this research illustrates the challenge of promoting safety in an environment with inherently high levels of violence. Secure Training Centres, and indeed other custodial environments, must overhaul their behavioural management approaches to ensure children have a safe and supportive environment in which to explore emotions.

Improving collaboration in service delivery

Disjointed service delivery in Secure Training Centres reduces support for children, impacting on their ability to overcome problems. This hinders progression through Maslow's (1943; 1987) hierarchy of needs and Paterson-Young's (2018) rehabilitative environment. Designing services aligned with principles promoted by Maslow (1943; 1987) and Paterson-Young (2018) would ensure children receive highly structured (consistent incentives and boundaries) and safe services. Children subjected to violence in the home argue that substance use is a coping mechanism, but in fact the ineffective collaboration between Substance Misuse services and Psychology services mean that support often fails to address children's real needs. This research shows that practitioners require support in understanding the needs of children following violence/restraint. This approach ensures that children subjected to violence, who display behaviours such as aggression, substance use, and/or self-harm, receive the appropriate

support to help them cope with challenging emotions (Eaton and Paterson-Young, 2018) and achieve positive outcomes.

Adopting this approach would allow practitioners to develop reflective and protective responses to children's behaviours which would help children understand the impact of past experiences on their behaviours and perceptions of the world. This research shows that current practices in the Secure Training Centre (for example, behaviour management approaches and restraint) and other custodial environments are not conducive to supporting children's progression, particularly those that have been subjected to violence at home.

Limitations and Future Research

Caution should be used when interpreting the results as retrospective reporting on past experiences with violence could be misleading, especially for children experiencing trauma (Eaton and Paterson-Young, 2018). Interviews with staff in Secure Training Centres were completed to mitigate this limitation, with staff sharing stories and/or information (reported in children's casefiles) on children's past experiences. Such limitations require acknowledgment, but a fuller understanding of children's experiences coping with violence and restraint in Secure Training Centres is essential to improving services. The research was conducted with a small sample of children and staff in Secure Training Centres. Conducting research in custodial environments is complex, with short custodial sentences and high staff turnover creating challenges with regard to data collection. The original sample size for the qualitative phase, at 30, was larger than the minimum recommended by Mason (2010). Whilst this might well be the case, the validity of conclusions could nevertheless be improved with a larger sample size. Furthermore, the Secure Training Centre accessed for the research only accommodated male children, which clearly limits the overall research findings. Recruiting male and female children in future research in custodial environments would be beneficial to understanding the experiences of female and male children. Future research into the impact of violence on

children, both in custodial environments and in the community, would benefit from the development of a specific scale to measure longitudinal changes in children's attitudes to violence. There is also an opportunity to explore the impact of violence on family relationships, educational attainment, and independence in custodial environments and the community.

Conclusion

Children are amongst the most vulnerable in society, with violence a harsh reality for 5.7% of children in the United Kingdom every year (Radford et al., 2013). The heightened risk of subsequent involvement in criminal activity (Gilbert et al., 2009), and behaviour and/or emotional regulation problems (Holt et al., 2008), and educational difficulties (Willis et al., 2010; Callaghan, 2015) for children subjected to violence in the home highlights the need for research investigating 'what works' in terms of supporting children's ability to understand violence. Adopting the principles outlined in Maslow's (1943; 1987) hierarchy of needs and Paterson-Young's (2018) rehabilitative environment are beneficial to developing effective services that are sympathetic to children's needs. Understanding the impact of custodial environments on children has practical applications, not only in custodial environments in England and Wales, but in custodial environments globally.

The findings from the research show that children subjected to violence in the home require specialised support including the implementation of specialised behaviour management approaches, the adoption of an emotional regulation framework, and improved collaboration in service delivery. This research has had practical applications, with the development of a Violence Reduction Strategy in the Secure Training Centre. This Violence Reduction Strategy acknowledged the requirement for trauma-informed support for children following experiences (either directly or indirectly) of restraint. Furthermore, findings were used to develop Specialised Training for practitioners working with children subjected to violence in the home, with modules on understanding coping mechanisms (positive and negative) and supporting

their ability to understand violence. This paper offers practitioners, organisations, and policy makers globally an understanding of the support required for children in reducing trauma.

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		Interviews (%) (n=15)
Mean Age	Years	16.3
Ethnicity	White	46.7
	Black	33.3
	Mixed	13.3
	Other White	6.7
NEET	No	13.3
	<6 months	20.0
	6-12 months	40.0
	13-18 months	13.3
	19+ months	13.3
Sentence	<6 months	13.3
	6-12 months	40.0
	13-24 months	26.7
	25+ months	20.0
Offence	Burglary/Robbery	33.3
	Assault/GBH	40.0
	Sexual	20.0
	Possession of Drugs	0
	Murder	0
	Possession of Weapons	0
	Other (Breach, Arson)	6.7

Table 1. Sample breakdown for children (interview and questionnaire)

Variable		Interviews (%) (n=15)
Sex	Male	26.7
	Female	73.3
	Unknown	0
Length of Service	<6 months	26.7
	6 - 11 months	13.3
	12 - 23 months	20.0
	2 – 8 years	13.3
	> 8 Years	26.7
Department	Resettlement	26.7
	Intervention	20.0
	Residential	26.7
	Management	6.7
	Education	20.0

Table 2. Sample data comparison for staff interviews and staff questionnaire

Theme	Sub-themes	Example
Struggling to cope with abuse	Negative sense of self	"I struggle to speak right and people judge me. I mean, people say I'm rotten." (Mo – Young Person)
	Loneliness and isolation	"I don't really have many friends, except my online friends." (Anthony – Young Person)
	Anger and physical harm	"I have stuff, its makes me angry and I punch stuff sometimes." (Anthony – Young Person)
	Difficulty managing emotions	"So many of these young people have issues managing their emotions and managing their behaviour…" (Karen – Staff Member)
	Normalisation of abuse	"The boy I mentioned earlier, he was badly abused and described it as "normal"" (Val – Staff Member)
	Mental health implications	",,,I think it's because of my mental health issues though. It tells me what to do so I do it…" (Liam – Young Person)
	Difficulty explaining / understanding emotions	"Well, I might have hit someone in the chest but I don't actually know if I did or not. I'm allowed to be angry you know, I'm human and I can be angry if I want." (Del – Young Person)
Substance use as a coping mechanism	Managing conditions through drug use	"Smoking calms me, I have smokes since I was… I don't know… It helps me cope with stuff… like I have ADHD, it helps me cope with it." (Del – Young Person)
	Managing sleep problems through drug use	"I can't have weed in here so I have meds... but... that makes me want to sleep all the time." (Del – Young Person)
	Normalisation of substance use as coping mechanism	"It's the only things I have ever done and I won't stop doing that ever. It helps me cope with all the bad in life." (Liam – Young Person)
	Substance use to help with relaxation	"I like weed, it relaxes me but they don't let you have it here…" (Michael – Young Person)
	Substance use to cope with abuse	"He was serious too, he told one of the staff here that he started smoking cannabis when he was 10 and that it helped him cope with everything. If you look into his history, you can understand…" (Val – Staff Member)

|	Environmental factors promoting substance use	"You have a YP, who has horrendous drug issues, no amount of education whether they are engaging here or not will tick the boxes for them when they are outside because they still have the same issues, in the same environment… (Jane – Staff Member)
Disjointed service delivery	Limited resources and provisions	"The substance misuse team is 3 people and the psychology team are 2 people. We have 80 young people that are 5 people catering to 80" (Karen – Staff Member)
	Disjointed approach	"The only problem is that we have limited staff and rather than a connected approach to working with the young people here, we have a very individual service approach." (Ella – Staff Member)
	Inconsistency in service delivery	"But that provision, it's been a bit up and down with people on leave and off sick… the service does need more consistency and we could definitely use better communication..." (John – Staff Member)
	Need for support for services / staff	"…t they could use more support, better support from other teams." (Sam – Staff Member)
Mirroring violence in the home through restraint	Understanding the use of restraint	"Sometimes in here they restrain you for nothing, like outside just there, they restrained R. R was doing nothing wrong like, he was calm and they restrained him." (Del – Young Person)
	Mirroring abuse/violence in the home	"Some of us just have issues, we are used to being slapped around at home and then, we come here and, it's like the same." (Del – Young Person)
	Physical pain from restraint	"It hurts when you get restrained but you get used to it." (Liam – Young Person)
	Normalisation of restraint	"Sometimes I get restrained but its fine, it gets you down and messes you up for a bit, but you just have to get over it." (Faisal – Young Person)
	Respect and fair treatment	"If they don't respect me, I don't respect them. Like my dad man, some treat me like I don't matter, I matter." (Neal – Young Person)

Table 3. Overview of themes ($N = 30$).
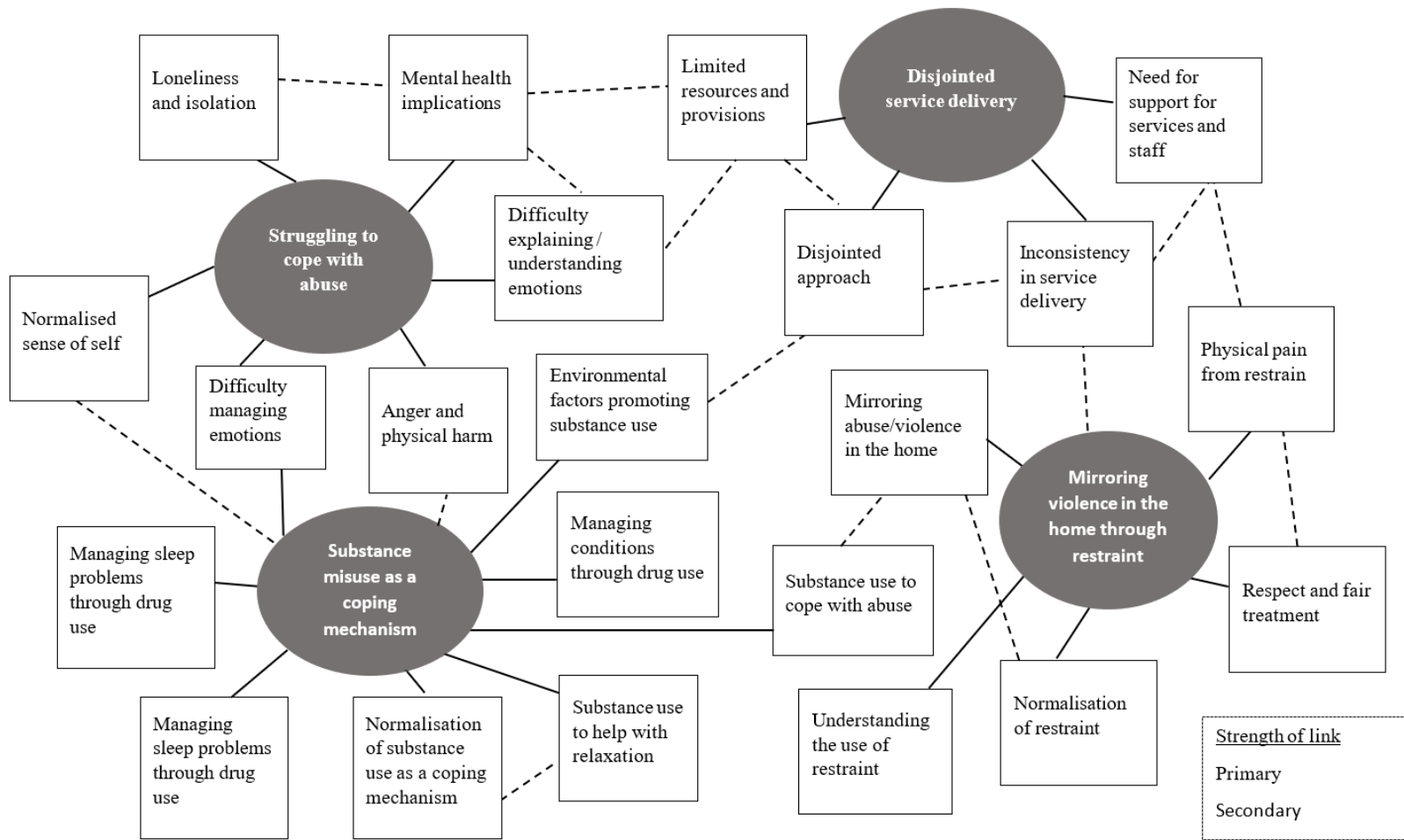
Figure 1. Theme and sub-theme link