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Exploring Parents' Understandings of their Child's Journey into Offending Behaviours: A Narrative Analysis

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Abstract

Parents are perhaps the best placed individuals to comment upon their child's life story, including early life experiences, transitions and their child's needs. However, research has rarely focussed on the views of parents of young people who have committed serious offences. This research aimed to explore parents' opinions of which factors may have led to their child becoming involved with the criminal justice system. Interviews were undertaken with six parents who were asked to narrate their child's life journey into offending behaviours. The data were then analysed using narrative analysis techniques, and a shared story was created which incorporated the main transitional stages in the children's journeys, as seen by the parents. The findings suggest that it is not just the child, but the whole family who have been in a state of distress throughout the child's life. Systemic and environmental factors are argued to contribute to this distress, and the use of diagnosis for this population is critically evaluated. The research highlights a life story in which the child's and family's distress remains unheard and therefore unresolved. Clinical implications for working with this population are discussed.

Key words

Youth offender, parent, offending, criminal behaviour, developmental pathway, narrative

Introduction

Risk factors for young people becoming involved in offending are numerous and complex. They include a variety of social, familial and individual circumstances including socioeconomic adversity, abuse and violence in the home, association with particular peer groups, unstable employment and education, and low cognitive ability or other learning problems (Boden, Fergusson, & Horwood, 2010; Christoffersen, Francis, & Soothill, 2003; Green, Gesten, Greenwald, & Salcedo, 2008; Horowitz, Weine, & Jekel, 1995; McMakin, Morrissey, Newman, Erwin, & Daley, 1998). Some studies have examined the interplay of these factors for specific behaviours, examining developmental trajectories (e.g., Loeber & Burke, 2011; Reef, Diamantopoulou, van Meurs, Verhulst, & van der Ende, 2011). For example it has been suggested that experiences in middle childhood such as association with offending peer groups and educational problems may mediate the relationship between behavioural difficulties in early childhood and later offending behaviour (Ingoldsby, Shaw, Winslow, Schonberg, Gillion and Criss, 2006; Simonoff, Elander, Holmshaw, Pickles, Murray, & Rutter, 2004). However, given the complexity of these processes, much remains to be understood.

Perhaps unsurprisingly, this population often have higher levels of psychological difficulties such as low mood, excessive worry and substance misuse and also have higher instances of head injuries than young people who have not committed offences (Carswell, Maughan, Davis, Davenport, & Goddard, 2004), although they often struggle to access help from mental health services (Carswell et al., 2004). Coping strategies adopted can include aggression towards others, self-harming behaviours, and cognitive blocking of painful and difficult experiences (Paton, Crouch & Carmic, 2009). Gunn, Maden and Swinten (1991)

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found that a third of the young people in their sample (who were attending court) had mental health difficulties. However, conclusions could not be drawn on whether the mental health difficulties had contributed to the development of offending behaviours or vice versa. This therefore suggests the usefulness of studying the whole life of an individual, rather than just one segment which may be taken out of context.

One way in which to gain further understanding of the experiences of this population is to ask parents. Limited research has considered the perspectives of parents of young people who have committed offences, although a few papers have focussed upon parenting styles, parental characteristics and the effects of children's offending on parents' experiences of the youth justice system (Collins, Maccoby, Steinberg, Hetherington, & Borstein, 2000; Holt, 2009; Sturges & Hanrahan, 2011). In addition Bradshaw, Glaser, Calhoun and Bates (2006) reported that these parents were angry and fearful of their child, felt inadequate as parents and hopeless about the child's future. However this study only gave a cross-sectional perspective focusing on the parents' own responses and did not aim to explore parental understandings of their and their child's situation in detail.

Previous research has therefore demonstrated a range of factors which may increase the risk of offending for young people. However, this has generally been undertaken using quantitative methodologies with data gathered from epidemiological sources. In particular, the views of parents regarding their child's life experiences have generally been excluded, perhaps because parents themselves may have been viewed as a risk factor. Parents have known the young person throughout their life and can therefore narrate their life story in a more personal way. Additionally, they too may be living in the same environment as the young person and thus provide greater insight into the child's (and family's) social world.

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Consequently, the current study investigated parents' understandings of why their child developed the difficulties they did, and subsequently became involved in the criminal justice system, by asking them to narrate their child's life story, focusing upon important events. A narrative interviewing technique was used, where parents were asked one main open-ended question. Narratives are commonly used to give voices to previously unheard or discriminated against populations (Lieblich, Tuval-Mashiach, & Zilber, 1998) and the views of parents of young people who commit offences have rarely been reported.

Method

Participants

All participants were recruited from Youth Offending Team (YOT) family workers from the North West of England. Young people in the UK who have committed an offence will have access to a YOT whose aim is to prevent further offending behaviours, whilst focussing on the individual needs of the young person. Participants were able to give either their real name or a pseudonym.

Of the ten parents initially identified as potential participants, three declined and one was not contactable. Of the six participants interviewed, one was male and five were female.

Participants were aged between 34 and 54 and all described their cultural background / ethnic group as 'White British'. Two participants were unemployed and were claiming benefits for sickness, two worked as care assistants, one as a sales assistant and one as kitchen staff. The children the parents described were aged 14 to 16. Five of the children were male and one was female (who was described by the male participant).

Offences reported included manslaughter, sexual abuse of minors, cruelty to animals, theft, racial harassment, vandalism, burglary, criminal damage, assault, grievous bodily harm, carriage of a stolen vehicle, breach of peace and breach of Anti-Social Behaviour Order (civil

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order in the UK with the aim of limiting and correcting the individual's behaviour, such as restricting access to certain areas). Participants reported that it was between three months and three years since their child's last offence. At the time of the first interview, participants said that three of the children were living at home with them, one at the home of the other parent, one in a residential school, and one was on life licence in a care home.

Procedure

Research ethics approval was gained from the researchers' academic institute before recruitment took place. Interviews were held in a variety of community locations, lasted between 26 minutes and two hours 52 minutes and were recorded on a digital device. Free association narrative interviewing was utilised (Holloway & Jefferson, 2000) whereby the participant was asked for 'their story' and the interviewer (SFK) intervened as little as possible, aside from verbal prompts such as "can you tell me more about that". For the purpose of the interview, the participants were asked the following question:

I would like you to tell me the story of your child growing up. I am particularly interested in any factors (things) throughout their life that you feel are important, and that may have influenced them, and how things may have led them to become involved with the youth offending system. Please tell me as much as possible and speak freely.

Following the first interview, the data were transcribed and a summary story was compiled for each participant. Participants were then offered a second interview to reflect on the first interview or clarify information, thus involving participants in the analysis (Murray, 2007). Three participants chose to participate in a second interview in which the summary story was read out and they were encouraged to suggest amendments. Although only three participants

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completed the second interview, this was not thought to limit the analysis as this was mainly used by participants to reflect upon the process, rather than add content.

Analysis

Taking a holistic narrative approach to both interviewing and analysis, we examined experiences within the context of the whole lifespan of the child (Sosulski, Buchanan, & Donnell, 2010), and how they impacted upon the child's development (Deegan, 2003). An experience-centred approach was used (Squire, 2008) which examined the narrative as a way of the narrator making sense of their experiences and the experiences of their child.

A small number of participants are typically recruited for this type of life story analysis, as each participant usually provides considerable data (Squire, 2008). Listening in depth to personal stories allows a greater understanding of the person in the social, political, economic and cultural context in which they were raised (Bentall & Sanders, 2009). It also permits understanding of the 'inner world' of the narrators as their internal thoughts and beliefs are expressed outwardly (Lieblich et al., 1998) and slight nuances and conflicting stories can be analysed in detail which could be overlooked with a larger sample (Flyvberg, 2004).

One author (SFk) began the analysis by reading through the transcripts in detail, thus familiarising herself with the data, particularly in terms of content and structure (Murray, 2007). SFk then summarised the stories and key themes from each interview (Squire, 2008). The summary stories were used to compile timelines for each participant's story, focussing specifically on different 'chapters' of the child's life, the relationships between the people and/or systems involved at each point and transformation and change processes. SFk then created and tested out theories in collaboration with the other authors (by applying a range of analytical lenses) to try to make sense of the narratives, and compared and contrasted these with the interview data (Squire, 2008). An attachment and systemic lens was applied due to

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the importance of the parent-child relationship and systemic factors (such as links with services) within the study. A shared story was then developed using data from all the interviews.

Findings

The following shared story identifies transitional points (chapters) within the child's life which the parents perceived to be important in the development of offending behaviours. The chapters overlap considerably and are not of specified timeframes. All participants were given the option of using their own name as this allows participants to retain ownership of their highly personal and intimate stories (Grinyer, 2002); all opted to do this.

Chapter 1 –The emotional distress of the family following cumulative 'loss' and 'trauma'

The parents' narratives reflected in part what is already known about the early lives of young people who subsequently commit serious offences; that they are disrupted, chaotic, and punctuated by loss, violence and abuse (Greenwald, 2002; Horowitz et al., 1995; McMackin et al., 1998; Paton et al., 2009). Therefore, the focus here will be on parents' perceptions of how this was experienced by them and their children.

Trauma in children has been defined as, '[an] exceptional experience in which powerful and dangerous stimuli overwhelm the child's capacity to regulate his or her affective state' (Marans & Adelman, 1997, p.219). Parents gave many examples of these experiences at the beginning of the stories, and saw them as a primary trigger for the children's later difficulties. Examples included multiple foster placements, deaths of family members (some of them violent), bullying and abuse, domestic violence and substance misuse. However, the trauma was not confined to their early experiences as the children were exposed to similar experiences throughout their lives.

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Initially, following the trauma and loss, the children became subdued or went 'in on themselves', not speaking to others or isolating themselves. Some had difficulty sleeping or experienced night terrors. One child became selectively mute and two children started to run away from home. One parent described how his daughter's initial lack of apparent emotional response was followed by severe self-harm and attempted suicide by hanging (mirroring her uncle's death).

I think that [the death of three family members] in a sense did have some impact on Charlie, it must have... it impacted on me... and it did impact on family life. (AJ)

It was clear from the stories that it was not just the children who were experiencing the distress, but the whole family. Most of the parents also had histories of loss, violence and abuse, and several had had previous mental health difficulties. The cumulative effect of these multiple traumas and the high level of distress in the parents as they struggled with their own emotional reactions meant it is likely that they were less able to recognise the distress of their child (Crittenden, 2011; Osofsky 1997), unintentionally leading to an invalidating family environment. For example, Catherine said that she had a 'chaotic' household with other children to attend to, and therefore, did not notice her child's needs, and Paula reported that she had a 'breakdown' where she was not emotionally available for her child.

I'd had a nervous breakdown, so this guy and my Mum had took over the role of being parents. I was still there, but mentally I wasn't. (Paula)

Some parents reported that they tried to comfort their child at this point, by talking to them or physically comforting them, but felt that there was little response from the child. The child may have chosen to close down rather than respond to parents who were also in distress and who may have presented as chaotic and frightening to the child. Some parents recognised

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these coping strategies of 'bottling things up' and not trusting others as similar to the parents' own coping styles.

But I think he's, when he cracks, he's going to crack. I know that because I'm like that. Our biggest problem is bottling things up. We do bottle a lot up and then we try to cope with it. (Paula)

Subsequently, the children's distress started to be expressed in a more external manner, such as torture and killing of animals, violence with weapons, aggression towards other children, setting fire to a car, 'disrupting classes' at school, and sexual abuse of minors. Both the controlling strategies (trying to dominate interactions with others) and disorganised strategies ('out of control' behaviour) may have been an attempt to find other ways to elicit a caregiving response, or to gain some control of a world which may have seemed confusing or frightening (Crittenden, 2011; Hill et al., 2011).

He used to throw bricks at me and tried to stab me with a big knife, come at me. That's why I thought there was something wrong with him. (Catherine)

This external expression of distress also mirrored to some extent what the children had observed within the home environment. For example, the witnessing of domestic violence has been described as 'aggression training' (Mohr, 2006), when children may learn to dominate others following the observation of the power imbalance between family members (Baldry & Farrington, 1998). Similarly, the child who sexually abused minors had himself been sexually abused by an adult family friend.

However, the underlying reasons for these behaviours (the child's distress) was not apparent to parents; there was a misunderstanding of the child's communication. For example anger was perceived as the child blaming or hating the parents, whereas it may have been an

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attempt to elicit a caregiving response or a communication of distress (Ringer & Crittenden, 2007).

They [family] used to go mad at him, and I did. I'll hold my hands up. I used to say 'you're bloody mental you', you know, because I couldn't understand. (Catherine)

In most cases, parents viewed the child's behaviour as oppositional which required punishment, such as restricting pleasurable activities (such as computer/TV time), grounding their child, or using physical punishment. Thus a potential attachment cue, the child seeking comfort and safety (Hill et al., 2011), was instead met with a discipline response. This potential mismatch within the parent-child interaction may have led to increased distress in the child, more anger and frustration in the parent (Hill et al., 2011), and an escalation in the child's behaviour.

Another parental response was to inform the child of the consequences of their behaviour on their family (e.g. the suicidal ideation of a parent or the parent threatened to leave). Two of the parents described the child's reaction to such threats: running away for several days or being violent to their mother for the first time. It could be postulated that this threat of loss and separation from a parent may have activated a fear response from the child (Kobak & Madsen, 2008), especially where they may have experienced loss of another parent or close relative in the past.

At this point in the story, it appeared that the distress of the child had not been validated. The child therefore was left feeling misunderstood and not heard, experiencing overwhelming emotions from negative or traumatic experiences which had not been acknowledged or addressed. This lack of validation may have led to difficulties tolerating strong emotions or affect, and maladaptive ways to cope with distress such as avoidance or impulsive behaviours (Haslam, Mountford, Meyer, & Waller, 2008; Salsman & Linehan, 2006).

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The cumulative impact of unresolved trauma and loss experiences therefore may have led to the parent and child being in a 'survival mode' where they were in a constant activated state of arousal (Perry, 1997). Where these individuals found themselves within a relationship or interaction where they felt vulnerable, this is likely to have unconsciously triggered re-enacted unresolved feelings of distress, abandonment, anger and fear. Consequently, the individual may have perceived that others were going to harm them, or let them down, and felt that they needed to remain alert and aware of this in order to protect themselves and their child. Such a survival mode could also lead to difficulties in problem solving and reasoning, a negative attribution bias (believing 'others are out to get me'), thus the need to be ready to defend themselves or attack (Crick & Dodge, 1994; Perry, 1997; Stein & Kendall, 2004). Furthermore, it is likely that these beliefs would subsequently impact upon their future interactions with others (chapter 3) and with professionals and organisations who tried to offer help (chapter 2).

Chapter 2 – Seeking help: They didn't listen

Following the parental concerns outlined in the previous chapter, parents sought help and advice from a range of professionals (including those in schools, social services, general medical practitioners and mental health services). However, parents reported that they were ignored by professionals and were able to give examples of times in which they believed their concerns were not treated seriously, which they attributed to a lack of professional concern.

And when I tried to get help, they don't care. ..just because he's a kid, or he's a little shit, but he's not. He needed help and they didn't give it him. (Catherine)

Although many professionals came in and out of their lives, parents suggested that they made promises of how they were going to make change, but that they never really helped or 'stood by' the families.

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You know, you just get them all running in and saying they are going to change the world, and then it's no, I don't think so, and they just leave you stranded. (Ann)

At this stage, the parents felt that professionals did not acknowledge the difficulties that the family was experiencing, and that they put blame on either the child or parent. Situating the problem within the child was seen as helpful when the child received a diagnosis, say of Attention Deficit Hyperactivity Disorder (ADHD). This could confirm the parents' own view i.e. that their child was not naughty, that it was not their fault, but instead had a disorder.

I opened that book ['Discovering ADHD'], and they might as well have put Sam's name. It was as if they were writing about Sam... But it's so different from just being naughty and awkward. (Ann)

This finding fits with the literature around attributional processes and diagnosis more generally, where parents may feel relief that their concerns about their child are founded in a diagnosis, which may take the perceived blame away from themselves (Osborne & Reed, 2008). In particular, with regard to ADHD, parents have suggested feeling less blame and less responsibility for their child's behaviour following a diagnosis (Horborne, Wolpert, & Clare, 2004).

However, such attributional processes could also be unhelpful if the child was then labelled as 'naughty'. For instance, Paula believed that this had led to a self-fulfilling prophecy for her child.

They [teachers] said it was all him, he was a naughty child. So he got labelled the naughty child and he has took all this onto his head and started being the naughty child. (Paula)

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Paula stated that she too had started to believe that the behaviour must be due to her child's 'badness' due to the opinions of 'experts' (professionals) and her own family. Therefore, she reported that she started to 'push him to one side'. Professionals (both in health and educational roles) may often be viewed as 'experts' as their role is based on ownership and understanding of specific 'expert' knowledge (Kirk & Glenning, 2002).

In addition to blaming the child, parents felt that professionals would often blame them, or their families, for the child's behaviour. For example, AJ spoke about a time when he had gone to social services to ask for help and had been told that he was a 'bad parent'. Other examples included professionals suggesting that a family member was sexually abusing the child or that the parents were too old to cope with the child's behaviour. This response from professionals subsequently led to feelings of anger and frustration from the parents; thus exacerbating their negative feelings towards services and their own isolation.

The parents also described that sometimes professionals did not recognise the urgency or seriousness of the child's difficulties. For example, Ann had taken her child to mental health services three times before being offered intervention. Similarly, AJ spoke about his dissatisfaction about the counselling that Charlie had received from mental health services with regarding self-harming behaviour, as he felt that it was 'just friendly chitchat' and a prescription. Paula suggested that even when professionals were aware of the seriousness of her child's difficulties (being at high risk of further sexual offences towards minors), she was left to cope with him alone.

Parents had also faced problems with educational provision, particularly with regard to behavioural difficulties or learning needs. Again, they often felt that they were not listened to, which subsequently had negative consequences for their child.

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They had sent him to a school for naughty children. Not learning difficulties. So he's then gone...10 steps backwards...From year 8 til year 11 [age 11-16] I've been saying to them, 'he's in the wrong school, I want him out'...but January this year they admitted, yes, he's in the wrong school. (Paula)

In addition to seeking help for the child, some parents also discussed difficulties in accessing support for themselves, which could have influenced their view of professionals, thus creating more of a barrier to their child accessing support.

What do I get? Nothing. I got one woman who came out for speak to me. She came out twice and then she turned round and she said, 'well, because you don't really need anything...I won't be seeing you again...' I've got all these emotions inside and yet no-one wants to talk to me, so I thought 'well bollocks to them'. (AJ)

Both the parents and the children had therefore started to 'learn' from experience that professionals from such services were blaming, uncaring, and unresponsive. This information appears to have then shaped the individual's expectations of interactions with professionals and, with some parents, led them to believe that they needed to be demanding in order for their needs to be met in these interactions. Similarly in Hillian and Reitsma-Street's (2003) study, parents of a young person who had committed offences reported that they struggled to get support and that despite them doing 'all the right things' they continued to be excluded from important decisions about their children and to encounter injustices in the system.

In the current study, some parents highlighted this seeking support from services as a critical point in their child's life story, where they felt that things would have been more positive if they had received the right help at this point. While all parents were able to identify some service or single member of staff who stood out to them as a positive influence, these were

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still regarded as 'good people' operating in a 'dirty system' (Hillian & Reitsma-Street, 2003, p.30).

Chapter 3 – Vulnerability leading to a realisation that the world is not safe or just

In this chapter, parents described their child as 'different' and more vulnerable than peers, including being immature, less intelligent, less 'street-wise' and more introverted. Parents felt that their children were therefore more likely to be taken advantage of or bullied.

He will hang around with anybody and everything just to get accepted, and if that means being stupid and doing criminal activities, he will...He wants to prove to his mates he is not a silly little boy, he is a big boy. (Paula)

Several parents believed that this vulnerability had led their children to make friends with the 'wrong crowd', which included taking drugs and criminal activity. Parents also spoke about the influence that peers had had upon their child's beliefs and behaviours.

Before he got with them, he was really terrified of the police...They didn't give a toss what the police thought...he went to school every single day until he noticed, 'well they don't go, so actually I'm not going either'. (Ann)

Being in this environment with the 'wrong' peers was associated with becoming involved in violent acts, including being targeted by other peers and having to fight back. The children also had increased access to drugs (particularly cannabis) and alcohol from a young age through their peer group. The drugs and alcohol continued to play a part in most of the children's lives and had a significant impact upon their offending behaviours, particularly in terms of stealing to fund drugs, or increasing the child's aggression.

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Parents also discussed the impact of other aspects of the child's environment, such as particular types of school or living in care. For example being in a school for children with behavioural difficulties was perceived to exacerbate one child's problems.

He got worse because all the kids, I mean don't get me wrong, they try really hard with those kids...but it wasn't the place for Sam...he shouldn't have been there.

(Ann)

Two parents also spoke about harmful care home environments, again emphasising the lack of safety experienced, even when children were being theoretically cared for by others.

Catherine's son had been physically abused by care home staff, and AJ worried about drugs and prostitution.

She was mixing with a lot of undesirables. I found out that it was a crime riddled area with a drug problem and Charlie found herself...immersed in the drug world....

Anyway, how does a 13, 14 year old girl get booze and drugs with no money? You know the answer to that and so do I. (AJ)

The local community was also perceived as violent and threatening with children exposed to knives and knuckledusters, and both parents and children experiencing attacks. Such exposure is known to be related to a range of trauma reactions in young people, including anger, anxiety, depression and dissociation (Rosenthal, 2000). Furthermore, these experiences coupled with the early (and often ongoing trauma) as described in chapter 1 probably perpetuated the feelings of lack of safety and 'badness' of the world (Marans & Adelman, 1997).

In addition, some experiences with the police also led both children and their parents to believe that the world is not just. For example, Paula was unable to get a conviction for her

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son's abuser, and AJ spoke about the short prison sentence of two years given to the man who raped his daughter. Some parents spoke about their family feeling targeted and not protected by the police, and therefore losing faith in the agencies which were supposed to be a protective influence. This targeting included both bullying behaviours towards the children (e.g. taunting and name-calling) and automatically blaming the child for offences.

I hate them...we phone up the police and tell them somebody has done this to my son, they don't bother. But if he does something to them, it's a different matter and they are straight at my door and it's wrong. (Paula)

With the lack of trust in authorities, the child and family may have felt alone in dealing with their difficulties and that they needed to take action to stay safe. Nic gave an example of David's change in behaviour after he was attacked by a gang using a baseball bat.

It were bad... so we thought, that's enough to charge someone with, but it wasn't...they basically got off with it scot free... After that, he kind of went off on a rampage...He said 'I've got to hit them before they hit me. What happens if they beat me up?' (Nic)

This constant threat probably reinforced the 'survival mode' of the parents and children, in some cases leading to aggression and reactive responses which could be seen as survival behaviours (Perry, 1997). Furthermore, the activated 'survival mode' is likely to have impacted on the ability to attend to and process information from others, leading to negative attribution bias and pre-emptive responding in an aggressive manner (Crick & Dodge, 1994; Perry, 1997). Hence in this chapter, the children and parents experienced ongoing obstacles and threat in their social environment, which exacerbated their early distress and lack of predictability and security (chapter 1). Furthermore, perceived lack of support from

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therapeutic or protective agencies left the families facing this alone, finding their own strategies to survive and perpetuating a sense of an unjust and unsafe world.

Conclusion

This research has echoed previous research regarding the traumatic history of young people who go on to offend (e.g. Horowitz et al., 1995; McMakin et al., 1998). The findings have highlighted the importance of recognising the distress of the whole family, rather than focussing solely on the experience of the young person. The current study has documented a developmental journey whereby the child and parents went into 'survival mode' following cumulative experiences of trauma and loss with no resolution or validation. Subsequently, the children sought validation of their distress through interactions with their parents, and the parents sought validation from services; however, in both cases it appears they felt unheard. The global impact of invalidation and the associated distress impairs the child and family's functioning. The findings indicate that the state of arousal was constantly maintained through the experience of further negative and traumatic events; reinforced by a lack of safety and justice in the wider environment. This led to the parents holding a negative attributional bias which could influence their future interactions with others, including with providers of health, education or social services.

Clinical Implications

The stories have highlighted the impact of perceived invalidation from professionals on the families' future trust in, and engagement with, services. We acknowledge that given the traumatic history/experiences of the whole family, engagement may be difficult. However, we tentatively suggest here some ideas to enhance engagement, which is necessary for any intervention.

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It is important for professionals to spend time listening to the stories of these parents in a non-judgmental, emotionally containing way, acknowledging the challenges that they may have faced. A traditional assessment approach may hinder this process by the professionals taking more control of the sessions by asking pre-prepared direct questions. Therefore, it might be more useful to consider a more reflective, narrative approach to questioning, asking the parents to 'tell their story'. It will also be essential that professionals acknowledge the distress and challenges of the whole family, rather than focussing solely on the child.

The stories have highlighted several transitional points where services could potentially offer support to the child and family. As the children of these families often display externalising behaviours, the child's (and family's) distress may not be immediately apparent and inappropriate interventions may be offered. This emphasises the importance of professionals exploring the child's and family's history, to create a systemic psychological formulation (Dallos & Stedmon, 2006). This project suggests that the formulation should explore the parents' own histories, the impact of difficult experiences, loss and trauma on the whole family, and how the family copes with subsequent distress. The formulation gives both professionals and the family an individualised understanding of the difficulties, and suitable interventions can be suggested accordingly.

Often parents of young people who have behavioural difficulties are offered group parent training programmes as a preferred intervention., While in general these have been shown to be effective (see reviews by Kazdin, 2005; Reyno & McGrath, 2006; Scott, 2008), such programmes are not successful for up to one third of families (Scott & Dadds, 2009) including those who have chaotic lives, have experienced difficult life events, and have a history of negative interactions with health, education, justice or social care services. Such families may not engage at all or quickly cease attending (Kazdin, 2005). Interventions are often short, due to their perceived cost effectiveness. Whilst such interventions allow the

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problems to be managed for a short time, often in the long term problems re-occur as the underlying issues have not been addressed (Crittenden & Dallos, 2009). Given the previous traumatic experiences of families such as these, it may take time to build trust and professionals may need to be persistent using engagement strategies such as home visits, and 'check in' phonecalls if sessions are missed. It is also essential that any interventions offered are holistic, with the possibility of working with both the family and the child. As there is often shared trauma and invalidation experienced by both the child and family, it is important to work with families to build upon their relationships with services, and subsequently increase their confidence in their abilities as parents.

Given the complex circumstances for these families, focusing solely on the child's presenting behaviours may not always be the most appropriate, and instead it may be beneficial to target other factors such as safety within the child's home environment, the distress of the family, and the family's relationship with support services, to help them start to regain a sense of safety and support from others. One intervention which aims to address these factors is Multisystemic Therapy (MST) which has gained strong empirical support (Butler, Baruch, Hickey, & Fonagy, 2011). However, other multi-agency interventions may also be appropriate, where professionals work together to provide collaborative support to the family. In general a wide approach is needed which focuses on more aspects of the child's environment (Mulford & Redding, 2008). Parents in the current study specifically spoke about how they felt 'isolated' and that they had limited support. One way in which these parents could be supported is for services, such as criminal justice services, to provide space for parents to meet, such as support groups, where peer support and professional advice from a range of services can be offered, where this is sought by the families.

Methodological considerations

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Due to the type of analysis, only a small number of parents were included in the research which therefore does not aim to be representative of all parents of young people who have committed offences. However, the results offer insight into the experiences of these particular parents and has given voice to a typically 'hard to reach' population.

The current study has only focussed upon the narratives of parents, and therefore obtaining the narratives of other family members, or the narratives of the young people themselves would add to the research in this area. Furthermore, as the current sample all described themselves as 'White British', similar research with more diverse samples may offer different perspectives of this population of parents of young people who offend.

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