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INVESTING IN THE FUTURE

THE SOCIO-ECONOMIC CASE FOR
IMPROVING CHILDREN'S MENTAL HEALTH



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BACK TO OUR ROOTS

THE LINKS BETWEEN EARLY ADVERSE EXPERIENCES AND CRIME ARE CLEAR. SO WHY AREN'T WE DOING MORE EARLY PREVENTION? BY HAZEL DAVIS

We don't need to look far for evidence of a link between crime and mental health. Structural causes of inequality are indicators for poor mental health, and these are also likely to be found in the criminal justice population. Statistics from the National Audit Office suggest that among prisoners in England and Wales, as many as 90% have poor mental health, including PTSD and depression¹.

Early intervention in trauma cases is essential. Of course, not everyone who is disadvantaged will have poor mental health and/or end up in the criminal justice system. But the work around adverse early experiences is damning. Studies have shown that child abuse and neglect increase the risk of later forms of antisocial behaviour, including violence perpetration and crime in adulthood².

Forensic psychotherapist Pamela Windham Stewart, author of *The End of the Sentence: Psychotherapy with Female Offenders*³, has worked in some of the largest women's prisons in Europe, including HMP Holloway. She founded Born Inside, an initiative to provide psychotherapy to pregnant women and women in the mother and baby unit

at prison HMP Bronzefield. She says the issue goes back to childhood – or even earlier. 'Many of the people I have worked with have had adverse childhood experiences. Many of them had brutally torn-apart childhoods and moved in an almost predictable way towards crime.' It's unsurprising, she says, 'If you'd had their childhood, you would, too.'

ACTING TOO LATE

What is surprising, she says, is the lack of attention paid to this before it's too late. 'It needs to start before a baby is born,' she says, 'Most domestic violence starts when a woman is pregnant. You hear things like, "I was pregnant before, but he kicked the baby out of me." In fact, men who have been victims of terrible childhoods often find pregnancy unbearable.'

Windham Stewart's work with young mothers unearthed the same consensus time and again. 'They'd say, "Isn't it a shame I had to come to prison to get therapy?"' The problem, she says, 'is that you can't reflect on a relationship unless you've had one.'

Neither trauma nor contact with the criminal justice system occur in a vacuum, says integrative psychotherapist Erene Hadjiioannou, author of *Psychotherapy with Survivors of Sexual Violence: Inside and Outside the Room*⁴,

'They are experiences of people and systems that hugely affect the quality and trajectory of one's life and wellbeing.'

This childhood trauma can include anything from physical to psychological, and/or sexual abuse, neglect, abandonment, or separation from parents/caregivers, and growing up in a home where adults have substance-abuse problems.

'Childhood trauma forcibly reconfigures our sense of self, what relationships are like with others and our experiences of what the wider world is like,' says Hadjiioannou, 'When there is less safety and stability in all of these areas, people are forced to do whatever possible, within limited parameters, to navigate their lives.'

These stressors manifest in many different ways, including common mental health issues, such as depression and anxiety, as well as more severe forms, such as difficulties in understanding and managing emotions, hypervigilance, and difficulties in sustaining relationships. 'My professional experience has revealed the potential of misdiagnosis of post-traumatic symptoms as borderline personality disorder, particularly in women who are in the criminal justice system,' Hadjiioannou says. 'Most women I met in the criminal justice system were diagnosed with bipolar disorder, but not

‘Almost everyone I came across had some pretty terrible incident occur in childhood’

post-traumatic stress disorder, when the latter was much more evident in what they brought to appointments.’

Of course, most people who experience childhood trauma do not end up breaking the law. However, says Hadjiioannou, ‘Someone may come into contact with the criminal justice system because other interventions have not been in place to break the cycle of trauma.’

A VICIOUS CIRCLE

The links are clear. A lack of mental health support throughout someone’s lifetime can create an inability to work because of poor mental and physical health inadequately supported by benefits. This creates financial stress and can, in turn, feed into an inability to leave an abusive relationship. ‘If stress accumulates without enough safe support to alleviate it, recovering from past traumas to live differently in the present is extremely difficult,’ says Hadjiioannou.

And by the time one gets to prison: ‘The mix of pre-existing mental health difficulties, the stresses of the prison environment, being away from loved ones and not having a range of freely accessible options to manage one’s mental health in prison can worsen it, for many,’ forcing something of a vicious circle. Rates of suicide are high, particularly amongst male offenders, in the prison system – in fact, Safety in Custody statistics⁵ show every five days a person in prison takes their life and that in the UK self-harm has reached record levels.

Like many things, it’s a matter of provision and money, says Michael Parker, former director of therapy at HMP Send Women’s Democratic Therapeutic Community and former

principal psychotherapist/group analyst at Oxford Health NHS Mental Health Care Trust. Parker also spent 10 years at HMP Grendon working with men who had committed everything from armed robbery to sexual assault. Here, he says, ‘The rate of childhood trauma was very high, but it’s so infrequently talked about in favour of the crime and the terribleness of it.’ Parker adds, ‘Almost everyone I came across in my own work had had some pretty terrible incident occur in childhood. This also included trauma by neglect.’

At HMP Grendon, and with other cohorts, says Parker, ‘a high proportion of sex offenders have premature sexual experiences. For those who don’t become sex offenders, there’s a protective factor, such as one or two good relationships to steer them away.’

Parker’s work with prison-based offenders who were survivors of trauma was informed by analytic psychotherapy. ‘Understanding has nothing to do with excusing,’ he says, ‘but it just makes sense to talk about why someone becomes a paedophile in relation to their background.’ He says, ‘We had to create a culture within a wing of 40 men and 8-10 staff. The way you respond to people speaking about what they need to speak about in therapy groups enables the possibility of them being heard and understood. It has to move in a different direction to that of shock, anger and horror. Our approach was always, “Why did you do that?” At the same time, we have to maintain an eye on how risk is reduced.’

EARLY TREATMENT

There is good work being done. For example, the Oxford Parent Infant Project deals with children below the age of two and is a form of short-term parent-infant psychotherapy that considers the emotional health of the infant as well as that of the parent⁶. ‘They got funding because there is recognition of the damage that can be done in these early days,’ says Parker.

But this early intervention pays off. Trauma-informed support and decision-

making should be key for policy makers to include, says Hadjiioannou, and should include more specialised intervention to identify and address mental health issues, from early intervention to suicide prevention and crisis support. ‘More adequate systems of diagnosis and treatment should be in place, too,’ she says, ‘especially as many people receive the former without the latter.’

It is easy to see surface-level behaviour and its consequences, and quite rightly try to safeguard people as a response. But what also needs to be included as a response, says Hadjiioannou, ‘is safeguarding the mental health of people with childhood trauma who also end up in the criminal justice process. The impact of childhood trauma shows up in many spaces and there need to be more professionals ready to step towards offenders to support them before a crisis point, especially as such support isn’t easily accessible for all.’

These interventions just aren’t happening, says Windham Stewart. ‘In the past six years it’s been decimated. When I was at Holloway there were 30 therapists. So where are they now? They haven’t gone to other prisons.’

Policy makers could enable a top-down approach here, with therapists on the ground working with survivors of childhood trauma at a grassroots level, to meet more successfully in the middle.

‘Psychotherapy has so much to offer and connect in a relevant and social way,’ says Windham Stewart. ‘Currently this is a disaster for children, and we know where so many end up. Psychotherapy is rigorous, strong and ethical enough to take on this work and I wish it could be done.’

Windham Stewart is passionate that this change happens before crimes are committed. ‘Especially after COVID-19, there is this massive chasm created for children unable to keep up. We hear about children stealing sachets of ketchup because they’re starving. We aren’t noticing and that’s down to our fear of emotion and our passion for blame and punishment. We simply have not risen to the political and social challenge.’ ●



References and reading

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- (6) Oxford Parent Infant Project: oxpip.org.uk/