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The Cycle of Violence: Links between Previous Victimisation Patterns and Internalized Violence (Self-harm) in Young Offenders.

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Journal the paper is written for: Journal of Interpersonal Violence

PROPOSAL

Title: The cycle of violence: links between previous victimisation patterns and internalized violence (self-harm) in young offenders.

Aims and Objectives

This proposed study aims to explore the association of childhood victimisation patterns and types of SHB, so that:

- Psychological services can be aware of the different effect that intra and extrafamilial abuse may have on SHB.
- Psychological services can develop more appropriate intervention programme for young offenders with abuse history and SHB.

Background

Many studies have found that past victimisation experiences are a significant risk factor for self-harming behaviour (SHB) (Gratz, Conrad & Roemer, 2002; Gratz 2003; Glassman, Weierich, Hooley, Deliberto & Nock, 2007). SHB can be seen as an internalised violence which involves intentional acts of hurting oneself (Muehlenkamp, 2005). Scratching, skin-cutting, self-hitting and burning are the common forms of SHB (Briere & Gil, 1998; Whitlock, Eckenrode & Silverman, 2006). SHB is one of the main reasons for hospital and emergency admissions (Boyle, Jones & Lloyd, 2006). Other studies also reveal that rates of SHB are high among offenders (e.g. Morgan & Hawton, 2004). These have a number of implications for the delivery of healthcare services. They also incur greater costs for prisons and secure settings which can also have national impact as many of these organisations are government funded.

The Cycle of Violence

The Cycle of Violence theory proposed that past violent victimisation experiences will predict the likelihood of future violent behaviour (Browne, Hamilton-Giachritsis & Vettor, 2007). Browne and Herbert (1997) suggested that four out of five young people in conflict with the law have a history of family violence. Scudder et al (1993) did a retrospective study and reported that their delinquent group were significantly more likely to have an abuse referral compared to their nondelinquent sample. They also found that delinquents who have a history of maltreatment were more likely to have an offending referral compared to those who were not maltreated. Another longitudinal study by Stouthamer-Loeber et al (2001) found that victims of child maltreatment were more likely to progress on to delinquency compared to controls.

The correlation between previous victimisation and SHB has been found by Boyle et al (2006) who reported a significant positive correlation between domestic assault victims and SHB. Brodsky et al (1995) also suggested that familial perpetrators increase SHB behaviour. All these studies showed that being a victim of abuse increases an individual's likelihood of developing violent behaviour, including violence towards oneself.

Pathways of Child Abuse and SHB

Yates (2009) suggested that there are three pathways that childhood maltreatment can lead to the development of SHB: regulatory, representational and reactive. Therefore, SHB was perceived as a compensation to the maldevelopment.

The regulatory pathway was based on psychodynamic theory. In this pathway, Yates (2009) proposed that childhood abuse causes emotional maldevelopment, which leads to intense feelings. A safe and organised environment is needed for a child's healthy emotional development for them to express, accept, identify and manage their intense

emotions (Ainsworth, Blehar, Waters & Wall, 2015). However, children in abusive environments are most likely to be ignored, punished or discouraged from making emotional expressions. In such situations, SHB help the child regulate their affections. This pathway was supported by many studies, as affect regulations was identified as the main function of SHB (In-Albon, Bürli, Ruf & Schmid, 2013; Mikolajczak, Petrides & Hurry, 2009).

Like the regulatory pathway, the representational pathway focuses on the caregivers and its relation to the development of SHB, and was based on the attachment theory. Yates postulated that in this pathway, a child's perception of self-worth was dependent on the whether the caregiver was safe or unsafe, reliable or unreliable. If a caregiver was viewed as a threat, a child's emotional needs will be met with fear leading to internalised view of reduced self-worth. This leads to disorganized attachment, resulting in internalized view of less self-worth and defective self in the child, and SHB may then develop (Armsworth, Stronck & Carlson, 1999). Furthermore, self-criticism may emerge within the representational pathway. With the dysfunctional internalized representation and low self-worth in abused children, traumatic symptoms like self-criticism can also occur. Trauma generally results in a perception of lack of control and self-hatred, which can in turn lead to self-harm (Gratz, 2003).

Finally, in the reactive pathway, using the biological model, Yates (2009) explained that childhood abuse causes alterations in neurobiological connections which then leads to anxiety, depression and SHB (Sachsse, Von Der Heyde & Huether, 2002; Novak, 2003). One of the neurobiological changes suggested is in the endogenous opioid system (EOS). This system is responsible for the development of attachments and is involved in regulating pain sensitivity and elevate mood. When studying the neurobiological effect of

SHB, Bohus et al (2000) reported an analgesic effect of self-harm. When one is engaged with SHB, the EOS may be stimulated to elevate mood and produce analgesia. These effects may cause SHB to be positively reinforced and therefore may be able to explain the underlying addictive feature of SHB (Lang & Sharma-Patel, 2011).

Intra and Extrafamilial Abuse

Many studies examined the association between childhood abuse and SHB, but very few investigated the relationship in terms of intra or/and extrafamilial. Yoder et al (2016) investigated the different effects of types of familial abuse suggested that children who experienced intrafamilial sexual abuse were more likely to be a rapist compared to extrafamilial sexual abuse victims. This result suggests that effects of intra and extrafamilial abuse may be different due to closeness and nature of intrafamilial abuse.

Firstly, Yates' (2009) pathway model, intra and extrafamilial abuse may be explained differently. The regulatory and representational pathways were only able to explain association of intrafamilial abuse and SHB, whereas the reactive pathway was able to explain both intra and extrafamilial abuse pathway to SHB. The regulatory and representational pathways postulated that ineffective emotional regulation, which was due to dysfunctional parenting style and internalized negative representation of self, which was a result of disorganized attachment with the caregiver, leads to the development of SHB. The role of caregivers was emphasised in these pathways.

Then, the reactive pathway was able to explain the effect of both intra and extrafamilial abuse in a slightly different way compared to the other two pathways. This pathway uses a biological model to suggest that SHB will develop in response to the hyperarousal of emotions which can be caused by both intra and extrafamilial abuse. Nevertheless, as the changes in EOS system involves both attachments style and pain

sensitivity, it can be argued that intrafamilial abuse has more influence/effect than the extrafamilial abuse since both elements of the EOS were affected in intrafamilial abuse. Besides, when studying the effect of childhood abuse, Perry (2009) reported that children with lesser positive family environment will find it more difficult to reduce the system's activation caused by trauma they experienced, suggesting that intrafamilial abuse has more adverse consequences on a child's neurodevelopment. Using the reactive pathway and Perry's postulation, it can be suggested that intrafamilial abuse has more adverse effects on the neurodevelopment of a child victim; more aspects of the neurobiological component can be affected when the abuse involves someone a child is close with.

Secondly, intrafamilial abuse can affect the familial support that a child has. Previous studies have reported that a family's supportive and understanding environment may protect a child from negative consequences of adverse experiences (Sullivan, Kung & Farrell, 2004; Krug, Mercy, Dahlberg & Zwi, 2002). Freyd (1996) also argued that when intrafamilial abuse occurs, betrayal trauma can happen involving the caregiver's violation of trust. Families are a place for children to learn, develop and be nurtured (Bronfenbrenner, 1989). Hence, it is reasonable to argue that the biggest violation of trust is trauma caused by a family member, suggesting that intrafamilial abuse may have more adverse consequences compared to extrafamilial abuse.

In short, both intra and extrafamilial abuse may affect the development of SHB in different ways, with the former affecting more profoundly. Nevertheless, as mentioned previously, very limited research has been done to examine the different effects of intra and extrafamilial abuse on SHB.

Direct and Indirect SHB

This proposed study differentiated SHB into two categories: direct and indirect. Direct SHB referred to behaviour that was primarily aimed to hurt oneself (e.g. self-cutting and self-strangulation) and indirect to behaviour that hurts oneself indirectly (self-harming was not the primary aim for that behaviour, e.g. absconding and prostitution). Many studies and theories were proposed to investigate SHB but none looked at the abuse-SHB link using these different terms of direct/indirect SHB. It may be that different types of SHB associate themselves differently with types of abuse. Direct SHB can be argued as showing more internalized violence compared to indirect SHB as it involved a person consciously hurting oneself by behaviour that causes an instant negative consequence. Therefore, engaging in direct SHB suggests that the person has a stronger desire to hurt themselves directly compared to indirect SHB. Engaging in both direct and indirect SHB suggest that the person demonstrates a greater negative effect from an abuse that he/she has experienced.

Methodology

Design

Two types of childhood abuse will be included in this study: physical and sexual abuse. They are each broken down into four levels: intrafamilial only, extrafamilial only, both intra and extrafamilial, and no victimisation. The four levels of SHB are studied as well: direct only, indirect only, both direct and indirect, and no SHB. Lastly, the two types of offending behaviour that will be included in this study – sexual and violent offences; each with two levels, yes and no.

Sample

Information of 166 young people (124 males, 40 females) who stayed within a secure centre for young people was obtained between January 1995 and December 1998 will be used in this study. The unit accommodates up to 40 antisocial and seriously disturbed young people aged between 11 and 18 years. These young people are a risk to others and/or themselves. They can be referred to the secure unit under Section 25 of the Children Act 1989 by local authorities if they were found to be uncontainable within existing care provision or under Section 53 of the Children and Young Persons Act (CYPA) 1933. Those subject to Section 53 of CYPA 1933 consist of two groups: Section 53 (1) are those young offenders who were detained indeterminately due to murder convictions before their 18th birthday, and Section 53 (2) are those with a specific period of incarceration due to conviction of grievous offences like arson, rape, or murder, before their 17th birthday.

Procedure

Information will be gathered from young offenders who stayed in the secure accommodation from January 1995 to December 1998. Detailed background information collected from the admission file, including known abuse history, self-harming behaviours, previous offences, age, gender, family environment, etc will be used in this study. (For a detailed description of the instrument for data collection, see Browne & Falshaw, 1997).

Intrafamilial abuse includes abuse by biological or stepparents, extended family members and cohabiters. Extrafamilial abuse includes strangers, acquaintances, care workers, lodgers and foster parents.

Treatment of data. For simplicity and clarification, individual variables of SHB will be combined and categorised into direct and indirect SHB (see Table 2 for list of each

category). Data from sample which have incomplete information will be excluded. Data will be analysed using the chi square test.

Expected Result

Result from this proposed study will be expected to show that experiencing intrafamilial abuse has more adverse consequences than extrafamilial abuse and experiencing both intra and extrafamilial abuse may have the most harmful consequences. Details of the expected results are as follow:

- Those young offenders who were only victimised within the family will be more likely to engage with both direct and indirect SHB than those who were only victimised outside the family or not victimised at all.
- Those young offenders who experienced both intra and extrafamilial abuse will be most likely to engage with both types of SHB.

(1985 words)

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ETHICS

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Division of Psychiatry & Applied Psychology (DPAP)
School of Medicine, Faculty of Medicine & Health Sciences

STUDENT RESEARCH PROJECT ETHICS REVIEW

APPLICATION FORM

The University of Nottingham's *Code of Research Conduct and Research Ethics* (2016) underpins the University's commitment to maintaining the highest standards of integrity, rigour and excellence in all aspects of its research and for all research to be conducted according to the appropriate ethical, legal and professional standards. This is consistent with the national framework published by Universities UK, *The Concordat to Support Research Integrity* (2012). Ethical review and approval is required for all projects where the research involves human participants.

The Division of Psychiatry & Applied Psychology's Research Ethics Sub-Committee is authorised by the Faculty of Medicine & Health Sciences Research Ethics Committee to approve certain types of projects for PGR, PGT and UG (BMedSci) students. Submission of this form by the supervisor (principal investigator) is the first step in that process.

For guidance about completing this form please read carefully the accompanying ETHICS REVIEW - GUIDANCE FOR STUDENTS AND SUPERVISORS. Ensure you are using the most up to date version: this is available on the DPAP Research Ethics webpage.

PROJECT TITLE: The Cycle of Violence: Links Between Previous Victimisation Patterns and Internalized Violence (Self-Harm) In Young Offenders.

SECTION 1: THE STUDENT

CO-INVESTIGATOR (STUDENT)	Grace Xue En Teng
STUDENT ID NUMBER	4275619
EMAIL ADDRESS	Grace.Teng1@nottingham.ac.uk
COURSE/PROGRAMME	MSc Forensic Psychology (By Research)
DATES OF COURSE/PROGRAMME	26th September 2016 to 25th September 2017
PROPOSED RESEARCH PROJECT START	05/01/2017
PROPOSED RESEARCH PROJECT HAND-IN	14/09/2017
DATE OF ETHICS SUBMISSION	08/03/2017

SECTION 2: TYPE OF STUDY

Does your study involve?	Yes	No
1. National Health Service (NHS), National Offender Management Service (NOMS) patients, staff, premises, data or records, and Care Homes	☐	☒
2. Vulnerable populations and/or sensitive topics	☐	☒

If you have selected 'yes' for option 1 above please see ETHICS REVIEW - GUIDANCE FOR STUDENTS AND SUPERVISORS about ethical review procedures for these types of study. The DPAP Ethics Committee is not authorized to review these projects. For all other projects, carry on with this form.

Please tick below the description/s that best fits the proposed study. Multi-method studies may require more than one choice.

1	Literature review or meta-analysis only (no data collection)	☐
2	Secondary analysis of anonymised dataset with existing ethical or organisational approval	☒
3	Secondary analysis of patient identifiable dataset with existing ethical approval	☐
4	Study using data from a study that is underway and has already been granted ethical approval or an application for approval has been submitted to an appropriate Research Ethics Committee (eg. NRES, SRC)	☐
5	Document analyses (eg. of policy documents)	☐

If you have only ticked boxes in numbers 1-5 above (and none in boxes 6-12 below), the study will not require ethical review from the DPAPP Ethics Committee. Please go to Sections 3 (to outline the study very briefly) and 9 (explain why review is not required).

6	Study to be conducted/data to be collected outside the UK	☐
7	Internet-mediated research	☐
8	Participant contact study in an organisation (other than National Health Service, National Offender Management Service patients, staff, premises, data or records, and Care Homes) involving questionnaires, interviews, focus groups or observations	☐
9	Participant contact study in an organisation (other than National Health Service National Offender Management Service patients, staff, premises, data or records, and Care Homes) using methods other than in 8 above (eg. fMRI, EEG)	☐
10	Ecological/observational study in non-private location	☐
11	Health Needs Assessment using routinely collected data	☐
12	Other (give details) *Click here to enter text.*	☐

SECTION 3: OUTLINE OF STUDY

Project Title: THE CYCLE OF VIOLENCE: LINKS BETWEEN PREVIOUS VICTIMISATION PATTERNS AND INTERNALIZED VIOLENCE (SELF-HARM) IN YOUNG OFFENDERS.

Outline of study:

Research Background

Childhood abuse (e.g. physical and sexual abuse) was consistently reported in previous studies as a significant risk factor for SHB (Gratz, Conrad & Roemer, 2002; Gratz 2003; Boyle, Jones & Lloyd, 2006; Glassman, Weierich, Hooley, Deliberto & Nock, 2007). Of all the types of abuse, childhood sexual abuse was suggested to play a prominent role in the development of SHB (Yates, Carlson & Egeland, 2008; Yates, 2004; Gladstone et al., 2004). Some earlier studies reported an association between childhood physical abuse and self-harming (Wiederman, Sansone & Sansone, 1999; van der Kolk, Perry & Herman, 1991)

Yates (2009) proposed three pathways in which abuse may lead to SHB: the regulatory, repreentative and reactive pathways. The regulatory pathway draws on psychodynamics theory suggesting that SHB developed due to maldevelopment of emotional regulating mechanisms when a child was abused by caregivers. The reactive pathway is based on an attachment theory postulating that being abused by caregivers leads to negative self-representation and self-worth, which then gives rise to SHB. The reactive pathway lends its support from neurobiological theories suggesting that SHB was developed as a maladaptive strategy to reduce heighten emotional responses which was a consequence of neurobiological alterations caused by childhood abuse.

Rationale

Many studies were conducted to investigate the abuse-SHB link, but none looked at the link in terms of direct/indirect SHB. Childhood abuse may affect different types of SHB differently.

The effects of intra and extra-familial abuse may differ depending on the intimacy of the relationship and the nature of abuse. Yates' (2009) pathway model may also suggest that intra and extra-familial abuse have different effects on the development of SHB. Previous studies reported that a supportive and understanding environment in a family may protect a child from negative consequences of adverse experiences (Sullivan, Kung & Farrell, 2004; Krug, Mercy, Dahlberg & Zwi, 2002). Freyd (1996) also argued that when intra-familial abuse occurs, betrayal trauma can happen. This involves a violation of trust in a caregiver whom the children depend on. Therefore, it is reasonable to argue that the biggest violation of trust is trauma caused by a family member thus suggesting that intra-familial abuse may have more adverse consequences compared to extra-familial abuse.

Nevertheless, very limited research has been done to examine the different effects of intra and extra-familial abuse on SHB.

Research Aims

This study aims to explore the association of childhood victimisation patterns and types of SHB.

Data Collection and Analysis

Information from 166 young people (126 males, 40 females) who stay within a secure centre for young people was obtained between January 1995 and December 1998. Detailed background information was collected from their admission files, including their known abuse history, self-harming behaviours, previous offences, educational performances, medical problems, age, gender, family environment, etc (For a detailed description of the instrument for data collection, see Browne & Falshaw, 1997).

Two types of childhood abuse were included in this study: physical and sexual abuse. They were each broken down into four categories: intra-familial only, extra-familial only, both intra and extra-familial and, no victimisation. SHB has also been broken down into four

categories: direct only, indirect only, both direct and indirect, and no SHB. The types of abuse were cross tabulated with the types of SHB to analyse their correlations.

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SECTION 4: PARTICIPANT INFORMATION

[List and insert below all Participant Information Sheets. To insert forms, go to INSERT tab. Select the OBJECT drop down menu, and OBJECT. Select the CREATE FROM FILE tab and browse for the relevant document. Select Ok. Repeat this process for each document that needs to be submitted into this section.]

SECTION 5: PARTICIPANT CONSENT

[List and insert below all Consent Forms. To insert form, go to INSERT tab. Select the OBJECT drop down menu, and OBJECT. Select the CREATE FROM FILE tab and browse for the relevant document. Select Ok. Repeat this process for each document that needs to be submitted into this section.]

SECTION 6: ORGANISATIONAL PERMISSIONS and/or EXTERNAL ETHICAL REVIEW

[List and insert below all documents detailing permissions obtained to collect data. To insert scanned copies of documents or emails, go to INSERT tab. Select the OBJECT drop down menu, and OBJECT. Select the CREATE FROM FILE tab and browse for the relevant document. Select Ok. Repeat this process for each document that needs to be submitted into this section.]

SECTION 7: ADDITIONAL DOCUMENTATION

[List and insert below all materials such as questionnaires, draft interview guides, advertisements, marketing materials, initial email invitations to participate, cover letters and translations that will be used in this study. Ensure that the purpose of each document will be clear to the Committee. To insert files, go to INSERT tab. Select the OBJECT drop down menu, and OBJECT. Select the CREATE FROM FILE tab and browse for the relevant document. Select Ok. Repeat this process for each document that needs to be submitted into this section.]

SECTION 8: ETHICAL CONSIDERATIONS

Please answer every question with a YES or NO by selecting the appropriate box to create a cross. If a question is not applicable to this study (eg. it concerns interviews and this study does not involve interviews) tick the box in the 'N/A' column to the right.
If you tick any response that is shaded, you must explain how that risk will be allayed in the box below.

Issues relating to the topic of study

Risk No.		Yes	No
1	Will this research expose participants to risk of physical harm?	☐	☐
2	Are drugs, placebos or other substances to be administered or will the study involve any physically invasive procedures or collection of bodily samples?	☐	☐
3	Will participants be asked to discuss anything that might be considered sensitive?	☐	☐
4	Will this research expose participants to risk of emotional harm, or induce stress or anxiety beyond the risks encountered in normal life?	☐	☐
5	Could the study cause offence to participants?	☐	☐
6	Will the study involve prolonged or repetitive testing?	☐	☐
7	Will this research involve deception of any kind (for example, people taking part without their knowledge or consent)?	☐	☐
8	Will this research involve access to personal information about identifiable individuals without their knowledge or consent?	☐	☐
9	Will this research expose the researcher to risk of physical or emotional harm?	☐	☐

How will risks be allayed? *[If you have ticked any shaded boxes you must explain here how the risk/s will be allayed. Identify the risk by its number]*
Click here to enter text.

Procedural Issues

N/A = not applicable for this study

		Yes	No	N/A
10	I have discussed the student researcher's personal safety and any risk of physical harm (while undertaking this study) with him/her and we have agreed suitable strategies to avoid or mitigate them	☐	☐	
11	I have discussed the student researcher's personal health and well-being and any risk of emotional distress or psychological harm (while undertaking this study) with him/her and we have agreed suitable strategies to avoid or mitigate them	☐	☐	
12	I have explained to the student the need to inform me immediately if any change in research methods is required: e.g., changes to the method of data collection, proposed sites of data collection, means by which participants are accessed, or any other significant changes to the research enquiry	☐	☐	

13	I have informed the student of the need to read and understand the University of Nottingham's Code of Research Conduct and Research Ethics (2016) and to agree to abide by it	☐	☐	
14	I have informed the student about the need to adhere to the British Psychological Society's Code of Human Research Ethics and other guidance I have advised	☐	☐	
15	I have discussed with the student the need to handle and store data securely as advised in the University's *Code of Research Conduct and Research Ethics* (2016)	☐	☐	
16	For internet mediated studies, I confirm I have discussed particular risks with the student and agreed suitable strategies to avoid or mitigate them	☐	☐	☐
17	For studies involving lone working: I have advised the student to read and abide by the University of Nottingham's Health & Safety Arrangements for Lone Working	☐	☐	☐
18	For studies involving vulnerable populations: I confirm that I have seen proof that the student has successfully completed a Disclosure and Barring Service (DBS) check to cover the period of study	☐	☐	☐
19	For studies in countries outside the UK, the student has explored and discussed with me the ethical, cultural and practical issues (for example, insurance) that are relevant for the participants and/or organisations in the relevant country, and we have taken them into account in the study's design	☐	☐	☐
20	I have explained to the student that if undertaking a study in an organisation, he/she is not permitted to approach potential participants or gather data until I have seen written permission from a manager/gatekeeper with appropriate authority.	☐	☐	☐
21	I have explained to the student that he/she is not permitted to approach potential participants or gather data until I have received written notification that the project has passed ethical review.	☐	☐	

How will risks be allayed? *[If you have ticked any shaded boxes you must explain how the risk/s will be allayed. Identify the risk by its number]*
Click here to enter text.

Before starting data collection

		Yes	No
22	Will written authorisation be obtained in advance from an appropriate individual for research conducted as a visitor within, or concerning, organisations (e.g., companies, universities, schools)?	☐	☐
23	Will the study require the cooperation of a gatekeeper (eg manager) for access to participants?	☐	☐
24	Will the study involve those with whom the student researcher has an existing relationship or where there is an actual or perceived imbalance of power?	☐	☐
25	Will participants be under any coercion (direct or indirect or implied) to participate?	☐	☐
26	Will incentives (other than travel expenses or a suitable inconvenience allowance for their time) be offered to potential participants as an inducement to participate in the research?	☐	☐
27	Will each participant be given written Participant Information with details about the nature of the research, the purposes to which the data will be put, and the Ethics Reference Number?	☐	☐

28	Will written consent be obtained from each participant or relevant third party (eg. parent) using an approved Participation Consent form (or appropriate wording for internet-mediated studies)?	☐	☐
29	Will it be made clear that declining to participate will have no negative consequences for the individual?	☐	☐
30	Will it be made clear that participation is unlikely to be of direct personal benefit to the individual?	☐	☐
31	Will participants be asked for permission for their data from this study to be shared with other researchers in the future provided that their anonymity is protected?	☐	☐
32	Will participants be advised that non-identifiable data from this study might be used in academic research reports or publications?	☐	☐

How will risks be allayed? *[If you have ticked any shaded boxes you must explain here how the risk/s will be allayed. Identify the risk by its number]*
Click here to enter text.

During the process of data collection

		Yes	No	N/A
33	The student researcher will provide participants with his/her name and University contact details, and those of the supervisor, so that they may get in touch about any aspect of the research if they wish to do so	☐	☐	
34	Participants will be guaranteed anonymity (only insofar as they do not disclose any illegal activities, and where there is disclosure or evidence of significant harm, abuse, neglect or danger to participants or to others)	☐	☐	
35	The student researcher will inform his/her supervisor of any incidents of actual or suspected harm (as above) which are disclosed to him/her during the course of data collection	☐	☐	
36	All participants will be informed that they are free to withdraw from the study at any time, without explanation, and that they may ask for the withdrawal of their data after collection (within a specified period)	☐	☐	
37	The student researcher will undertake data collection in a safe and appropriate place as discussed and agreed in advance with his/her supervisor.	☐	☐	
38	Research participants will be informed when observations and/or recording is taking place	☐	☐	☐
39	Participants will be treated with dignity and respect at all times.	☐	☐	

How will risks be allayed? *[If you have ticked any shaded boxes you must explain here how the risk/s will be allayed. Identify the risk by its number]*
Click here to enter text.

After data collection

		Yes	No	NA
40	Where anonymity has been agreed with the participant, data will be anonymised as soon as possible after collection and all steps taken to	☐	☐	☐

	protect participants from direct or indirect identification			
41	All data collected will be stored in accordance with the requirements of the University's *Code of Research Conduct and Research Ethics* (2016)	☐	☐	
42	For qualitative studies where recordings involve third party transcription, I confirm that there will be a confidentiality agreement with the transcriber/s	☐	☐	☐
43	Data will only be used for the purposes outlined within the participant information and consent forms	☐	☐	
44	I confirm that details which could identify individual participants will not be disclosed to anyone other than the student researcher, their supervisor/s and (if necessary) transcription and translation services, internal and/or external examiners without participants' explicit consent	☐	☐	

How will risks be allayed? *[If you have ticked any shaded boxes you must explain here how the risk/s will be allayed. Identify the risk by its number]*
Click here to enter text.

After completion of research

		Yes	No
45	Will each participant be offered the opportunity to know about the overall research findings?	☐	☐
46	Will raw data be submitted to the supervisor after completion of the study?	☐	☐
47	Will all hard copies of data collection tools and data which enable the identification of individual participants be destroyed at the end of the project (when results – pass or fail- of the programme of study are decided)?	☐	☐

How will risks be allayed? *[If you have ticked any shaded boxes you must explain here how the risk/s will be allayed. Identify the risk by its number]*
Click here to enter text.

SECTION NINE: DECLARATION BY SUPERVISOR

PRINCIPAL INVESTIGATOR
(LEAD SUPERVISOR) NAME — Prof. Kevin Browne
EMAIL ADDRESS — kevin.browne@nottingham.ac.uk

PhD projects only:
2nd SUPERVISOR NAME — *Click here to enter text.*
EMAIL ADDRESS — *Click here to enter text.*

SCHOOL/LOCATION	*Click here to enter text.*
3rd SUPERVISOR NAME	*Click here to enter text.*
EMAIL ADDRESS	*Click here to enter text.*
SCHOOL/LOCATION	*Click here to enter text.*

Box A or B below to be completed by principal investigator (lead supervisor):

EITHER:

A I confirm that in my view this project does not require ethical review for the reasons outlined below. Click here to enter text.	☒
I confirm that I have discussed procedural issues and code of conduct with the student. He/she has completed and emailed the ETHICS REVIEW - STUDENT DECLARATION form to me to indicate his/her understanding and agreement to abide by appropriate working procedures	☐

OR:

B	
This project has my approval	☐
I confirm that in my view the Participation Information is fit for purpose	☐
I confirm that in my view the Participant Consent form is fit for purpose	☐
I confirm that I have discussed procedural issues and code of conduct with the student. He/she has completed and emailed the ETHICS REVIEW - STUDENT DECLARATION form to me to indicate their understanding and agreement to abide by appropriate working procedures	☐

Supervisors should email this completed form in **PDF format** from their University of Nottingham email address (which functions as a signature) to the Committee's Administrator at MS-DPAPEthics@nottingham.ac.uk. Please submit one form per email, with subject header format: **Jim Smith 1234567 Ethics Application**
(Student First Name, Student Last Name, Student Number, Ethics Application)

For completion by the Ethics Administrator:

The form is the version currently available on the DPAP webpage	☐
All sections of this application form have been completed	☐

Outdated forms or forms with missing responses or incomplete sections will be returned to the supervisor without review.

RESEARCH PAPER

The Cycle of Violence: Links between Previous Victimisation Patterns and Internalized Violence (Self-harm) in Young Offenders.

Abstract

Many studies have suggested that past victimisation experience is a significant risk factor for self-harming behaviour (SHB) (Gratz, Conrad & Roemer, 2002; Gratz 2003; Glassman, Weierich, Hooley, Deliberto & Nock, 2007). This study aimed to explore the association of childhood victimisation patterns (intra and extrafamilial abuse) and types of SHB (direct and indirect SHB). Information of 166 young people who stayed within a secure unit was obtained for data analysis. Sexual abuse showed a strong significant link to types of SHB. However, this was not found for physical abuse. The observed association showed that intrafamilial sexual abuse was more positively correlated to both direct and indirect SHB compared to extrafamilial sexual abuse. Results suggested that sexual abuse was associated with the development of SHB. Also, in terms of sexual abuse, intrafamilial abuse may have more adverse consequences compared to extrafamilial abuse. Findings from this study and their implications are discussed within this paper.

Keywords: Cycle of violence, childhood abuse, intra and extrafamilial abuse, self-harming behaviour, young offenders

Introduction

Many studies have found that past victimisation experiences are a significant risk factor for self-harming behaviour (SHB) (Gratz, Conrad & Roemer, 2002; Gratz 2003; Glassman, Weierich, Hooley, Deliberto & Nock, 2007). SHB can be seen as an internalised violence which involves intentional acts of hurting oneself (Muehlenkamp, 2005). Scratching, skin-cutting, self-hitting and burning are the common forms of SHB (Briere &

Gil, 1998; Whitlock, Eckenrode & Silverman, 2006). SHB is one of the main reasons for hospital and emergency admissions (Boyle, Jones & Lloyd, 2006). Other studies also reveal that rates of SHB are high among offenders (e.g. Morgan & Hawton, 2004). These have a number of implications for the delivery of healthcare services. They also incur greater costs for prisons and secure settings which can also have national impact as many of these organisations are government funded.

The Cycle of Violence

The Cycle of Violence theory proposed that past violent victimisation experiences will predict the likelihood of future violent behaviour (Browne, Hamilton-Giachritsis & Vettor, 2007). Browne and Herbert (1997) suggested that four out of five young people in conflict with the law have a history of family violence. A retrospective study conducted by Scudder et al (1993) reported that delinquent participants were significantly more likely to have an abuse referral compared to their nondelinquent sample. They also found that delinquents who had maltreatment history were more likely to have an offending referral compared to those who had no maltreatment history. Similarly, a longitudinal study conducted by Stouthamer-Loeber et al (2001) found that victims of child maltreatment were more likely to progress onto delinquency compared to controls.

The correlation between previous victimisation and SHB has also been found by Boyle et al (2006) who reported a significant positive correlation between domestic assault victims and SHB. Brodsky et al (1995) also suggested that familial perpetrators increase SHB behaviour. These studies suggest that being a victim of abuse increases an individual's likelihood of developing violent behaviour; including self-directed violence.

Sexual/Physical Abuse and SHB

Sexual abuse has been found to play a prominent role in the development of SHB (Yates, Carlson & Egeland, 2008; Yates, 2004; Gladstone et al., 2004). Childhood sexual abuse was found to be correlated to SHB but not physical abuse, while the co-occurrence of sexual and non-sexual abuse were highly correlated with SHB the most (Briere & Gil, 1998). When conducting path analyses on childhood traumatic experience, Gladstone and colleagues (2004) reported a direct association between childhood sexual abuse and SHB compared to other variables like severe depression. In addition, Yates et al (2008) observed a significant link between SHB and childhood sexual abuse, with dissociation as a mediator. Dissociation here meant dissociating affection from cognition.

However, when conducting a meta-analysis on 45 studies, Klonsky and Moyer (2008) concluded that the association between childhood sexual victimisation and SHB was weak. When controlling for other variables such as alexithymia, dissociation and family environment, the correlation between childhood sexual abuse and SHB became not significant. To explain their contrasting result, Klonsky and Moyer (2008) suggested that it may be due to publication bias. Smaller sample studies were more likely to find stronger relationships and be published compared to studies with similar sample sizes with negative or null findings.

Compared to childhood sexual abuse, fewer studies investigated the link between childhood physical abuse and SHB, although it was established in earlier retrospective studies (Wiederman, Sansone & Sansone, 1999; van der Kolk, Perry & Herman, 1991). In recent studies, Yates et al (2008) carried out a longitudinal study and found that child physical abuse was specifically linked with sporadic SHB, which starts around 15-16 years old and ends before 18 years old.

Pathways of Child Abuse and SHB

Yates (2009) suggested that there are three pathways that childhood maltreatment can lead to the development of SHB: regulatory, representational and reactive. Therefore, SHB was perceived as a compensation to the maldevelopment.

The regulatory pathway was based on psychodynamic theory. In this pathway, Yates (2009) proposed that childhood abuse causes emotional maldevelopment, which leads to intense feelings. A safe and organised environment is needed for a child's healthy emotional development for them to express, accept, identify and manage their intense emotions (Ainsworth, Blehar, Waters & Wall, 2015). However, children in abusive environments are most likely to be ignored, punished or discouraged from making emotional expressions. In such situations, SHB help the child regulate their affections. This pathway was supported by many studies, as affect regulations was identified as the main function of SHB (In-Albon, Bürli, Ruf & Schmid, 2013; Mikolajczak, Petrides & Hurry, 2009).

Like the regulatory pathway, the representational pathway focuses on the caregivers and its relation to the development of SHB. This was based on the attachment theory. Yates (2009) postulated that in this pathway, a child's perception of self-worth was dependent on whether the caregiver was safe or unsafe, reliable or unreliable. If a caregiver was viewed as a threat, a child's emotional needs will be met with fear leading to internalised view of reduced self-worth. This leads to disorganized attachment, resulting in internalized view of less self-worth and defective self in the child, and SHB may then develop (Armsworth, Stronck & Carlson, 1999). Furthermore, self-criticism may emerge within the representational pathway. With the dysfunctional internalized representation and low self-worth in abused children, traumatic symptoms like self-

criticism can also occur. Trauma generally results in a perception of lack of control and self-hatred, which can in turn lead to self-harm (Gratz, 2003).

Finally, in the reactive pathway, using the biological model, Yates (2009) explained that childhood abuse causes alterations in neurobiological connections which then leads to anxiety, depression and SHB (Sachsse, Von Der Heyde & Huether, 2002; Novak, 2003). One of the neurobiological changes suggested is in the endogenous opioid system (EOS). This system is responsible for the development of attachments and is involved in regulating pain sensitivity and elevate mood. When studying the neurobiological effect of SHB, Bohus et al (2000) reported an analgesic effect of self-harm. When one is engaged with SHB, the EOS may be stimulated to elevate mood and produce analgesia. These effects may cause SHB to be positively reinforced and therefore may be able to explain the underlying addictive feature of SHB (Lang & Sharma-Patel, 2011).

Intra and Extrafamilial Abuse

Many studies have examined the association between childhood abuse and SHB. However, fewer studies have investigated the relationship in terms of intra or/and extrafamilial. Yoder et al (2016) investigated the different effects of types of familial abuse suggested that children who experienced intrafamilial sexual abuse were more likely to be a rapist compared to extrafamilial sexual abuse victims. This result suggests that effects of intra and extrafamilial abuse may be different due to closeness and nature of intrafamilial abuse.

Besides, per Yates' (2009) pathway model, intra and extrafamilial abuse may be explained differently. The regulatory and representational pathways were only able to explain association of intrafamilial abuse and SHB, whereas the reactive pathway was able to explain both intra and extrafamilial abuse pathway to SHB. The regulatory and

representational pathways postulated that ineffective emotional regulation, which was due to dysfunctional parenting style and internalized negative representation of self, which was a result of disorganized attachment with the caregiver, leads to the development of SHB. The role of caregivers was emphasised in these pathways.

The reactive pathway was able to explain the effect of both intra and extrafamilial abuse in a slightly different way compared to the other two pathways. This pathway uses a biological model to suggest that SHB will develop in response to the hyperarousal of emotions which can be caused by both intra and extrafamilial abuse. Nevertheless, as the changes in EOS system involves both attachments style and pain sensitivity, it can be argued that intrafamilial abuse has more influence/effect than the extrafamilial abuse since both elements of the EOS were affected when intrafamilial abuse happens. When studying the effect of childhood abuse, Perry (2009) reported that children with lesser positive family environment will find it more difficult to reduce the system's activation due to their traumatic experiences, suggesting that intrafamilial abuse has more adverse consequences on a child's neurodevelopment. Using the reactive pathway and Perry's postulation, it can be suggested that intrafamilial abuse has more adverse effects on the neurodevelopment of a child victim; more aspects of the neurobiological component can be affected when the abuse involves someone a child is close with.

Moreover, intrafamilial abuse can affect the familial support that a child has. Previous studies have reported that a family's supportive and understanding environment may protect a child from negative consequences of adverse experiences (Sullivan, Kung & Farrell, 2004; Krug, Mercy, Dahlberg & Zwi, 2002). Freyd (1996) also argued that when intrafamilial abuse occurs, betrayal trauma can happen involving the caregiver's violation of trust. Families are a place for children to learn, develop and be nurtured

(Bronfenbrenner, 1989). Hence, it is reasonable to argue that the biggest violation of trust is trauma caused by a family member, suggesting that intrafamilial abuse may have more adverse consequences compared to extrafamilial abuse.

In short, both intra and extrafamilial abuse may affect the development of SHB in different ways, with the former affecting more profoundly. Nevertheless, as mentioned previously, very limited research has been done to examine the different effects of intra and extrafamilial abuse on SHB.

Direct and Indirect SHB

This study differentiated SHB into two categories: direct and indirect. Direct SHB referred to behaviour that was primarily aimed to hurt oneself (e.g. self-cutting and self-strangulation) and indirect to behaviour that hurts oneself indirectly (self-harming was not the primary aim for that behaviour, e.g. absconding and prostitution). Many studies and theories were proposed to investigate the abuse-SHB link but none looked at the link using these different terms of direct/indirect SHB. It may be that different types of SHB associate themselves differently with types of abuse. Direct SHB can be argued as showing more internalized violence compared to indirect SHB as it involved a person consciously hurting oneself by behaviour that causes an instant negative consequence. Therefore, engaging in direct SHB suggests that the person has a stronger desire to hurt themselves directly compared to indirect SHB. Engaging in both direct and indirect SHB suggest that the person demonstrates a greater negative effect from an abuse that he/she has experienced.

SHB and Other Offending Behaviour

Moving away from the link between experience of abuse and SHB, studies also suggest that offenders often engage with SHB (e.g. Morgan & Hawton, 2004). Morgan and

Hawton (2004) found that 15.6% of young offenders have engaged with SHB in the past and 26.6% had suicidal thoughts before. Casiano et al (2013) also found that young offenders who engaged with SHB had more disruptive behaviour, often violated rules and committed more offences. Studies in other cultures further supported these associations (Akyuz, Sar, Kugu & Doğan, 2005).

Nevertheless, other psychological disorders (e.g. borderline personality disorder and antisocial disorder) associated with offending behaviour were also linked to SHB. It was unclear which particular variables were associated, or how each variable differed in their association with SHB (Casiano, Katz, Globerman & Sareen, 2013).

Current Study

Drawing from the gaps in previous literature, this study aims to explore the association of childhood victimisation patterns and types of SHB.It was hypothesised that experiencing intrafamilial abuse has more adverse consequences than extrafamilial abuse and experiencing both intra and extrafamilial abuse may have the most harmful consequences. Details of the hypotheses are as follow:

Hypothesis 1: Those young offenders who were only victimised within the family were more likely to engage with both direct and indirect SHB than those who were only victimised outside the family or not victimised at all.

Hypothesis 2: Those young offenders who experienced both intra and extrafamilial abuse were most likely to engage with both types of SHB.

Method

Design

Two types of childhood abuse were included in this study: physical and sexual abuse. They were each broken down into four levels: intrafamilial only, extrafamilial only,

both intra and extrafamilial, and no victimisation. The four levels of SHB were studied as well: direct only, indirect only, both direct and indirect, and no SHB. Lastly, the two types of offending behaviour were included in this study – sexual and violent offences; each with two levels, yes and no.

Sample

Information of 166 young people (124 males, 40 females) who stayed within a secure centre for young people was obtained between January 1995 and December 1998. This unit accommodates up to 40 antisocial and seriously disturbed young people aged between 11 and 18 years. These young people have been deemed a risk to others and/or themselves and they were referred under Section 25 of the Children Act 1989 by local authorities if they were found to be uncontainable within existing care provision or under Section 53 of the Children and Young Persons Act (CYPA) 1933. Those subject to Section 53 of CYPA 1933 consist of two groups: Section 53 (1) are those young offenders who were detained indeterminately due to murder convictions before their 18th birthday, and Section 53 (2) are those with a specific period of incarceration due to conviction of grievous offences like arson, rape, or murder, before their 17th birthday.

Procedure

Information was gathered from young offenders who stayed in the secure unit from January 1995 to December 1998. Detailed background information was collected from the admission file, including known abuse history, self-harming behaviours, previous offences, educational performances, medical problems, age, gender, family environment, etc. (For a detailed description of the instrument for data collection, see Browne & Falshaw, 1997).

Intrafamilial abuse includes abuse by biological or stepparents, extended family members and cohabiters. Extrafamilial abuse includes strangers, acquaintances, care workers, lodgers and foster parents.

Treatment of data. For simplicity and clarification, individual variables of SHB were combined and categorised into direct and indirect SHB (see Table 2 for list of each category). Data from 13 young offenders (7 male, 6 female) in this sample have incomplete information about previous victimisation experiences, therefore they were not included in all the analyses. On the sample of 153 young people in conflict with the law (119 males and 34 females), data was analysed using the chi square test.

Result

History of Victimisation Experiences

In terms of intra and extrafamilial victimisation experiences (N=153), 28.10% (34 males, 9 females) experienced abuse within family only, 15.69% (16 males, 8 females) were abused outside the family, 26.80% (28 males, 13 females) were abused both within and outside of family, and 29.41% (41 males, 4 females) had no previous victimisation experience. Table 1 shows the gender differences of these victimisation experiences. Significantly, more female young offenders have experienced extrafamilial only abuse and both intra and extrafamilial abuse (χ^2=8.519, df=3, p=0.036).

From the 153 cases available, 12.42% of young offenders experienced sexual abuse alone, 28.76% experienced physical abuse alone, 29.41% experienced both physical and sexual abuse, and 29.41% experienced no abuse.

Table 1

History of Victimisation Experiences

	% Male (N=119)	% Female (N=34)	% Total (N=153)
Victimised within family	28.57	26.47	28.10
Victimised outside family	13.45	23.53	15.69
Victimised both in and outside of family	23.53	38.24	26.80
No victimization history	34.45	11.76	29.41

Types of Self-Harming Behaviour

Table 2 shows that 37.25% of young people harm themselves by cutting, 20.92% strangulated themselves, 7.19% burned themselves deliberately, 10.46% self-harm themselves in other ways, the majority of them absconded (83.66%), 9.15% were involved in soliciting or prostituting, 67.32% were involved in drug abuse, 32.03% were involved in solvent or gas abuse, 46.41% were involved in alcohol abuse, and 35.95% self-harmed through sexualised behaviour. Female young offenders were found to be involved in self-cutting (χ^2=24.607, df=1, p=<0.001), self-strangulation (χ^2=7,928, df=1, p=0.005), burning themselves deliberately (χ^2=7.164, df=1, p=0.007), soliciting or prostitution (χ^2=21.374, df=1, p<0.001), drug abuse (χ^2=5.650, df=1, p=0.017), alcohol abuse (χ^2=4.175, df=1, p=0.041) and other self-harming behaviour (χ^2=4.791, df=1, p=0.029) significantly more than males. There was a trend that signified that more females are involved than males in sexualised behaviour (χ^2=3.749, df=1, p=0.053), but

there were no significant gender differences for absconding (χ^2=0.669, df=1, p=0.413) and solvent abuse (χ^2=1.980, df=1, p=0.159).

Table 2

List of Self-Harming Behaviour

	% Male (N=119)	% Female (N=34)	% Total (N=153)
Direct Self-Harm			
Self-cutting	26.89	73.53	37.25
Self-strangulation	15.97	38.24	20.92
Burning self deliberately	4.20	17.65	7.19
Self-Harm Other	7.56	20.59	10.46
Indirect Self-Harm			
Absconding	82.35	88.24	83.66
Soliciting/Prostituting	3.36	29.41	9.15
Drug abuse/overdose	62.18	85.29	67.32
Solvent/gas abuse	27.73	47.06	32.03
Alcohol abuse	42.02	61.76	46.41
Sexualised behaviour	31.93	50.00	35.95

Table 3 shows the categories of self-harming behaviour (SHB) cross tabulated with gender. There were 28.10% (all 43 were males) of young offenders that self-harmed directly only, 24.18% (30 males, 7 females) self-harmed indirectly only, and 43.79% (40 males and 27 females) self-harmed both directly and indirectly. Only 3.92% (all 6 were males) of them did not self-harm. Females were significantly more likely to self-harm in both direct and indirect ways compared to males (χ^2=24.215, df=2, p<0.001). All females in this sample self-harmed in one way or another.

Table 3

Cross Tabulation of Types of SHB and Gender

	% Male (N=119)	% Female (N=34)	% Total (N= 153)
Direct Self-harm	36.13	0.00	28.10
Indirect Self-harm	25.21	20.59	24.18
Both	33.61	79.41	43.79
No Self-harm	5.04	0.00	3.92

Patterns of SHB and Previous Victimisation

As the dataset for the 'no SHB' was small, it was excluded in the following analysis to increase the validity of analysis. Thus, information available for the patterns of SHB and previous abuse experience included 147 young offenders (113 males and 34 females)., of those who were victims of abuse within their family only (N=42), 35.70% self-harmed directly only, 19.00% self-harmed indirectly only and 45.20% self-harmed in both ways (see table 4). Compared to those who were abused within family only, of those who were

abused outside of family only (N=24), fewer young people self-harmed directly only (29.20%), more self-harmed indirectly only (25%) and similar percentage of young offenders self-harmed both ways (45.80%). Compared to the two categories mentioned, of those who were abused both within and outside of the family (N=40), fewer young people self-harmed directly only (17.50%), 22.50% self-harmed indirectly only, but more self-harmed both directly and indirectly (60.00%). Of those who were not abused (N=41), the percentage of young people self-harming directly only and indirectly only were 34.10% each, fewer young people self-harmed both ways (31.70%) compared to those who were abused. Nevertheless, these differences between gender were not significantly associated (χ^2=8.433, df=6, p=0.208).

Table 4

Patterns of Types of SHB in Relation to Types of Previous Victimisation Experiences

	Direct Self-Harm	Indirect Self-Harm	Both
% Victimised within family (N=42)	35.70	19.00	45.20
% Victimised outside family (N=24)	29.20	25.00	45.80
% Victimised both in and outside of family (N=40)	17.50	22.50	60.00
% No victimization history (N=41)	34.10	34.10	31.70
% Total (N=147)	29.30	25.20	45.60

When the types of abuse were broken down to physical and sexual abuse, results showed that types of self-harming behaviour were significantly associated to presence of

sexual abuse (χ^2=16.899, df=2, p<0.001) but not physical abuse (χ^2=4.470, df=2, p=0.107). Since only sexual abuse showed high significant association, the follow-up analysis was done on sexual abuse only (see Table 5).

Young offenders who were sexually abused within the family only were less likely to engage in direct self-harm only (10.00%) and indirect self-harm only (20.00%) but more likely to self-harm both directly and indirectly (70%) compared to those who were not sexually abused (41.20%, 25.90% and 32.90% respectively). Of those who experienced extrafamilial sexual abuse only, less than a quarter of them self-harmed directly only (20.60%) and 26.50% of them self-harmed indirectly only, over half of them engaged in both direct and indirect SHB (52.90%). Of those who were sexually abused within and outside of the family, none self-harmed directly only, 22.20% self-harmed indirectly only, 77.80% self-harmed both directly and indirectly. Those who were not sexually abused have the highest number of people who engaged with direct SHB only, and this was followed by extrafamilial abuse only, intrafamilial abuse only and both intra and extrafamilial abuse respectively. On the contrary, the number of young offenders who engaged with both types of SHB increased in that order. Nevertheless, as the sample size within each category was too small, the differences observed could not be tested. A significant gender difference was found in terms of types of sexual abuse (χ^2=24.637, df=3, p<0.001). Females were more likely to be sexually abused within and outside the family compared to males.

Table 5

Patterns of SHB and Previous Sexual Abuse

	Direct	Indirect Self-Harm	Direct and/or Indirect Self-Harm
% Not sexually abused (N=85)	41.20	25.90	32.90
% Sexually abused within family (N=10)	10.00	20.00	70.00
% Sexually abused outside family (N=34)	20.60	26.50	52.90
% Sexually abused inside and/or outside family (N=18)	0.00	22.20	77.80
% Total (N=147)	29.30	25.20	45.60

Patterns of SHB and Offending Behaviour

Table 6 shows the cross tabulation of SHB and violence. Out of 47 young offenders who were involved in direct SHB only, 88.4% committed violent offences and 11.6% did not. Of the 40 individuals who only indirectly self-harmed, 73% committed violent offences and 27% did not. Of the 73 young offenders who did both direct and indirect self-harm, 89.6% committed violent offences and 10.4% did not. There was a trend to significant positive relationship found between self-harm and violent offences (χ^2=5.681, df=2, p=0.058). But there were no significant gender differences (χ^2=1.653, df=1, p=0.199).

Table 6

Patterns of Self-Harming Behaviour and Violent Offences

	No Violent Offences	Violent Offences
% Direct SH (N=43)	11.60	88.40
% Indirect SH (N=37)	27.00	73.00
% Direct and Indirect SH (N=67)	10.40	89.60
% Total (N=147)	15.00	85.00

For sexual offences (Table 7), of the 47 young offenders who were involved in direct SHB only, 37.20% committed sexual offences and 62.8% did not. Of the 40 young offenders who self-harmed indirectly only, 35.1% committed sexual offences, while 64.9% did not. Out of the 73 young offenders, 20.9% committed sexual offences and 79.1% did not. However, these observations were not significantly correlated (χ^2=4.195, df=2, p=0.123). The gender differences for sexual offences was highly significant (χ^2=9.381, df=1, p=0.002). Male young offenders in this sample committed significantly more sexual offences compared to females.

Table 7

Patterns of Self-Harming Behaviour and Sexual Offences

	No Sex Offence	Sex Offence
% Direct SH (N=43)	62.80	37.20
% Indirect SH (N=37)	64.90	35.10
% Direct and Indirect SH (N=67)	79.10	20.90
% Total (N=147)	70.70	39.30

Discussion

Childhood Abuse and SHB

This study aims to explore the association of childhood victimisation patterns and types of SHB. It was hypothesised that experiencing intrafamilial abuse has more adverse consequences than extrafamilial abuse and experiencing both intra and extrafamilial abuse may have the most harmful consequences.

From the findings above, the differences between types of familial victimisation and types of SHB was not found in the overall data. But when the data was broken down into sexual and physical abuse, sexual abuse showed a possible significant result, but not physical abuse. Although the result was not able to be tested, the observed associations in terms of sexual abuse were in-line with the hypotheses proposed. The observed associations demonstrated that: a) intrafamilial sexual victimisation was linked to more involvement in both direct and indirect SHB compared to those with extrafamilial and without victimisation experience and b) victims of both intra and extrafamilial sexual abuse were most likely to engage with both direct and indirect SHB.

Findings on childhood sexual abuse suggested that it can lead to the development of SHB. The different effects that types of sexual abuse have observed on SHB suggest that intra and extrafamilial abuse may have different impacts on the victim. This result supported Yoder et al's (2016) study and the postulation made according to Yates' (2009) pathway model on SHB.

A possible explanation for the order in which engagement of both types of SHB increased from not sexually abused to both types of sexual abuse is that intrafamilial sexual abuse has more adverse effect on the victim and having both intra and extrafamilial sexual abuse experience may lead to the most negative effect on victim. This explanation was supported by Freyd's (1996) postulation that violation of trust in a caregiver is the biggest violation to a child, leading to more adverse effect on them. Besides, using Yate's (2009) pathway model and Perry (2009) postulation, intrafamilial abuse was suggested to have more negative effect on the neurodevelopment on the child victim. As mentioned previously, direct SHB can be argued as showing more internalized violence compared to indirect SHB and engagement in both types of SHB portrayed the most internalized violence. Together with the observed findings, the author concluded intrafamilial abuse may increase victim's vulnerability to internalise the trauma they experienced, leading to the development of more types of SHB.

Previous studies reported that sexual abuse was highly correlated to SHB compared to physical abuse, this study was in-line to their findings (Yates, Carlson & Egeland, 2008; Yates, 2004; Gladstone et al., 2004). This study was not only able to suggest that sexual abuse has a more prominent effect on SHB compared to physical abuse, particularly, intrafamilial sexual abuse has the most prominent effect on SHB. These findings, however, were contrary to Klonsky and Moyer's (2008) conclusion.

In short, results from this study supported the differences Yoder et al (2016) found in their study. Results showed negligible differences between intra and extrafamilial abuse in general, but an observed difference was found in terms of sexual abuse and not for physical abuse. This finding suggested that childhood sexual victimisation has prominent effect on the development of SHB and intrafamilial sexual abuse may have more negative impact on the victim.

SHB and Offending Behaviour

The trend to significant association found between SHB and violent offending supported results from Morgan and Hawton's (2004) study on young offenders, and was consistent with previous studies (Batchelor, 2005; Völlm & Dolan, 2009; Lohner & Konrad, 2007; Hawton, Linsell, Adeniji, Sariaslan & Fazel, 2014). Young offenders, especially those committed violent offences, were positively correlated to direct SHB and this does not vary across gender. This result is not surprising as both violent behaviour and SHB were often correlated with other characteristics, like anxiety, affective disorders, problems with impulse control and borderline personality traits (Casiano, Katz, Globerman & Sareen, 2013). No significant correlation was observed between SHB and sexual offences, suggesting that sexual offences were not associated to types of SHB.

Intervention

The results above underline the importance of addressing childhood abuse and types of SHB separately. When developing interventions for SHB on childhood abuse victims, different interventions should be considered for different types of abuse and types of SHB that one engages in. For those sexually abused within the family, the problems with trust, betrayal, self-blame, self-worth, self-esteem and emotion regulations may be the primary problems to be considered (Yates, 2009). Besides, for intrafamilial sexual

abuse, it is important to involve the whole family in intervention as according to the pathway model (Yates, 2009), caregivers play a very important role in preventing the pathway from abuse to SHB. This also involves working with the abuse perpetrator to prevent abuse in future and to provide a protective factor to the victims of abuse. More careful intervention plans may be needed for those experienced both intra and extrafamilial abuse, especially in preventing them from engaging with different types of SHB.

In addition, as there's a trend to significant correlation between violent offences and SHB, screening for SHB in young violent offenders may be a way to identify SHB in young offenders for better informed intervention plans.

Limitation

It is important to note that the results were not obtained through a controlled experimental environment; therefore, a causation relationship could not be established. For example, between childhood sexual abuse and indirect SHB, it is unclear which event takes place first - young people who absconded may increase their risk of being abused outside of the family compared to those who did not abscond. Similarly, those who were involved in prostitution may have increased risk of being sexually abused by people outside of the family as well.

Further, this study was based on the official records of young offenders in a secure accommodation for young people in conflict with the law. Previously, research has found that a large amount of cases (about 40%) did not contain detailed information on past victimisation (Widom & Morris, 1997; Goldman & Padayachi, 2000). In this study, it was the case for 8% of the dataset. Furthermore, only young offenders who were in secured centres were used in this sample. This sample was skewed towards a sample of severely

behaviourally and emotionally disturbed young people. Hence, findings from this result were not representative of the whole population.

Future Direction

To address the limitation of the study, future studies can be done in a longitudinal manner. As variables used in this study (like abuse experience and SHB) are extremely unethical to be induced on anyone, an experimental controlled design was not possible for this topic (Kazak, 2002). Some tests were also not able to be conducted due to small sample size in groups. Therefore, a more ideal option is to conduct a longitudinal study with a larger sample size for each group. One of the advantages of longitudinal study was its ability to establish a sequence of events that happens or changes over time (Caruana, Roman, Hernández-Sánchez & Solli, 2015), which will in turn increase the effectiveness of studies that examine developmental trends, like the development of SHB.

To increase the generalizability of the results found within this study, future research can also be done using non-offender population as it is important to investigate the findings found in this study to study their validity in general population.

Conclusions

To summarise, this study showed that sexual, but not physical, abuse links to types of SHB. Observed result suggested that intrafamilial sexual abuse showed more adverse consequences compared to extrafamilial sexual abuse. Studies also showed that when a young person commits violent offences (but not sexual offences), it is more likely that he/she engages with SHB. When developing policies and intervention for young offenders, different types of childhood abuse, SHB and offences were important factors to be considered. The study demonstrated that males as well as females self-harm.

(5235 words)

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Executive summary

To: National Health Service (NHS) trusts and services for young offenders.

Research Background

Childhood abuse (e.g. physical and sexual abuse) has been consistently reported as a significant risk factor for SHB in previous studies (Gratz, Conrad & Roemer, 2002; Gratz 2003; Boyle, Jones & Lloyd, 2006; Glassman, Weierich, Hooley, Deliberto & Nock, 2007). Of the different types of abuse, childhood sexual abuse was suggested to play a prominent role in the development of SHB (Yates, Carlson & Egeland, 2008; Yates, 2004; Gladstone et al., 2004). Some earlier studies found an association between self-harming and childhood physical abuse (Wiederman, Sansone & Sansone, 1999; van der Kolk, Perry & Herman, 1991).

Yates (2009) proposed three pathways in which abuse experiences may lead to SHB: the regulatory, representative and reactive pathways. The regulatory pathway draws on psychodynamics theory, suggesting that SHB develops due to a maldevelopment of emotional regulating mechanisms when a child is abused by caregivers. The reactive pathway was based on the attachment theory postulating that being abused by caregivers lead to negative self-representation and self-worth, which subsequently gives rise to SHB. The reactive pathway lends its support from neurobiological theories, suggesting that SHB develops as a maladaptive strategy to reduce heighten emotional responses which is a consequence of neurobiological alterations caused by childhood abuse.

Rationale

Many studies were conducted to investigate the abuse-SHB link, but none looked at the link in terms of direct/indirect SHB. Childhood abuse may have affected the types of SHB differently.

Effects of intra and extrafamilial abuse may be different due to the closeness and nature of each types of abuse. Yates' (2009) pathway model may also suggest that intra and extrafamilial abuse have different effect on the development of SHB. Previous studies reported that a supportive and understanding environment in a family may protect a child from the negative consequences of adverse experiences (Sullivan, Kung & Farrell, 2004; Krug, Mercy, Dahlberg & Zwi, 2002). Freyd (1996) also argued that when intrafamilial abuse occurs, betrayal trauma can happen. This involves violation of trust in a caregiver whom the children depend on. Therefore, it is reasonable to argue that the greatest violation of trust is trauma caused by a family member suggesting that intrafamilial abuse may have more adverse consequences compared to extrafamilial abuse.

Nevertheless, very limited research was done to examine the different effect of intra and extrafamilial abuse on SHB.

Research Aims

This study aims to explore the association of childhood victimisation pattern with the different types of SHB.

Data Collection and Analysis

Information of 166 young people (124 males, 40 females) who stay within a secure centre for young people was obtained between January 1995 and December 1998. Detailed background information was collected from the admission files, which includes known abuse history, self-harming behaviours, previous offences, etc. (For a detailed description of the instrument for data collection, see Browne & Falshaw, 1997).

Types of childhood abuse were broken down into four categories: intrafamilial only, extrafamilial only, both intra and extrafamilial and no victimisation. There were four

categories for SHB as well: direct only, indirect only, both direct and indirect, and no SHB. The types of abuse were cross tabulated with types of SHB to analyse their correlations.

Key Findings

Only 153 samples have complete information about previous victimisation and were included for the analysis of abuse-SHB relationship. A correlation was observed between types of sexual abuse (but not on physical abuse) and types of SHB. In terms of sexual abuse, this study demonstrated that: a) intrafamilial sexual victimisation was linked to more involvement in both direct and indirect SHB compared to those with extrafamilial and without victimisation experience and b) victims of both intra and extrafamilial sexual abuse were most likely to engage with both direct and indirect SHB.

A significant correlation was also found between violent offences (but not sexual offences) and types of SHB.

Implications

While previous studies only reveal that sexual abuse is highly correlated to SHB as compared to physical abuse, this study extends the notion by suggesting that intrafamilial sexual abuse is specifically correlated to SHB as compared to extrafamilial abuse.

The results above also underline the importance of addressing types childhood abuse and SHB differently. For those sexually abused within family, the problems with trust betrayal, self-blame, self-worth, self-esteem and emotion regulations may be the primary problems to be considered. More careful intervention plan may be needed for those experienced both intra and extrafamilial abuse, especially in preventing them from engaging with different types of SHB.

In addition, as violent offences co-occur with SHB, screening for SHB in young violent offenders can also be a way to prevent SHB and to provide better informed intervention plan.

Future Direction

Future studies can be conducted in a longitudinal manner to increase its effectiveness, as it can help to establish the sequence of events that happens or change over time. A longitudinal study is therefore an excellent way to examine the developmental trends of SHB. Future research can also be done using non-offender population as it is important to investigate the findings found in this study to study their validity in general population.

Conclusion

To summarise, this study showed that sexual, but not physical, abuse links to types of SHB. Observed result suggested that intrafamilial sexual abuse showed more adverse consequences compared to extrafamilial sexual abuse. Studies also showed that when a young person commits violent offences (but not sexual offences), it is more likely that he/she engages with SHB. When developing policies and intervention for young offenders, different types of childhood abuse, SHB and offences were important factors to be considered. The study demonstrated that males as well as females self-harm.

(943 words)

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Powerpoint Presentation Slides

THE CYCLE OF VIOLENCE: LINKS BETWEEN PREVIOUS VICTIMISATION PATTERNS AND INTERNALIZED VIOLENCE (SELF-HARM) IN YOUNG OFFENDERS.

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Aims and rationale

- Aim: to explore the relationship between types of abuse and types of Self-Harming Behaviour (SHB)
- Childhood abuse was often referred as a risk factor of SHB (Gratz, Conrad & Roemer, 2002; Gratz 2003; Glassman, Weierich, Hooley, Deliberto & Nock, 2007).
- Yates (2009) pathway model and Freyd's (1996) idea of betrayal trauma suggest:
  - *intrafamilial abuse affect victims more negatively than extrafamilial.*
- But differences postulated requires empirical evidence.

Methods

- Sample: taken from 166 young offenders in a secure centre for young people aged between 11 to 18.
- Procedure:
  - *information obtained from admission files of young people in the unit from Jan 1995 to Dec 1998.*
  - *Information collected includes known abuse history, self-harming behaviours, previous offences, age, gender, etc*
  - *13 samples were excluded in analyses due to incomplete information available.*

Result

- Only 147 samples have complete information about previous victimisation and were included for the analysis of abuse-SHB relationship.
- A significant correlation was found between types of sexual abuse (but not on physical abuse) and types of SHB.
  - *Intrafamilial abuse was correlated to more direct and indirect SHB.*
- A significant correlation was also found between violent offences (but not sexual offences) and types of SHB.

Implication

- Results underline the importance of addressing childhood abuse and types of SHB separately.
- For intrafamilial sexual abuse, internal regulations may be the primary problems to be considered for intervention plans.
- Violent young offender may need to be screened for SHB for more appropriate intervention.

Future Research

- Future research can be done using longitudinal design with large sample size to increase effectiveness to study the development trends of SHB.
- Future research can also be done using non-offender population as it is important to investigate the findings found in this study to study their validity in general population.

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Reflective Report

Conceptualisation and Preparation

Before the course started (11/8/2016), I received a research booklet informing me about the research topics available for the research project from the course administrator, Lindsey Air. She advised me to think about the topic before the course starts. Me and my course mates were required to submit our top two choices by 6th October 2016. Prior to that, we were given time to discuss our research ideas with the suitable lecturer(s) when the course started. I had a discussion session with Dr. Shihning Chou, Prof. Kevin Browne and Dr. Simon Duff. I felt intimidated during the sessions. This was due to my lack of preparation and thorough thought on the research idea I'm interested in as compared to some others. They were able to come up with constructive questions about the research they wanted to do, they have thought about where, when, and how to do the research they had in mind. In the end, I chose two topics that attracted me the most from the research booklet given. I am thankful that the research booklet was given to us to help us with ideas on topics to research on. Nevertheless, for future research, I would consider the research topics more thoroughly to ensure that the research can be carried out more effectively.

Confirmation on supervisor's allocation was emailed to me and my course mates on 18th October 2016. My main supervisor was Prof. Kevin Browne. On the first meeting with him (01/11/2016), we decided on the topics about the links between family violence, deliberate self-harm and delinquency among the Chinese

and English-speaking population. Reflecting back, I think we could have considered the cultural differences between the Chinese and English population, instead of just specifying on the language they speak. I say this because I found it difficult to pin point the category of certain people when preparing the questionnaires because some Chinese may have grown up in different countries and were therefore not sufficiently literate or fluent in Mandarin to be able to fill up the questionnaires. For example, Singapore, a multiracial country, has an education system which emphasises on English. As a result, the Chinese who grew up in such countries were less literate in Mandarin thus restricting available sample for the research (Dixon, 2005).

Design

On the first meeting with Prof. Kevin, we also managed to decide on the research design. We decided to use questionnaires targeting 385 young adult aged 18 to 25 years old. The age range is restricted to be above 18 to avoid the need of parental consent required for those below 18 in order to participate as I would not have any contact with the participants with online questionnaires. However, as this study includes questions about the participants' experience at home, the preferred age range would have been between 13 to 16 years old. This is because children who were below 16 were expected to be dependent on their parents (Labour Force Survey, 2016). Admittedly, a better study would be a face-to-face contact with the participants to gain parental consent for their participation in the study. Nevertheless, this will require much more time as the sample needed for

questionnaires is extensive, hence, a face-to-face design was not an option for my research.

Data Collection

I did not manage to collect any data for my research as the ethics application process for my original research project took longer than expected. My project was first delayed by my supervisor which resulted in a late ethic application submission. Then, I was not successful in convincing the ethics committee of the reason why I chose certain questionnaires (the Conflict Tactics Scale-CTS2 and Deliberate Self-harm behaviour-DSHI-s) to be included in my study before June 2017. Up till 27th June 2017, I struggled to obtain ethic approval for me research proposal. I would not have enough time to collect data and write up before the 31st of August 2017 (the deadline to hand-in my dissertation at that moment) even if my original research topic was approved by the last week of June. Hence, I decided to change my research project and use Prof. Kevin's existing data.

Data Analysis

While analysing the data, I realised that the data were non-parametric data which I was not familiar with. Although I learnt about them during my undergraduate study, I hardly had any chance to analyse non-parametric data. But Prof. Kevin was patient enough to guide me through it and I proceeded to do the analysis for the rest of the data. My job was to analyse the patterns between known childhood abuses and self-harm.

Throughout the analysis process, I felt disheartened because I was disappointed with my progress and the fact that I was not thorough enough in analysing the data. Every time I thought I've analysed the data thorough enough, Prof. Kevin always had other suggestions or ways in which I could have analysed the data. Reflecting back, I'm glad that Prof. Kevin guided me through and advised me on data analysis. Throughout this process, I have learnt that I should not limit my thoughts or have a narrow mind set especially when doing an exploratory study, and I now feel encouraged and motivated to think more thoroughly when it comes to analysing data.

Write Up

I normally start with an introduction, followed by method, result, and discussion. Introduction will normally be written at first as I would have done my reading and some write ups on the introduction for my proposal, then, followed by method and result as I find it easier to start with solid facts which I have about the study. But for this research project, I started writing the methods first, then followed by results, introduction and then discussion. This is because, after I decided to change my research idea, I was obsessed with analysing the data and when I started to write up, the facts that I had were for the methods and results sections. Writing up in a different way delayed my progress as I needed to spend some time in reading articles again before I can start writing my introduction. I would choose to write using my usual methods in future as I am used to the flow

and that will ensure a smoother progression for write up. However, I do hope that my write up will still flow well no matter what sequence I took.

Supervision

As for having Prof. Kevin Browne as my supervisor, I started from being delighted that I got my first-choice supervisor to being frustrated with how he organised his time. But ultimately, I'm grateful to have had him as my supervisor.

He was unresponsive towards my first email request for a meeting. This was due to him being away in Central America by the time I sent my request email on the 21st of October 2016. On our first supervision meeting, we had a good talk about the research project and forensic psychology in Asia. I recalled it being a pleasant meeting.

But the next thing I know is that he was not responding to my emails at all although he promised to. I sent him my research proposal and ethics application on 6th January 2017 as he promised to look through it and send it, but I realised later that he never did. As he was always busy and I did not want to spam him, I sent emails asking about it one month later, then again on 22nd February 2017, but I did not get any respond on both occasions. I attempted to meet him since 15th February 2017, but only got to do so on 1st March 2017. Nevertheless, the ethics application form was updated few weeks before the meeting and I was required to transfer my ethics application on the new form. I have to admit, I was frustrated by the situation.

I did manage to complete my ethics application on the new form, but my ethics application was only sent on 24th April 2017. Then, Prof. Kevin and I emailed the ethics committee back and forth addressing their concerns about my research. It was also after 24th April that Prof. Kevin began to be more responsive to my emails and I began to relate to him better. He suggested a back-up plan for me when we realised that the application took longer than expected. We then analysed the data together. I changed from being frustrated at him to being grateful.

Reflecting back, I feel that my frustration was not justified as I begin to understand that Prof. Kevin is busy and that I did not know the appropriate way to communicate with him that time. It was just an irrational emotion at that moment. I learned that I need to be flexible and active to get to know my supervisor, or even partners in doing certain things from the very beginning to ensure good communication and smooth cooperation.

Conclusion

I have learned much throughout the process of this research project. I am grateful for this experience and it certainly have made me more mature than before, especially in terms of carrying out a research project. It has also better prepare and equip me for future studies or research work that I might be involved in in the future. I do not regret choosing Prof. Kevin as my supervisor, and certainly not on choosing the topic I chose at the very beginning as well. I believe

I know how to conduct a research project better, and I've also improved in terms of tackling problems that may come along.

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