



Looked after children and offending: An exploration of risk, resilience and the role of social cognition



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ABSTRACT

There have been serious concerns in the UK about the number of young people who are looked after in state care but are also young offenders. The relationship between the care system and offending is complex, since there are shared risk factors, in particular histories of poor parenting, abuse and neglect. This article reports on a mixed methods study. It focuses on findings regarding a sample of 100 young people (age 14–19), using data from file searches, psychological measures and narrative interviews. The sample was made up of three sub-samples – looked after young people who had offended, looked after young people who had not offended and young people who had offended but were not looked after. This paper presents the study's findings in relation to the characteristics and pathways of these groups. It illustrates the range and interaction of individual, family and education and activity risk and resilience factors. In particular, it highlights the role of social cognition deficits in increasing the risk of offending for young people in state care. It also identifies the significance of relationships and constructive activity in promoting resilience.

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1. Introduction

There have been serious concerns raised in the UK and internationally about young people who are looked after in state care and are also offenders in contact with the youth justice system (Blades, Hart, Lea, & Willmott, 2011; Darker, Ward, & Caulfield, 2008; Jonson-Reid & Barth, 2000; Taylor, 2006). In 2014, updated UK government guidance was issued regarding the additional care that needs to be taken to ensure that the interests of young offenders in care are protected (Department for Education, 2014: 8).

The relationship between care and offending pathways is complex, since there are multiple shared risk factors, in particular poverty and the experience of dysfunctional family lives including abuse and neglect (Darker et al., 2008). Although the majority of looked after children are not offenders, those who are face an increased risk of a downward spiral out of school and family placements and into an adulthood of unemployment and social exclusion (Jonson-Reid & Barth, 2000). It is therefore necessary to identify the range of factors which may reduce the

risk of offending, but also those which promote pro-social behaviour and resilience in this vulnerable population.

This article reports on a mixed-method, funded national study in England. It presents the findings regarding the characteristics and pathways of looked after children in relation to offending, in the context of the wider literature on risk and resilience factors. It highlights in particular the role of social cognition as a risk factor for offending that is also linked to the histories of maltreatment that characterise children in care (Howe, 2005; Pollack, Cicchetti, Hornung, & Reed, 2000). Implications for practice in care and youth justice settings will then be discussed.

2. The policy, research and practice context

This study was prompted by policy and practice concerns about the rates of offending by children in care. In England during the year ending 31 March 2013, 6.2% of looked after children aged 10–17 had been convicted or subject to a final warning or reprimand, compared to 1.5% of all children (Department for Education, 2013). Also of concern has been the evidence that between a quarter and a half of children in custody were reported to be or have been looked after (Her Majesty's Inspectorate of Prisons/Youth Justice Board, 2009). It is important to bear in mind that young people in custody may only have spent a brief period in care or have come into care in adolescence when they

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had already committed offences, so connections between these pathways are not straightforward.

2.1. Risk

Higher rates of offending for young people in care than in the community may not be surprising, since the majority of children in care in the UK are from high risk family backgrounds of deprivation, poor parenting, abuse and neglect (Biehal, Ellison, Baker, & Sinclair, 2010; Sinclair, Baker, Lee, & Gibbs, 2007), factors that together create risk for a range of emotional, social and behavioural difficulties, including anti-social and offending behaviour (Leschied, Chiodo, Nowicki, & Rodger, 2008; Widom & Maxfield, 1996).

However, taking children into care is expected to be a protective measure that mitigates risk, so questions do need to be asked when children with care histories appear to be at greater risk of offending. One area of concern has been that in addition to the increased risk of offending for individual young people from backgrounds of maltreatment, there may also be systemic factors that increase the risk of offending for children in care (Darker et al., 2008; NACRO, 2003, 2012). In relation to the care experience itself, a lack of placement quality or stability (Sinclair et al., 2007) or the lack of adequate support for education (Berridge, 2007) and mental health (Berelowitz & Hibbert, 2011) may escalate children's difficult behaviour and increase the risk of being drawn into criminal behaviour.

Other risk factors, such as negative peer groups and lack of constructive activity, also contribute to the cumulative risk, both of children coming into care through offending and children in care starting to offend. The prevalence of alcohol and drugs misuse is associated with negative peer groups but also with youth offending behaviour (Richardson & Budd, 2003).

One important theme that overlaps our understanding of psychological risk in relation to care and offending is in the area of *social cognition*, which plays a significant role in social development, is recognised as a factor in aggressive behaviour and may be the mediating factor between abuse and later offending (Dodge, 2006). Social cognition refers to the individual's ability to recognise, understand and think about emotions in interpersonal and wider social contexts (Moskowitz, 2005). It is this capacity which lies at the heart of healthy emotional regulation and social development in relationships (Oatley, 2004) and is at risk for children from backgrounds of abuse and neglect. The link between social cognition, social relationships and behaviour builds on the capacity to recognise verbal, non-verbal and facial expressions of emotion in other people; to interpret what other people are feeling and thinking; and to make decisions about how to behave based on this information. Research on *hostile attribution bias*, when the individual is likely to provide negative interpretations of the intent of another's action, provides consistent evidence of the link between hostile attribution bias and aggressive behaviour (Crick & Dodge, 1994). Benign attribution bias, positive or neutral interpretations of another's intent, reduces the likelihood of confrontation and aggression.

Children who grow up in the context of insensitive care, in particular if this is accompanied by experiences of fear from neglect, abuse or domestic violence, will have particular difficulties in understanding and regulating emotions which can persist right through adolescence and into adult life (Howe, 2005;). Boys who have experienced physical abuse in their childhood years are more likely to show hypersensitivity to anger in face recognition studies (Pollack et al., 2000). Other studies have shown a link between anger recognition bias and problem classroom behaviours (Barth & Bastiani, 1997) and a link between deficits in facial emotion expression recognition and conduct disorders (Fairchild, Van Goozen, Calder, Stollery, & Goodyer, 2009). The links between social cognition deficits and conduct disorders in early and middle childhood that may arise as a

result of abuse, may therefore place children in care at greater risk of subsequent offending behaviour.

2.2. Resilience

Although there are multiple sources of risk for children who come into state care, there is also evidence of successful outcomes, especially in placements where children receive sensitive caregiving and can thrive and overcome prior adversity (Pecora et al., 2010; Schofield, Beek, & Ward, 2012; Widom, 1991; Wilson, Petrie, & Sinclair, 2003).

The concept of resilience (Rutter, 1987, 2006; Zolkoski & Bullock, 2012) helps to explain not only why some children seem to have suffered less long-term damage to their functioning from experiences of abuse and neglect, but also why certain positive caregiving experiences may help children to become more resilient. Resilience concerns the ability to overcome adversity in the past, but also to have the skills and qualities, such as self-esteem and self-efficacy, to face future challenges (Masten, 2001; Rutter, 2006). This is particularly relevant for young people in state care moving into and through adolescence to adulthood (Stein, 2012). Caregiving that promotes resilience rests on the quality of close relationships and the promotion of constructive activity (Gilligan, 2000). One of the main challenges for adolescents in care is to cognitively and emotionally manage their life story positively in ways which also promote pro-social attitudes and behaviour. This includes having the capacity to understand and take account of the thoughts and feelings of others, in the past and the present (Moskowitz, 2005).

Our aim in this study was to examine the risk and resilience profiles of young people in care who offend, including the role of social cognition characteristics (emotion recognition and hostile and benign attribution bias).

Hypothesis 1. Individual risk and resilience factors

We hypothesised that the risk and resilience factors already known to predict young offending (e.g. using alcohol and/or drugs, impulsivity, conduct problems, mental health issues and pro-social behaviour) would predict membership of the offending and non-offending groups.

Hypothesis 2. Social cognition

We hypothesised from the literature that some particular individual risk and resilience factors, the social cognition characteristics (emotion recognition and hostile and benign attribution bias) of the young people, would help to predict membership of the offending and non-offending groups over and above known risk factors and used sequential logistic regression to consider this whilst controlling for age, gender, language and known risk factors.

Hypothesis 3. Family and placement risk and resilience factors

We also examined the combined contribution of risk and resilience factors, comparing LAC offenders and LAC non-offenders under the family and placement heading. We hypothesised that the risk and resilience factors would differ by care experience across the LAC offender and LAC non-offender groups, particularly for placement type and number of placement moves.

Hypothesis 4. Education and activity risk and resilience factors

We hypothesised that the risk and resilience factors already known to predict youth offending (having a statement of special educational need, exclusion from school, poor school attendance, having some qualifications, taking part in education, training or employment, vocabulary score, having some positive peers and taking part in some positive activity) would predict membership of the offending and non-offending groups.

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