

## APPENDIX 20: YOUNGMINDS FOCUS GROUP REPORT

# YOUNGMINDS

The voice for young people's **mental health and wellbeing**

**Young people's consultation for the  
violence and aggression guideline update**

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## **ABBREVIATIONS**

DBT	dialectical behaviour therapy
NCCMH	National Collaborating Centre for Mental Health
YOI	young offenders institution
YOS	youth offending service
YOT	youth offending team
YP	young person

## **1.1 INTRODUCTION**

The purpose of the consultation was to talk to a small sample of young people with direct experience of violent and aggressive behaviour to explore their experiences, learn from them what they feel exacerbates violent and aggressive behaviour and drill down into their ideas about what could have been done to help. The NCCMH drew up a number of questions to ask young people, and YoungMinds and the NCCMH identified three groups from which to find young people to talk to in relation to the research questions:

1. Young people working with Youth Offending Teams (YOTs)
2. Young people who have direct experience of being detained in a Youth Offender Institution (YOI)
3. Young people who are residents, or have recently been a resident, of a specialist, secure mental health inpatient unit

Initially, it was planned that staff from YoungMinds would run two focus groups with young people; however, for reasons outlined in the findings below, one focus group and four semi-structured telephone interviews were held.

YoungMinds' previous experience working directly with young people, encouraging them to talk about their experiences of mental health, suggested that asking young people to open up on such a sensitive topic as their own mental health, specifically in relation to violence and aggression, might be challenging. In particular, in the past, young men had showed a marked reluctance to talk about their experiences; for example, at a previous visit to a YOI, staff from YoungMinds had really struggled to engage young people in a large group in conversations about their own mental health. Our experience has shown that young people are not immune to the myths and stigma surrounding mental health problems, where they can still be seen as a sign of weakness and could even single people out for bullying. In addition to this, young people with experience of the structures of the youth justice system are sometimes reluctant to talk about their experiences for fear of being labelled a 'snitch'. Therefore, in the planning and running of the focus groups and interviews, YoungMinds were careful to explain the nature of the research to the young people so they could understand the positive contribution their thoughts could make to the lives of other young people. We also kept the focus group size deliberately small, with young people who knew each other already so they would feel more comfortable and so would be more likely to open up.

The report sets out the findings of the focus group and interviews in seven sections: the Introduction, the Focus Group, Interview 1, Interview 2, Interview 3, Interview 4 and Conclusion. The young people's responses to the individual questions are detailed through the use of quotes and the final section of the report briefly details the findings of the thematic analysis in order to draw together those individual responses.

It is crucial to note that the purpose of this consultation was not to deliver a set of views from young people which could be seen as in any way representative of the views of all young people. Although YoungMinds was careful to recruit participants from as diverse a group as possible, it is important to remember that the views represented in this report are simply the views of the young people we spoke to. YoungMinds, however, firmly believes that there are some strong messages coming from the young people which are very much in line with other work in this area. In particular, Campbell and Abbott's ['Same Old...the experiences of young offenders with mental health needs'](#)<sup>1</sup>.

All quotes are verbatim and it is indicated where more than young person is having a conversation or where a professional or the interviewer are involved in the discussion.

## 1.2 THE FOCUS GROUP

YoungMinds had previously worked with Lewisham Youth Offending Service (YOS) and we approached them to ask if we could organise a focus group with young people. They readily agreed and staff from YoungMinds ran a workshop at the YOS premises which lasted for about one and a half hours. The workshop was informal and the interviewer facilitated a discussion with the young people structured around the questions agreed with the NCCMH. The discussion was slow to start as the young people were naturally suspicious of a new adult presence in their group and, as their quotes will bear out, they had had some extremely negative experiences with professionals in the past (in particular, the police). However, after a few minutes the atmosphere became more relaxed and the young people began to share some of their experiences and ideas. The presence of the YOS worker was particularly helpful in relaxing the young people as they already had a good relationship with them.

### 1.2.1 The participants

The focus group was held in London with Lewisham YOS. In attendance were three young people aged 15, 16 and 17 years on youth offending orders. None of the young people considered themselves to have a disability. Also in attendance were two workers from the YOS, one of whom contributed to the discussion whilst the other did not and remained silent throughout.

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<sup>1</sup> S Campbell, S Abbott. Same Old...the experiences of young offenders with mental health needs. London: YoungMinds; 2013.

## 1.2.2 Responses to the research questions

### 1. Have you had experiences of:

#### **Witnessing violence by others who were restrained?**

All of the young people had witnessed confrontations where they had seen others restrained; all of the incidents they were willing to discuss were of young people being restrained by the police. The incidents were described in a very matter-of-fact way and appeared to be a common experience.

*'Someone who is arrested by the police and they might think that they have no right to arrest them and so the struggle and try to defend themselves.'*

*'Undercover police...they just hate me and my friends, well they don't but they see it as an opportunity. My cousin, a police officer punched him in his face three times and broke his finger. 'Cos the police say that everyone in our area has a drugs operation or antisocial behaviour. They drive around in an Astra, they are together in the same spot. When they see one of us they jump out and it just kicks off...my cousin says that he didn't do anything first.'*

#### **Being restrained or in seclusion yourself?**

The young people had all been restrained themselves, but were at first reluctant to discuss them with the interviewer, preferring to say that they had seen things happening to other people. However, when the young people began to open up they had some powerful stories to tell, again about the police. The quote below details vividly an extremely distressing encounter with the police; however, the young person retold this story as if it's a normal part of daily life, tellingly starting the sentence off with 'obviously'.

*'Obviously, I got arrested by some police officers and I got found not guilty. You just see them and they always used to stop me yeah. One time I was with my brother and my sister outside and I was with my friend that I got arrested with. I saw them outside my house and I went out and said to them, "What's the problem?", and they said they were talking to my friend which they blatantly wasn't, and then I was walking back into my house the male police officer said you ain't going nowhere and then they grabbed me and he was saying how they have to search me and that and then he swung me onto the car, ripped my bag and put the handcuffs on me, he was bending my arm and I said you are bending it too much, he bent it more and then they threw me on the floor, and the female officer was putting her foot in my back. They were searching me and they were still calling me a fucking burglar and that and cos my mum wasn't there they were saying they were going to take my brothers and sisters to social services and they were going to follow me everywhere. Cos of the way I was dressed they told me to stop taking gangster pills or whatever. My little sister was crying. After they threw me on the floor I couldn't move anyway. It was after that that I got angry, swearing and that.'*

## **Feeling violent or aggressive and being unable to control it?**

A loss of control leading to violent behaviour was something the young people were comfortable talking about and very familiar with. One of the young people (the youngest participant) in particular seemed to relate to this and talked specifically about their difficulties in keeping control and in knowing how to calm down.

*'...if the person's just out, then they're not hearing, not thinking, they are not hearing anything round them they are just focussed on the target. They're not thinking about nothing, just, "I want to get you, I just want to punch your face in", that's all they're thinking about, they can't hear nothing else. They are just thinking about the target and what they have done to make them upset. What can you do in that kind of situation?'*

*'If I've been fighting with my friend, and we've just been fighting and he comes to me, I'm still mad. I'll punch him in his face again.'*

*'...unless they put me to sleep, my fiend Steve put me to sleep when I was whiling out...I don't know how to cool down...'*

*'To be honest when I'm mad I just don't care.'*

## **2. What would have helped the most:**

### **Leading up to an incident?**

The young people were pretty clear that someone needs to recognise when a situation is getting out of control and that they would then need to step to help simmer things down. They talked about the importance of listening, intervening early, getting some breathing space and trying to get people to think about the consequences of their actions as all being useful approaches.

*'The professional need to cool it down from the start; if they can see the atmosphere, the temperature's rising then the need to step in. Like, ah, I think you should go there and you get me, walk your separate way, just, have some oxygen...'*

*'At the start, that's the best place 'cos if you go over you're not going to care.'*

*'You can tell them about their actions and consequences about what's going to happen.'*

*'Instead of hitting them you could tell them about themselves innit and arguments better than fighting....a debate. How you could help someone else tell them look don't do this, if you are a friend or someone who cares for them, say don't do this like try to diffuse them from exploding and making the situation worse... I've done that before.'*

*'...tell them to think about their mum and their family and that.'*

*'Just get in there, get into their soul. Like, yeah, listen.'*

*'Where would I step in? Where, I can see that you're not controlling yourself no more.'*

### **During an incident?**

What to do when an incident was in progress was seen as a more difficult proposition and that restraint was acceptable as a last resort. The young people did suggest that in order to calm someone down someone who could relate to them on a personal level would need to be involved and that distraction from the immediate conflict could help.

*'Take them away from that situation and get someone who can relate to that person to talk to them.'*

*'You could get someone on the phone; his mum or his friend.'*

*'People do that to me in my school when I'm about to get mad, they look in my face and say something dumb like chicken and I just start creasing.'*

*'Talk to them, give them good advice, don't run over to them like you are ready to fight them. If there are two people who are fighting then you can tell who's more angry get them and talk with them and defuse it.'*

*'But that actually happened in one situation, there were some people fighting, they had been fighting for like 5 minutes and a woman came over and said, "You lot stop fighting 'cos there's undercover police over there." That worked. Everyone went their separate ways.'*

*'At that point do you think it's OK to step in and physically restrain that person?'*  
(Interviewer) *'Yes, yes, but not if it's a random person though, that's the wrong move.'* (Young person [YP])

### **Afterwards?**

When the group discussed what would be useful after a violent incident, there was an interesting conversation between two participants where one of the young people encouraged the other one to think about how they might resolve a conflict with a friend.

YP1: *I punched him in the face and he's lying on the floor.*

YP2: *What if you knew him?*

YP1: *It's a joke.*

YP2: *You're saying it's a joke but he's not saying it's a joke.*

YP1: *Yeah, yeah.*

YP2: *Someone could say, if you lot were friends before work it out and apologise. So, the police don't arrest you and you can both go your separate ways. Work it out.*

Interviewer: *How are you going to work it out?*

YP2: *Say oh yeah, I'm sorry, try to explain...five minutes later, when you have calmed down.*

YP1: *Think about the situation and the outcome...*

YP2: *...about your family members.*

### **Stopping it from happening again?**

This discussion focussed on contrasting the approach of the police to the approach of the YOS. The young people clearly felt that because they understood that the YOS staff were there to help them (demonstrated through actions) they were far less likely to become violent or aggressive with them or in their presence.

*'Is the police trying to help us? Kevin and Sharon are trying to help us; the police are just there to piss us off. They are going to put us in cells, wasting our time, then we come out tired, smelling, come on. That's all wrong. They interview you, make up a case.'*

*'The police are causing you distress and alarm all the time.'*

*'Here people are here [the YOS] to help you and they show you that they are by their actions...'*

*'...so your behaviour is going to change.'*

*'When you come her [the YOS] you are like, cool, let's talk.'*

### **3. What factors do you think increase the chances of violence and aggression taking place? For example, physical environment, social factors, staff behaviour and attitudes.**

The young people spoke extensively about how the approach of the police increased the likelihood of violence, specifically that confrontational behaviour leads to further confrontation.

*'Provoking, by both words and actions. Tightening the cuffs, bending your arms, throwing you around, saying abusive things.'*

*'An example of abusive things. Cussing, insulting and looks. Wound up.'*

*'Attitude and disrespect.'*

*'Body language'*

*'I think that police officers do push a lot of people's buttons. They like from my own personal experience, they think young people don't know what they are doing and they don't know what they are talking about and them being the adult they feel like they can control the situation how they want to control it using that law or whatever.'*

*'Yeah, they give like a, to try and make you scared.'*

*'No one's going to stay calm in [the face of violence].'*

*'They [the police] will always try and get a reaction out of you. That's another form of aggression targeting.'*



#### **4. How do you think staff might be better at:**

##### **Helping to avoid violence and aggression from happening?**

The young people and one of the YOT workers talked about their approach to working with young people in a more positive way. It appeared that this positive approach with clear and consistent boundaries was having real benefits in terms of reducing violent behaviour and the need to use force to restrain.

*YP: No one wants to come here [the YOT], so most people are on their best behaviour. But some people can't control their anger so you never know what will happen, am I wrong?*

*YOT worker: Young people are very respectful when they come here. They know we [YOT] are not the police and they have respect for us, you are not going to sound off to Rich or Katie [YOT workers] because you know there are consequences. There are consequences with the police too, but you still sound off to them. They have lost that respect.*

##### **Dealing with violence and aggression when it is taking place?**

The discussion between the young people and their YOS worker continued into what happens when a situation is reaching boiling point. The worker talked about a time when he nearly had to restrain someone but managed to talk it out, avoiding a the need to restrain that young person.

*Interviewer: What are the YOT workers doing right?*

*YOT worker: We talk it out.*

*YP: You don't really explain properly. If two people are angry what would you do?*

*YOT worker: Well I have come close [to restraining someone] and I was thinking about what I would have to do, but it was only because they had a pair of scissors but I didn't have to do anything in the end. I don't know anyone in the YOT who has had restrain a young person.*

#### **5. Are there ways you could stop yourself from being aggressive; what would help you with this?**

There were some useful techniques suggested by the young people, though there was some variation amongst them about how confident they felt in using those techniques. Breathing, meditation, music, space and thinking about actions and consequences were all suggested as helpful ways to calm yourself down.

*'I was going to punch up some youth and if I had punched him I would have kept on punching him but I knew that if I did have fight it would have been stress. Well how it is if you don't think about the outcomes of your actions...so if you think about it then you see it's not worth punching him and missing out on your education. I was literally about to punch him and I stopped. I knocked his hat off though.'*

*'Take breather and go meditate.'*

*'Take deep breaths.'*

*'Yeah music can help. Yeah listen to some Snap Capone?'*

*'Smoking a cigarette, people feel more calmed with nicotine.'*

*'I was just thinking, if it's a random person try and say who know the person. It's not going to help if a random person it's not going to help. Make sure there's a friend around so they can help cool it down.'*

*'If you don't retaliate then they will just feel stupid. Nah, not really, I can't do that.'*

*'Just ignore them even more, then they feel like a dummy.'*

## **7. Do you think the way a person who is violent is treated can be affected by:**

### **Ethnicity (of service user or staff member)?**

The young people say in passing that race could be an issue in terms of how they were treated but did not expand on this.

*'Yes, disrespect.'*

### **Gender (of service user or staff member)?**

The group had far more to say about this issue, in particular the approach of female police officers as being more likely to be more oriented towards conflict resolution and that this could calm things down.

*'No 'cos I think that certain girls go more nuts than boys. I've seen some girls go nuts when they get stopped.'*

YP: *The police do the same thing as they would do to a boy.*

Interviewer: *Do different officers do different things?*

YP: *Yes, it depends if it's a male officer or a female officer.*

Interviewer: *Are you treated the same or differently?*

YP: *From my experience they treat you differently. The girl police do what they have to do innit but the male officers just want to fight.*

Interviewer: *Have you ever seen a situation where a female officer has been able to calm things down where a male officer can't?*

YP: *They try and reason with you, like even if you are rude to them they will try and reason with you. Like, say, there's no need for that.*

## **8. Have you seen any examples of violence and aggression handled well?**

The young people were a little stumped by this question perhaps because of the number of negative experiences they had been through but the YOS worker talked again about their approach: giving space where it's needed and talking about the incident later on when the situation has diffused and the people calmed down.

*'What's the scenery like? What about a school? Well, I don't know...'*

*'I was thinking what you said about scenery. 'Cos here at the YOT we don't touch young people, we will try and talk it out. The door's there, go, we'll talk about it later. There's no physical contact at all.'* (YOS worker talking)

### 1.3 SEMISTRUCTURED INTERVIEWS

Staff from YoungMinds undertook four semistructured telephone interviews with young people from across the UK. The young people were recruited via YoungMind's national network of young activists. The young people in the network have a range of backgrounds and experiences, but we specifically asked for young people to get in contact who had witnessed or taken part in violent and aggressive behaviour, in particular in secure or inpatient settings. We initially considered holding a focus group, but two of the young people who replied to the call out were in residential settings where they would not be able to travel and all of the young people were dispersed throughout the UK. We therefore took the decision to conduct telephone interviews for pragmatic reasons. However, it became immediately clear to the interviewers that the sensitive nature of the subject really lent itself to this method. The young people we interviewed seemed very happy to share their experiences and were extremely candid right from the start.

#### 1.3.1 Participant 1

Mary (not her real name) is 25 years old and defines herself as 'White British'. She has had diagnoses of both post-traumatic stress disorder and bipolar disorder. She talked about a long history of mental health problems starting in adolescence. She was first admitted into a secure adolescent mental health unit at age 16 and then into an adult unit soon after.

*'I was in an adolescent unit, I got out, I tried to kill myself and then I went into an adult ward at 16 which was terrifying. Absolutely because it was like an old institution, and then it was like, but I got out of there and then I got put back in the adolescent ward and then they moved us down to the Priory in Sussex, because they didn't know what to do with us because I just kept self-harming and I kept getting worse and I kept trying to kill myself because I fractured my spine in a failed suicide attempt.'*

Mary had been struggling for a long time and had been restrained and sedated many times but her violence was mainly focussed inwards on herself, she talked openly and very powerfully about her self-harming behaviour as well as suicide attempts.

### 1.3.1.1 Responses to the research questions

#### 1. *Have you had experiences of:*

##### **Witnessing violence by others who were restrained or of being restrained or in seclusion yourself?**

For this young person witnessing people being restrained and being restrained themselves was something they were very familiar with, as was the loss of control. For them the violence was mainly directed at themselves, Mary talked extensively about her self-harming behaviour, police treatment and experience of being restrained as well as sedated. She was particularly keen to talk about the negative aspects of being medicated, especially the alarming side effects she suffered and how the loss of control of her body made her aggressive behaviour worse.

*'Yeah, both. I've seen it with other people and I've also been restrained myself. It was basically on a daily basis.'*

*'Well basically I used to self-harm quite badly and it got to a point where I would cut all my legs open and I loved the stitches because it was really deep and I kept trying to harm myself and if I couldn't get any sense out of myself I'd pull the stitches out and poke them, and it was infected, and I was refusing antibiotics and because of that and because of my mental state at the time I was sectioned, so they could force treatment because basically I would have lost my legs because of the infection. And yeah, so what they did was they restrained us so I couldn't get at my legs and the thing is it was kind of, all my focus was harming myself or killing myself and they were trying to kind of stop me from doing that. I was never purposely aggressive with anyone else, I wouldn't go off and start fighting with someone or nothing, but at the same time it was more they were restraining me for my own safety.'*

*'Yeah, well basically like the alarms would go off, I would have two of them near us all the time, I mean I was on constant observations for about 9 months so I had two of them with us and whenever I tried to get at myself they'd try to stop us and if they couldn't the alarms would go off and when the alarms go off you know you're going to get jumped on, and then they'd end up about 6 of them would pin you down and then they would administer you medication...It tended to be temazepam and haloperidol.'*

*'Well I was sectioned by the police before, and it was awful, I mean they sent this van full of male police officers, and really it was awful, and it was kind of, they put us in handcuffs, because well basically I was going to kill myself and they had been sent to come and get me because I was on the marina and where they are, the police are a lot more aggressive than the nursing staff. I was still kicking off they'd give me more but the medication itself I got really bad side effects from the haloperidol...I had really bad muscle spasms which were really scary because I didn't know why, like I mean one of them was all down my arm, my arm kept moving but I was trying not to move my arm but it kept doing it anyway and you know at that point it was like especially when your control is such a big thing, the fact that I couldn't control my own body terrified me more. And I couldn't cope with how I felt and so it would make us kick off even more.'*

*'...They told me what they'd give us but they didn't tell us of any possible side effects or anything like that. But to be fair the state I was in for the majority of the time I was either sedated, asleep, or like I was asleep at the time or kicking off, do you know what I mean so that was the kind of, that was my life for quite a long time because I wouldn't kick off with them, I'd kick off with myself.'*

*'So there was like little things like that, but this kind of like, it did damage to property but it was kind of to hurt myself more than to, I'd never purposely hurt anyone, however one of the nurses did get hurt when they were restraining us, and then because I'd kind of, I'd tried to do a runner and I grabbed her tray and smashed it, and as she was trying to restrain us there was a load of glass all over the floor and she got cut which meant me scare the life out of myself the fact that I'd just hurt somebody.'*

### **Feeling violent or aggressive and being unable to control it?**

*'I think it was more when I self-harmed I got a buzz from it, I got a real sense that I liked doing it, that doesn't really make...but I liked doing it because I felt it was something that I could control and it was something that helped me to cope with life. But I didn't try it, I didn't do it to kill myself, but at the same time I didn't try not to kill myself if that makes sense.'*

*'...And I think as well when they restrain you it's kind of I think it's made worse because it's like them, it feels like they're being violent because they're restraining you and in a way it's kind of like because there's so many of them as well and because they're restraining you they get quite angry so it's kind of like you're a bad person and you feel like totally helpless and you're trying to do what you can to kind of get some control of the situation but as well as having male members of staff restraining me I'd kick off even more but that was because I was scared.'*

### **2. What would have helped the most:**

Mary talked about her relationships with staff as being the key to reducing aggressive behaviour. She described how certain members of staff would work with her to get her focussed on the positive things in her life, listen to her without judging and show her that they cared. She also said that despite her negative experiences of being sedated that she preferred this to the alternative of being physically restrained which she found particularly distressing.

### **Leading up to an incident?**

*'...But if there was a member of staff there who just tried to kind of, if I wasn't feeling great, it got to the point where it was like one of them was like: "Why don't you show us your photo album?" Or, you know try and do things because my family you know they mean the world to me, and my photo album is, so they'd try to help us, how about you show us your photo album or have you got any new photos and stuff like that.'*

### **During an incident?**

*'Basically for them having a natural approach, if that person is kicking off then it's for a reason and it's kind of, it's having someone there that doesn't judge and that cares,*

*cares about you, and talks to you like you're a person and just listening as well, you know it's like sometimes you have gone beyond that but even talking to that person with a bit of respect can help.'*

### **Afterwards?**

*'Well, what tended to happen was I'd be sedated so I'd be asleep for a long time because I'd been sedated you know and that was like kind of, that's just kind of how they handled my behaviour really.'*

*'It was awful because of the side effects. And you know it was kind of like, I was a bit like a zombie most of the time, but at the same time I preferred, I think I preferred to be sedated than restrained, do you know what I mean, it was like I didn't want them grabbing hold of us and pinning us to a bed.'*

*'You know so it's kind of like it's not necessarily a good thing but at the time it was better than the alternative.'*

### **Stopping it from happening again?**

*'...if I went a day without trying to harm myself then it was kind of like it was seeing their reactions and you know the fact that they was helping us rather than shouting at us. And do you know what I mean? It was kind of, it was really care, and it was just basically it just comes down to the people who listen...how I felt and what was going on, you know it was like my psychiatrist, well he was a feller and I couldn't talk to him but he had a student that was with him who was a female and I got on really, really well with her and I think it was partly because she was a female and it was partly because she was a student, I got on really, really well with the students because they wanted to know rather than already knew? You know?'*

### **3. What factors do you think increase the chances of violence and aggression taking place? For example, physical environment, social factors, staff behaviour and attitudes.**

Mary recognised that being on an inpatient unit had been vital for her as the alternative could have led to a severe escalation of her self-harming behaviour or even a suicide attempt. However, there were several factors which she felt had made her more violent towards herself. For example, Mary talked about how she acquired an eating disorder as well as how her self-harming behaviour escalated though as result of interaction with peers in the unit. Crucially for Mary her early life experiences meant that she found working with male members of staff, especially when she was on constant observation, made her more liable to become violent towards herself.

*'...exactly and I think it was like when I jumped off the cliff that was on the same day I got discharged from the adolescent unit to start with and it was partly because they said I was normal and I just thought well, because the thing is I wasn't sleeping properly because I had nightmares, well I still have nightmares every night, you know, through the day I had flashbacks and it was kind of like, and that was supposed*

*to be normal, so it was like very much, it kind of, I don't think they know enough about what they say?'*

*'...I couldn't tell him anything, you know I couldn't tell him what was going on, my key nurse was also a male and he got quite stressed with us because I couldn't talk to him, you know? So it was like they take everything away and he turned round and said oh, if you were really a self-harmer you'd find a way. And it's kind of like it's showing a red rag to a bull, do you know what I mean saying stuff like that to a teenager you just wouldn't do it, but you know surely enough I found something.'*

*'It was mainly the relationship that I had with staff. I mean there were still certain members of staff that would kind of trigger it, for example there was this member of staff...I was scared of fellers anywhere, because I'd been raped as a teenager so that was my concern all the time I was worried about men, and so seeing that it was like every single time he watched me I'd feel it, and I mean he hated watching me because I'd seen him a few times arguing that he didn't want to watch us but he scared me if I kicked off when he was there.'*

*'And people talk about it a lot so you chat with your mates and they self-harm as well and you talk about it and it sounds really weird, it sounds like just totally mad but because everyone did it and everyone understood and everyone understood that you know you do it because it helps and it doesn't seem so like crazy, it's not like everyone wanted each other to do it, it was just it wasn't bothering them, and it was kind of what would happen is when they say that it gives you ideas, so I was like my friend was about when she stitched her cut up herself, and you know in my head I'm thinking oh I could do that so it was like surely enough I cut myself just to prove that I could stitch myself back up. Not to prove to them but to prove to myself.'*

*'In a way, but I suppose without hospital I would probably be dead. But then you know in hospital I did pick up things from other people and I also developed an eating disorder while I was in hospital as well...it was like the last unit I was in and in there they started to take control away and so they kind of, they tried to control my portion sizes, how much I ate, and they made us rest after meals and at that time I didn't have an eating, I was kind of struggling with my food but it wasn't kind of as bad as it got because I'd seen how anorexics felt like that, and I was thinking oh my God, they're trying to make us fat again. And I started exercising in secret and throwing up after meals but you had to rest after your meal but after that I was kind of drinking as much water as I could and throwing up, you know so it was like that kind of, that environment where they took all control away especially after I'd kind of, at that point I'd already spent over 2 years in hospital and you know I'd already I'd started working with the staff rather than against them and then for them to take control away again it was just a massive trigger so like you know just to try and get that control back really.'*

#### **4. How do you think staff might be better at:**

When considering staff's role in reducing the risk of violent or aggressive behaviour Mary talked about the need for staff to demonstrate that they cared and that qualifications were no substitute for kindness. Mary felt that positive working relationships were the key to preventing violent incidents and she singled out

humour as particularly important in terms of reducing the likelihood of violent behaviour.

### **Helping to avoid violence and aggression from happening?**

*'I'd find that certain members of staff were better with us than others and the ones that were good, weren't necessarily the ones with the most qualifications.'*

*'It was more the fact that they treated me like a person. You know and that they genuinely cared and that they listened because it's like you get some of them come to watch you and they're dead arsey and that because I was a pain in the backside, and I was, but the ones that helped didn't treat us like that, and then that makes kind of when I was really like I'd want to self-harm really bad but I'd try not to while they were watching me, because I didn't want them to feel bad and do you know what I mean, because they cared about me I kind of cared of about them, and as well as like humour helped a lot so if they could make us laugh that helped, as well as like just getting to know me so they'd pick up quite early the signs you know that I wasn't doing too well, it's kind of they'd notice that I wasn't really present I was just kind of like I was awake but I wasn't with it if that makes sense, and they kind of picked up on the triggers.'*

*'I mean there was like this feller who was like...he was really, really nice to us...I had a kind of relationship with him...so like there was this guy there, well at that point I was 18 and he was 21, he was really, really good looking, he was great to look at, and he was gay as well so I got on really well with him, you know it was like, but even then I wouldn't want him grabbing us, he was just good to look at, he was good for a laugh. It was like, the thing is as well, and the way I see it and because he was young, well a few of the older ones could still have a laugh but I think it was more kind of, he'd try and get us to have a laugh and he'd do daft things like hide the cleaner's bucket while she was trying to mop the floor and it was like daft little things like that, that if it really helps because yeah you're in hospital, yeah you want to die and everything is all bad, but you know if someone can make you smile then it really helps... So I'd be less likely to kick off if I was having a laugh with someone.'*

### **5. Are there ways you could stop yourself from being aggressive? What would help you with this?**

Mary did have some strategies she used to help herself to prevent an escalation in her self-harming behaviour in particular some of the techniques she learned through undertaking dialectical behaviour therapy (DBT) but that she was able to learn them depended on her having a diagnosis, which she felt came too late.

*'Because I did DBT down in ..., and that meant, at the time they did that because I wasn't ready to get well but when I was ready I used it and I still use it now.'*

*'Because when they say it's normal you just think well it's going to be like this for the rest of my life, you know, whereas I was looking, I think I was looking for a diagnosis but also not so much because I wanted a label but because I wanted to know what was wrong and how to fix it.'*



## 6. What do you think about advance directives?

Mary had had little experience of advance directives and from the interview it appears that she didn't have a great deal of influence over her treatment when in crisis.

*'Well, I kind of, I had that with certain members of staff but they didn't want to encourage that, they didn't, they kind of wanted because they'd seen it as there shouldn't be favourites or whatever, and they'd kind of, it wasn't like that, but this person helped but as well...did ask at one point but my answer to that was well if I wanted to self-harm let me self-harm. And it was more I wanted to die, so it was very much oh well, and I don't think my attitude was quite right because I'd gone past that point if that makes sense?'*

## 7. Do you think the way a person who is violent is treated can be affected by:

### Gender (of service user or staff member)?

Mary felt that there might be a difference in approach from male and female members of staff but far more important to her was her feelings about male and female members of staff as the possibility of her being able to trust and relate to male members of staff was severely compromised because of her earlier traumatic experiences.

*'... at the time it was very much like I'd kick off more if there was a man trying to restrain me, but then they'd still have men restraining me.'*

*'...generally speaking females tend to be kind of calmer but then that's a very general statement.'*

### 1.3.2 Participant 2

David (not his real name) is 19 years old and defines his ethnicity as 'White British'. David stated that he 'is classed sometimes as disabled' and that is 'about my anxiety and depression' but that 'it makes no difference'. He has recently been moved to a step down unit upon discharge from an adult psychiatric inpatient unit. He has experienced mental health problems since adolescence and talks about bullying as a specific trigger for this.

*'Well for me my depression kicked in first and that kicked in when I was in high school. So I was getting bullied a lot, I got bullied through primary school and that continued until the high school which I went to, so I was getting bullied there and the depression started and I'd call my mum because I used to be self-harming then, asking her if she could take me to the doctor's because I don't feel right and all that stuff and my mum was just like fine, I'll make you an appointment, and she didn't make me an appointment until I was at the age of I think 16 when I first went to hospital for an overdose and basically my depression got so bad to the point where I took a knife into school in the beginning of Year 10 to, with the intention to go and stab the bully.'*

### 1.3.2.1 Responses to the research questions

#### 1. *Have you had experiences of:*

David said he had been restrained many times before and outlined an example where he clearly felt the restraint had led to an escalation of his violent behaviour. He also vividly described his experiences of feelings of anger and how this leads to violence.

#### **Being restrained or in seclusion yourself?**

*'Well they basically just grabbed my arms and pulled me back and like pulling my stomach and everything and there were tons of people just trying to pull at me and that was just annoying me even more because I couldn't move and after a while I'd lose my temper with them and so I just switched out on them so yeah, and then it just escalated from there.'*

#### **Feeling violent or aggressive and being unable to control it?**

*'I have been violent and aggressive towards others and unable to control it, yes.'*

*'Well it basically just felt like pure rage, like all I've ever known is anger, all I've ever known is anger and the fact is that everything I ever do in my life it revolves about anger, that's how I felt when I was in those times. Because I couldn't stop myself like even now I get really uncontrolled anger spurts. So there's tons of holes in the wall here, my wardrobe is missing half its door from where I kicked the crap out of it.'*

*'Well, in hospital I lost my temper real bad and I start head butting at the wall because I didn't want to punch the nurse in the face.'*

#### 1. *What would have helped the most:*

From the interview with David it is clear that he feels that in the past he had not been talked to openly about why staff were concerned about his behaviour or what they were going to do about it; he talks about the need for them to be more open and willing to discuss issues with him directly. He also talks about the benefits of giving him the physical space that he needs to calm down during an incident as well how one of the units he was in allowed him this space and so reduced the risk of him becoming violent again.

#### **Leading up to an incident?**

*'Being left alone, being fully, having the situation fully explained to me, and not just a short brief description, like a full explanation, I think that that would have helped me a lot. A full explanation of the situation, that would help a hell of a lot.'*

#### **During an incident?**

*'If they let me walk away.'*

*'If I am starting to walk away, just being left to walk away, and then followed like 2 minutes after to see where I go. Because I'm probably only just walking away to go and calm down.'*

## Afterwards?

*'...Because if I remained in a situation or if anyone is going to remain in that situation it's only going to get larger and exacerbated and then things are going to turn even more rough from there.'*

## Stopping it from happening again?

*'Well at [redacted] they had a system where if you were like a low risk so you didn't need to be under 24/7 watch, so that you'd be, that you could go out with say a nurse or 2, and go out to the staff shop or go out to the park, go shopping and all that as long as you was with a member, so long as you was with a nurse. But if you couldn't go out then there was a little smoking area that you can go out and sit in for a while, get a bit of fresh air, have a cigarette, calm down there. But other than that it was pretty close quarters apart from your bedroom.'*

### **3. What factors do you think increase the chances of violence and aggression taking place? For example, physical environment, social factors, staff behaviour and attitudes.**

David identified the behaviour of others as central to triggering violent behaviour in him. The quote below as well as in the introduction to his interview demonstrate how David feels that behaviour from staff as well as peers which is aggressive or dismissive can increase the likelihood of violence.

*'Behaviour of everyone around.'*

*'Like acting differently around them...like, not like act like as if like we're diseased. Because they're acting like I'm diseased, so like I'll go and ask the question about medication and they'll go "uh huh uh" and then just walk away. Things like that.'*

*'General people that try and say like they're trying to tell you to like calm down, and then they're "OK, calm down, duh duh, duh, duh", and all that, because that does not help.'*

### **4. How do you think staff might be better at:**

For David, staff have a key role to play in the management of his behaviour and he feels that if they can tolerate some level of aggression then they can avoid the satiation moving into an overtly violent one. By backing off slightly, waiting for things to 'simmer down' and then talking, one human to another and using humour they can help him to regain control and avoid confrontations. David was also the only young person to specifically advocate involving young people in training professionals.

## Helping to avoid violence and aggression from happening?

*'Basically not trying to smother it out instantly, because that's only just going to make it worse because you're trying to take someone's, it's like you're trying to take someone's fuel away. And yeah, so you just want to try and like simmer the situation down, come at it from a certain level, one that they can also get on through their*

*anger and as you talk to them and eventually make them laugh if you can, right that is key because laughter always helps.'*

### **Dealing with violence and aggression when it is taking place?**

*'...Yeah, just be a regular normal human being.'*

*'Leave me be, when I'm angry and in that zone. Leave me be. Let me smoke. Don't talk to me until I approach you. Let me listen to my music really loud and sing to it, because that's a great release.'* (David talking about what he writes down for staff when moving unit.)

### **Understanding why people feel aggressive?**

*'Well, get more of an education on it obviously because then you can, because once you know as much as you can possibly know about it, you can then understand through their eyes, because you know all what they go through...The people with it [should do the educating].'*

### **5. Are there ways you could stop yourself from being aggressive; what would help you with this?**

David had a few tried and tested ways of managing his own anger but he realised that punching walls though helpful as a release in the short term did not address any issues in the long term or in as positive a way and listening to music did for him.

*'Punching a wall...It helps in the short term but not in the long term.'*

*'Personally for me, smoking a cigarette that always helps.'*

*'Sticking on heavy metal...and then moshing out. That works perfect for me as well. Yeah, it also eats up the adrenaline that you get as well.'*

### **6. What do you think about advance directives?**

Of all of the young people we spoke to David had had the greatest success in this area. He spoke about how staff from his current unit use advance directives really well, that the ideas about what helps him best came from himself and that a wide range of staff were aware of what they were.

*'I still do it to this day, I write down, I write it down before I move somewhere. So the staff know it, well where I live now, yeah, they respect it a lot. Well here they actually take that written form that has all my things that I like jotted down, so when I'm angry, what makes me even worse, and all that they use that sheet really well, they even teach it to the security guards here.'*

**7. Do you think the way a person who is violent is treated can be affected by:**

**Gender (of service user or staff member)?**

*'Oh yeah, it'd be different if I were a girl...people would probably wouldn't take me seriously with my anger, they would just be calling me an attention seeking hoe like it happens a lot, and all that stuff.'*

**8. Have you seen any examples of violence and aggression handled well?**

When David talked about this he was referring again to the use of advance directives, staff clearly know what to do if David becomes aggressive, what he needs to do and after the event treat him with respect and talk to him rather than punish him.

*'Yeah, and then when I'm really annoyed and I need to go out for a cigarette, no-one stops me. If I do punch a wall it's not treated as like what the fuck are you doing that for, it's no, OK, don't worry, it just needs to get fixed. Don't worry about it Connor, it happens. Just that works a lot, because like OK they can understand where or why I did that and I didn't actually mean to do it, so all that helps a lot and it's just like oh.'*

### **1.3.3 Participant 3**

Leanne (not her real name) is female, 17 years old and defines her ethnicity as 'White British' she does not regard herself as having a disability. Leanne is currently resident in an adolescent in-patient until and has a diagnosis of depression and anorexia.

*'I was abused in the past and then it triggered off anorexia at first and I was, that led to like self-harm, depression, attempting suicide which was my first inpatient admission, and then that was about a year ago.'*

Leanne was kind enough to speak to the interviewer for about 30 minutes during a family visit.

#### **1.3.3.1 Responses to the research questions**

**1. Have you had experiences of:**

Leanne's violent behaviour has been mainly, though not exclusively, been directed at herself, in particular she talked about her self-harming behaviour. Leanne talked a great deal about the use of restraint and 'extra care' as something to be used as a last resort which was not necessarily in her experience the case.

**Witnessing violence by others who were restrained, or being restrained or in seclusion yourself?**

*'Yeah, when I ligatured on the ward I have had to be restrained, yeah, I will admit that I have like, staff have had to go to A and E and things with me which I do feel*

*really bad about that now but and yeah, I have seen a lot worse with other people, like I've seen police be involved with other people, so.'*

*'...Well in a situation with another person I think that what they did was far too extreme. She was bulimic and she was only like overeating and making herself sick but they restrained her and she got very violent and like to the point where she would have had to be chucked into seclusion which I think was too far for what she was doing. And staff just like leapt to the going and getting an injection when it was unnecessary, we all felt, and police were involved and she was like, it was taken further than I think it should have for a mentally ill patient to then be involved with police over assaulting staff.'*

### **Feeling violent or aggressive and being unable to control it?**

*'...And the first inpatient admission was just purely for an eating disorder but I think over time like my suicide attempts had got worse and like they started saying about psychosis and things so that's when like when I've been on wards it's more of its, I've been ligaturing and I have been more violent towards staff now.'*

### **2. What would have helped the most:**

Leanne felt that staff were too quick to take aggressive action and that this action was likely to make people more aggressive themselves. She, as did the other young people, said that staff needed to put more emphasis on talking to try and resolve situations and that higher staff to patient ratios *might* help to facilitate this.

### **During an incident?**

*'I think staff should have really tried to talk to her first. I understand that once, that if she was in danger of doing something dangerous to herself that yes, like, if she did have I don't know, any medication that she shouldn't have then I can understand why they'd restrain her to take it off her, but once they realised that she didn't have anything I don't think, by keeping hold of her and restraining her was the right thing to do.'*

*'I think trying to talk to her or, I'm not, yeah, trying to talk to her because she wasn't putting herself in a very dangerous situation.'*

*'...they just, everything is a last resort, they seem to have a lot more concern about not using medication and trying to get through the situation in other ways rather than just saying oh look, she's got high anxiety, let's give her some meds, let's just, let's try and get rid of it straight away, they try and talk you through the anxiety...there is a higher staffing level on this ward, I have realised that.'*

### **Afterwards?**

*'There have been times like, I'm on a different ward now, the submission, I've, I'm on a longer term ward now, before I was just in the acute ward and so this ward that I'm on now they've been a lot better now with like sitting with you and talking to you afterwards and they're a lot more concerned about you rather than just your situation.'*

### **Stopping it from happening again?**

*'Yeah there's just, and they didn't even talk to us about it afterwards, about how you could have changed the situation.'*

*'I always try and talk to staff like or I try and talk to them about what happened and see how that's like different from last time, and how it's changed what's happened.'*

### **3. What factors do you think increase the chances of violence and aggression taking place? For example, physical environment, social factors, staff behaviour and attitudes.**

Like Mary, Leanne also talked about the possibility of learning negative behaviour from peers and that the likelihood of violent behaviour, in her experience, had been increased when other young people in the unit were being violent.

*'I think if there are other people on the ward that are like that then people pick things up really easily, I found that like if one person kicked off then everyone else seemed to get the idea of it.'*

### **4. How do you think staff might be better at:**

Aggressive behaviour from staff on the ward was highlighted as being a trigger for violence, and conversely that if staff wanted to calm things down they needed to be calmer themselves and give young people more time and space to resolve a potential conflict before it got out of hand. However, Leanne did recognise that restraint and sedation were acceptable, but only as a last resort.

### **Helping to avoid violence and aggression from happening?**

*'Definitely the staff, the way the staff are towards you, if the staff are really short tempered then I just, I get really angry at them. If they don't, they don't give you a second to try and change the situation you're in and they just, if they just immediately assume that, I don't know how to put it like, like if, I don't know how to explain what I mean.'*

*'Like if I found myself in a situation like if I was being asked by a staff or a key nurse, if they don't like even give you a second to try and explain or talk to them, if they immediately start saying: "Right come on, Leanne, you've got to go and do this, this and this", then I feel like they don't even give you time to just like try and turn things around, they just immediately, I don't know.'*

*'I think just the first signs of it trying to work through it, rather than just, like trying to talk people through it, they don't, especially on the first ward I was on they didn't, they didn't even seem to have, I don't know how to explain it, they didn't try and talk to you about it at all, like on the first unit I was on, it just, there was no talking about anything like that, it was just straight into extra care.'*

### **Dealing with violence and aggression when it is taking place?**

*'Certain and there are a lot, like on other wards I've been on, with all the young people we're all together, but here we're in zones and it's all a bit different. But I still feel*

*that like even on the other wards I've been on there have been enough staff to try and deal with the situation in another way, and where there'll be like five members of staff sat on the ward with us and yet they still they don't try and talk to you, they just chuck you in extra care.'*

*'I don't think it's negative when they put an injection in your bum! It is, I do like, at first I hated taking it because I felt like I don't know, it was like, I don't know, it made you a bit pathetic, it made you feel a bit stupid or it did with me at first but then I realised that it was just to help me when I was struggling more. Yeah, like I understand it's a last resort.'*

### **Are there ways you could stop yourself from being aggressive? What would help you with this?**

Leanne had a few strategies that she used to help calm herself down and talked about how support from peers was sometimes helpful in times of crisis.

*'I have spoken to young people about it or a young person will talk to me about it and it does help me to, if they see what's happened with me to try and help other people. Like there have been loads of times where we've stopped each other from letting things get out of hand if there has been a staff member there with you at that time, so.'*

*'Like a big thing that we all used to do on the old unit I was on, was like punching a mattress rather than taking it out on other people, or like your room. And like other ways of being violent that aren't like going to damage things.'*

### **What do you think about advance directives?**

Leanne was aware of the use of advance directives and had been consulted on what she wants to happen when she goes into crisis but she did seem a little unsure about how seriously her wishes were being taken.

*'Kind of, like but not, like I've spoken to people after something has happened and they've said what can we do next time, but I'm not sure if that's quite what you mean?... Yeah, like I have said to them, like I don't want to be chucked into Extra Care and given extra medication and they do respect that to an extent actually. Like they do try and let me deal with things in a different way as to how I dealt with it last time.'*

### **7. Do you think the way a person who is violent is treated can be affected by:**

#### **Ethnicity (of service user or staff member)?**

Leanne gave a specific example of a young person who she perceived was being treated differently because of race. However, Leanne was not certain that race was the motivation for staff's differing behaviour towards that young person and that communication difficulties could have had a part to play in this. As with the other young people, Leanne also said that female members of staff might be 'softer'.



*'I have kind of seen like, there was a girl on the ward who was, I'm not sure where she was from, like Pakistan or India or somewhere and she didn't talk that much English and the staff were a bit like a bit short with her, and they didn't take as much time to try and talk to her and by the end of her admission they were being quite like, not horrible to her, that's not, that's a bit too harsh a word but they weren't exactly being really nice like they were with the rest of us.'*

### **Gender (of service user or staff member)?**

*'I don't think so no, I've not really seen any difference with how different members of staff are with me, and there's not really been that many boys on the ward over the years but I don't know, there has been one boy on the ward that was really violent but he wasn't, he didn't seem to be treated any different to the rest of us when we were.'*

*'I think male members of staff are sometimes more confrontational but I don't think it was in a, I think it's just because the female members of staff might be a bit softer with you.'*

### **Have you seen any examples of violence and aggression handled well?**

Leanne was very clear that she wanted her wishes about giving her the time and space to cool down in a place she feels safe, to talk about potential conflicts and resolve them without resorting to 'extra care'.

*'Yeah, there have been times where like the staff have worked like, they've, you've, what's the word, they've handled the situation well, like there have been times where they've respected that I don't want to go to Extra Care and I don't want medication, and they don't do that and they work through it, and they haven't sent me to Extra Care and they've tried to like normally after a situation you're on a one-to-one, you're out of your room and everything but they have tried, they understand that that's not what I like, I hate coming out of my room, I have lunch there and that once that alarm's gone off so they have, by the end of admissions when they get to know you they have, they do handle them well.'*

### **1.3.4 Participant 4**

Nina (not her real name) is female, 23 years old and has cerebral palsy. She has not had a formal diagnosis of any mental health problem or disorder and she specifically mentioned that this has been a problem because her difficulty in controlling her anger has not been taken seriously, so she has not received the help she needs.

*'I haven't had a proper diagnosis but I do suffer from anxiety issues and I do suffer from panic attacks and things like that and I'm currently being, I'm on the waiting list to see a psychiatrist and to see if I've got bipolar disorder. I don't know, a diagnosis would have helped or something would have helped.'*

### 1.3.4.1 Responses to the research questions

#### 1. *Have you had experiences of:*

The examples that Nina talked about of feeling extreme anger and this leading to violent and aggressive behaviour centre around bullying and peer relationships and are mainly situated in the context of school life. Nina talked eloquently about her feelings and associated behaviours and that for her being out of control and without any help is something she has got used to.

#### **Feeling violent or aggressive and being unable to control it?**

*'...because like it happened, that was like the fourth or fifth occasion when I just, it doesn't, it is not necessarily a trigger, it just happens, I just get into sort of a rage and I can't stop it or control it and I've been to see doctors and all I've got told is, "Oh, it's nothing, you're making it up or we can't see any signs, you're making it up. You haven't got a problem." Blah blah blah.'*

*'I was in the classroom and someone had made a comment about my course work not being done, and the teacher called me up in front of the class and everybody else had put in their work and she said you know you've just made this one up I think, and she asked me to rectify it and to change it and then a long story short there was an older girl who wasn't very nice made a comment, and she made comment in our, in my language, in my second, my other language, in my other language sorry, and the teacher obviously being English didn't, and she said it with a laugh so the teacher thought it was just a joke and then when I scowled at her the teacher had a go at me and she told me to get out of the classroom when in reality that girl had really offended me and obviously I went back in after 5 minutes and when I came back my exercise book that I was revising from was ripped in half and on the floor. So obviously me being the calm person I am went over to that girl's table and pushed her table over on to her... And there is any number of incidents like that.'*

*'I myself have felt violent and aggressive and not been able to control it but I was in, I was in a room on my own and then when I started screaming someone came over and hugged me from behind and told me it was OK and to calm down and it was just like a momentary thing, it just, it was over within a few seconds and that was that. Nothing else happened. And it was quite a calm thing and it wasn't a doctor or a nurse or whoever, it was a friend, because it happened at home.'*

#### 2. *What would have helped the most:*

Nina had some really clear ideas about what is helpful to bring a potentially violent situation under control. Like many of the other young people spoken to she felt that space to calm down was really beneficial and that after the event to make sure that all of the parties involved in the incident have the opportunity to reflect on what could be done differently in the future.

#### **Leading up to an incident?**

*'...when someone sees that you're getting wound up or you're starting to feel angry, the best thing to do is just leave you alone and just let the person have 5 minutes to*

*themselves so they're not interfered with. Because the last thing you want to do is to add to their aggression.'*

### **During an incident?**

*'Well I'd been going through a really rough time and I'd received a very nasty phone call from someone and this tipped me over the edge and I just got really angry about it, screaming and shouting and lashing out, and then luckily my mother knew, she was around at the time, she came running and calmed me down.'*

*'Just to go somewhere quiet on my own and I don't know, just breathing, and just being on my own. The last thing I need is someone coming running after me which has happened on several occasions to like ask me if I'm OK and then I end up, I end up punching people that are running after me. That's happened a few times and I just wish they'd leave me alone. And I've lost, one of my best friends, I lost one of my best friends because I punched him because he came running after me and asking me if I'm OK. I mean I didn't mean to do it but...'*

*'Yeah, but that's what I don't need, people asking me if I'm OK, when they can clearly see that I'm not OK so just leave me alone and just let me calm down.'*

### **Afterwards?**

*'It's like even when say the incident has happened and violence has taken place make sure both people are all right, not just the supposed victim, but also the person who has carried out the violence, make sure they're OK because they're the ones who it's affected more because they never would have got to that point of them doing something if there was no other person so you make sure the supposed suspect if you like, make sure the suspect is OK and then make sure the supposed victim is OK, and I know that sounds wrong but the so-called suspect is the victim as well in a way, so make sure they're both OK and make sure you spend an equal bit of time consoling them because it's not just one person's fault if you know what I mean?'*

### **3. What factors do you think increase the chances of violence and aggression taking place? For example, physical environment, social factors, staff behaviour and attitudes?**

For Nina, the actions of other people have a huge effect on her emotional state, being bullied leads to her feeling angry and that anger leads to aggression.

*'They've been ongoing basically since I was in high school, the last year of my high school, and I was really, I was very badly bullied so and that's when it all developed.'*

*'Just people interfering and trying to, when other people come to sort it out or to see if you're OK the last thing that person wants is to be told how to feel, it's obviously not everyone is going to calm down like a number of times you're not going to calm down because you just need that time on your own like afterwards or even beforehand.'*

#### **4. How do you think staff might be better at:**

##### **Dealing with violence and aggression when it is taking place?**

*When you see that someone is aggressive or something, don't go up to them in an aggressive manner, don't, don't fight fire with fire, just go in and just tell them, just tell them come on, why don't we have 5 minutes outside, have a drink or something and just let them be on their own.*

#### **5. Are there ways you could stop yourself from being aggressive? What would help you with this?**

Nina struggled to come up with many specific ways in which she could help herself to control her anger and aggression, perhaps this is indicative of the lack of support she has experienced up to this point.

*'Ways that I can stop myself from being aggressive is just not, well it's easier said than done to be honest! Anyone, anyone saying stuff to me I can just ignore it but what I'm like I just take everything so personally and then just have a go at everyone I think, which is not the right way but yes.'*

#### **7. Do you think the way a person who is violent is treated can be affected by:**

##### **Other factors?**

Nina talked about the prejudice of others pointing out that factors such as race and appearance can mark people out for bullying and that this in turn can lead to violence. Finally, Nina talked about the stigma of mental health, about her peers labelled her a 'nut job' because of her behaviour, and that this simply led to more bullying.

*'The circumstances change, like if someone came up to you, like say that you were, I don't know, you were short for your age, or you were short and you weren't exactly the perfect appearance and someone came up to you and said ah, you're short, and obviously you're going to take it personally aren't you? And then you're going to get really angry? And then you're going to get like ah, why are people saying that, because if I didn't have this problem people wouldn't say anything to me. That kind of thing.'*

*'People want to judge you, it's human nature to judge other people and if you're violent, but like if you're violent and then regret it people are just going to say oh, they're going to take one look and think wow, she's a bit of a nut job. She's clearly lost her marbles and they need something doing. And I've had like obviously I'm Asian myself and I was, when I used to have these outbursts at school none of the other Asians in the class were really helpful, they were judging me, they were like oh well no wonder she's a bit of a nut job, she always hangs around with the English people. And I used to get called "Christian" because I used to hang around with the English people and I used to get called all sorts, and when I was angry it was worse because then they used to make fun of it even more, it just adds to it so it doesn't matter about,*

*it doesn't matter at all if you're a man, black or white, Asian, whatever, when you add violence to one, to like one person, they'll take it hard, the thing is it's life basically.'*

## **1.4 CONCLUSION**

The young people spoken to for this consultation came from very different backgrounds and had very different experiences to draw on when answering the research questions. In particular, the experiences of the young people who had been residents in secure adolescent mental health units stood in marked contrast to the experiences of the young people on referral orders to the YOS. The young people from the YOS were extremely preoccupied with the behaviour of the police and whereas the other young people were thinking mainly about health care professionals when considering the research questions. However, there were a number of common themes to emerge from all of the conversations with young people which have been outlined below.

- 1. Young people have experienced loss of power and control and the use of physical force and medication to restrain them is seen as necessary in extremis but is over-used.***

None of the young people spoken to for this consultation felt that violent and aggressive behaviour should be allowed go unchallenged and they all agreed that as a last resort that professionals could step in and restrain young people. However, in the young people's opinions this was not the case, professionals were stepping in too early to restrain or medicate and were not allowing enough time for the peaceful resolution of conflicts.

- 2. Intimidation, prejudice, bullying and aggression from others are key triggers for violent and aggressive behaviour***

Leading on from the last theme the young people had a number of stories of negative behaviour from other people, both peers and professionals leading to an increased likelihood of violence taking place as well as the increased likelihood a reoccurrence of violence. Put simply, aggression feeds aggression and violence leads to more violence.

- 3. When young people, families, peers and staff work together to reflect, talk about the situation alternative strategies can be found to prevent anger leading to violence and aggression. Young people and staff need to learn to reflect not react.***

There were some encouraging stories from the young people about the positive approaches taken by a number of the professionals working with them. That the YOS worker and young people in that focus group were unaware of a single violent incident connected to the YOS is particularly encouraging. Talking and reflecting are key components of conflict resolution and building positive working relationships key to the ability of staff to de-escalate crises as well as prevent future ones.

**4. *Positive relationships built on trust and the use of advance directives are key to reducing the risk of an escalation of violent behaviour.***

The young people all had stories about positive working relationships with professionals and the common bond between those stories was respect and trust. One way in which this was demonstrated was through the participatory approach to the management of violent and aggressive behaviour. The researcher who interviewed David was particularly struck with how effectively staff were working *with* him to address his behaviour and how this was paying dividends.

**5. *An early diagnosis of a mental health disorder can help to create a climate where young people's experiences of intense feelings of anger are taken more seriously. (Though this theme was discussed significantly less frequently than the other themes it does stand out and we feel is worthy of note)***

Two of the young people spoken talked about their lack of formal diagnosis and how this led to their problems not being taken seriously and consequently not getting the help they needed in time to prevent an escalation of their mental health problems. We know that 95% of young people 16 to 30 years in YOIs (ONS) have had a mental disorder and professionals working in Youth Justice have a key role in the early identification of mental health problems.

In conclusion, there are significant opportunities for all professionals working with young people to prevent violent and aggressive behaviour from escalating and to learn from each other as well as from the young people they are working with. The young people that we spoke to for this consultation were extremely happy to contribute to this discussion and YoungMinds would strongly recommend that professionals working in health care, youth justice and other settings adopt this participatory approach to working with young people.

Finally, we would like to draw the attention of readers of this report to another report produced by YoungMinds in 2013: [‘Same Old...the experiences of young offenders with mental health needs’](#). There are many common themes in the two reports and we would recommend reading this report also.