

Communication with children and young people in the criminal justice system.

We can assume to an extent that adults can understand and engage with the criminal justice system, but we cannot assume the same of children and young people. Therefore it is vital that the adults representing children are able to ensure that the child has understood what is happening to them and why, and that their views are then listened to and represented in an appropriate manner. Much more than with adults, we need to take responsibility for ensuring that they are able to engage with justice systems.

Many children and young people who come before the Courts are affected by developmental disabilities. In some cases this is not immediately apparent, and whilst this guide offers some indication of how they may be recognised the local YOT may be able to advise if such issues are relevant to a young person you are representing.

This guide to communication begins with general information about communicating with children and young people. It then goes on to address specific communication needs in relation to ADS; ADHD; conduct disorder/ODD, and attachment disorders/working with Looked After Children. Each specific section starts with general information, followed by bullet pointed tips to improve the effectiveness of your work with children.

1. General issues in communication with young offenders.

Children benefit from a structured approach when engaging in difficult discussions. The following is typical of models used by practitioners in YOTs:

- **Prepare for interview**
- **Set the scene**
- **Explain structure, purpose, process, agenda**
- **Elicit information**
- **Explore, focus, track**
- **Reflect back**
- **Set goals, identify means**
- **Action**
- **Summarise**

Active listening skills are taught to practitioners who work with people in many disciplines. These can be summarised as follows:

1. Minimal Response

Maintain appropriate eye contact - smile, nod, grunt, use verbal cues etc. This demonstrates Unconditional Positive Regard and facilitates openness in the speaker.

2. Paraphrasing

Re-framing statements made by the speaker. This enables the speaker to stop and think about the factual content of what they are saying and enables you to check that you have understood correctly.

3. Reflecting

Reflecting back words, phrases, or emotions. This enables the speaker to stop and think about their words or the emotions behind what they are saying and may open up further areas for discussion.

4. Summarising

This is a key skill in bringing structure to an interview. You can use it to check your understanding, bring together aspects of what the speaker is saying into a coherent sentence & then either explore further or move the interview on to a new topic.

The following are examples of question styles that are problematic for children and young people. These are adapted from the Equal Treatment Bench Book guidance on questioning child witnesses.

'Tag' questions (e.g. 'You didn't intend to give the drugs to your friends, did you?'). These are powerfully suggestive and complex: to respond accurately, the young person has to be able to judge whether the statement part of the question is true; understand that the tag expresses the Magistrate's point of view, and is not necessarily true; be able to counter that point of view; and (if the question combines both a positive and a negative) understand that a positive statement takes a negative tag and vice versa.

Questions containing negatives, which are hard to uncode. (e.g. were you *unhappy* with the way your teacher didn't listen to you?) We may be alert to double negatives but difficulties can arise from single negatives.

'Forced choice' questions. (e.g. were you going to drink the alcohol yourself or sell it for money for cannabis?") These may omit the correct answer so it is referable to offer an open-ended option as well.

Questions using figures of speech (e.g. 'I'm going to jog your memory') and the present tense (e.g. 'Are you at school at the moment?') which may be interpreted literally.

Series of leading questions inviting repetition of either 'Yes' or 'No' answers. An acquiescent young person may adopt a pattern of replies 'cued' by the questioner and cease to respond to individual questions.

2. Aspergers/Autistic Spectrum Disorder (ASD)

ASD is a lifelong developmental disability which affects 1 in 100 people in the UK. It affects the way a person communicates and how they experience the world around them. ASD is described as a spectrum condition. This means that while people with ASD, including Asperger Syndrome, share certain characteristics, they will be highly individual in their needs and preferences. Some people with ASD are able to live relatively independent lives but others may face additional challenges, including learning disabilities, which affect them so profoundly that they need support in many areas. Early intervention, education and support are critical in enabling children and young people with ASD to lead fulfilling lives.

People with ASD have said that the world, to them, is a mass of people, places and events which they struggle to make sense of, and which can cause them considerable anxiety. In particular, understanding and relating to other people, and taking part in everyday family and social life may be harder for them. It can be hard to create awareness of ASD as people with the condition do not 'look' disabled: parents of children with ASD often say that other people simply think their child is naughty. Children with ASD can display very challenging and difficult behaviour that they are often unable to control and often require intensive therapeutic intervention as well as medication.

Their odd behaviour may draw unnecessary attention, but in general ASD is a hidden Developmental Disability and it may not be immediately obvious to the public or people within the Criminal Justice System that someone with ASD has any special needs. People with an ASD may come in to contact with the CJS for a variety of reasons quite often offences can be related to social naivety. For example, the desire to have friends has led some people with ASD to be befriended by, and become unwitting accomplices of criminals; they often do not understand the motives of other people. People with ASD often do not understand the implications of their behaviour and due to their difficulties with social imagination often do not learn from past experience and may repeatedly offend if not offered the correct support and intervention.

People with Autistic Spectrum Disorder have difficulty in 'reading' facial expression, body language or tone of voice. Therefore they are unable to use the non-verbal communication to give them clues as to how the other person is feeling or the message that they are trying to convey. Often this leads to mis-reading the situation. They are likely to respond to questions with yes/no or I don't know as it is a short answer and they are struggling to change the thoughts or pictures in their head into words quickly enough. These behaviours may lead professionals or Courts to conclude that the person is being 'rude', 'belligerent' and that they have something to hide.

Autism is a lifelong condition and there is no cure at the present time. However, there are lots of ways in which people with autism can be helped to manage daily life and develop new skills. These include adapting ways of communicating with the person, using behavioural approaches to encourage positive changes in behaviour and giving them lots of support to understand what is expected and what is going to happen.

The following are suggestions for adapting communication style with young people with ASD:

- **Plan the meeting before you start.**
- **Use the young person's first name – frequently.**

- **Speak slowly using clear and simple language.**
- **Avoid metaphors / sayings / turns of phrase.**
- **Ask simple short questions (not multiple questions).**
- **Be prepared to repeat and rephrase.**
- **Avoid 'open' questions relating to problem solving.**
- **Ask person to tell events in their own words.**
- **Don't expect eye contact.**
- **Leave a lot of time for a response to a question.**
- **Deal with one issue at a time- bring back to subject.**
- **Be patient!**

3. Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is the most common childhood-onset behavioural disorder. It is often described as a dysfunction of the brain or a chemical imbalance of the brain. Mental health classification also calls ADHD Hyperkinetic Disorder. ADHD is a group of symptoms that include inattentiveness, hyperactivity and impulsiveness. Symptoms start from a very early age and continue in to adulthood, causing problems in education, within family life and in the community.

Those affected have a greatly reduced ability to maintain attention without being distracted, to control what they are doing or saying (because of impulsivity) and to control the amount of physical activity appropriate to the situation (that is, they're restless and fidgety). An affected young person is easily distracted and can't process information at a normal rate.

ADHD is also a hidden disability but professionals will notice the inability to concentrate or pay attention to what is being said. Symptoms can be exacerbated in formal settings and meetings and when stressed.

The following are suggestions for adapting communication style with young people with ADHD:

- **Say less. The less you say, the more the ADHD child hears. If you give them a long lecture they are most likely to forget every single word; if you can condense what you need to say into a few words it's more likely they will listen and remember.**
- **Keep it simple. Avoid using complex/formal language, they won't be able to process and understand and the impact will be lost**
- **Get the young person's attention before you speak. Say their name and then wait for them to look at you and acknowledge what you are saying. Make sure they look at you in the eyes, even if only briefly.**
- **Give instructions 1 at a time, youths with ADHD can't hold onto a number of instructions and follow them all. Usually if you give too many, none will be completed. The same applies to information eg, bail conditions, non-associates.**
- **If you don't think they were listening or heard what you or others have said, ask them to repeat it back to you**
- **Make allowances for lengthy hearings by being mindful of the youth's inability to sit still for long periods. If Magistrates retire to read reports the youth could benefit from a brief break.**

4. Conduct Disorder/ Oppositional Defiance Disorder (ODD)

Conduct disorder may be diagnosed when a child seriously misbehaves with aggressive or nonaggressive behaviours against people, animals or property. These behaviours may be characterized as belligerent, destructive, threatening, physically cruel, deceitful, disobedient, or dishonest. This may include stealing, intentional injury, and forced sexual activity. Keep in mind that this behaviour disorder consists of a pattern of severe, repetitive acting-out behaviour and not of an isolated incident.

ODD is the term usually reserved for less severe, but equally persistent conduct problems in younger children. It describes behaviours such as aggression, defiance and disobedience rather than those that are severely antisocial or against the law. Children with ODD frequently defy adults, deliberately annoy people and seem angry and resentful. They may blame others for things that they themselves have done and will not take responsibility for their behaviour. They may be very provocative and rude, especially to those in authority.

Treatment for both Conduct Disorder and ODD is family / parenting intervention and psychological therapy. Many young people with Conduct Disorder / ODD also have a diagnosis of ADHD.

In terms of communication styles for professionals the approach is very similar to that for ADHD:

- **Say less. The less you say, the more the CD/ODD child hears. If you give them a long lecture they are most likely to forget every single word; if you can condense what you need to say into a few words it's more likely they will listen and remember.**
- **Keep it simple. Avoid using complex/formal language, they won't be able to process and understand and the impact will be lost.**
- **A CD/ODD child is likely to start arguing back before you have finished your sentence. Direct them back to the original issue and remember to keep it simple.**
- **Get the young person's attention before you speak. Say their name and then wait for them to look at you and acknowledge what you are saying. Make sure they look at you in the eyes, even if only briefly.**
- **Give instructions 1 at a time, youths with CD/ODD can't hold onto a number of instructions and follow them all. Instructions are particularly difficult and are likely to be refused, even if the child goes on to comply.**
- **If you don't think they were listening or heard what you or others have said, ask them to repeat it back to you.**
- **Make allowances for lengthy hearings by being mindful of the youth's inability to sit quietly for long periods. If a young person becomes disruptive, a break is needed.**

5. Attachment Disorders/working with Looked After Children.

The term Attachment Disorder can relate to specific disorders of mood or behaviour, and the inability to form social relationships due to a failure to form attachments at a young age. Typically, Attachment Disorder affects young children, but if left untreated it can apply to school-age children and even adults. At its worst, attachment issues can develop into Reactive Attachment Disorder, a condition that is likely to require professional help. Attachment issues come about when a child fails to form an attachment to its parent or caregiver in its early years. The reasons behind this vary, but may include the following:

- no one responds or offers comfort when the baby cries
- the baby isn't tended to when it's hungry or needs changing
- the baby is abused or mistreated
- the baby is hospitalised or separated from its parents
- the baby is repeatedly moved from one caregiver to another
- the baby receives no attention, so feels alone
- the baby's parent/s are emotionally unavailable due to illness, mental health problems or substance abuse.

If the Attachment Disorder is left untreated, it can have a negative impact on the child's emotional, social and behavioural development. A child with attachment disorder may therefore be at higher risk for a number of emotional and mental health problems in later life.

Looked after children will typically exhibit symptoms of Post Traumatic Stress Disorder (PTSD). PTSD is a complex and debilitating condition that can affect every aspect of a person's life. PTSD is a condition which develops after you have been involved in, or witnessed, a serious trauma such as a life-threatening assault. The abuses that can result in a child becoming Looked After often result in PTSD. During the trauma you feel intense fear, helplessness or horror. In some people PTSD develops soon after the trauma. However, in some cases the symptoms first develop several months, or even years, after the trauma. In the typical case, the individual with PTSD persistently avoids all thoughts and emotions, and discussion of the stressor event and may experience amnesia for it. However, the event is commonly relived by the individual through intrusive, recurrent recollections, flashbacks, and nightmares. The characteristic symptoms are considered acute if lasting less than three months, and chronic if persisting three months or more and can cause clinical impairment in significant areas of functioning.

The following are suggestions for adapting communication style with Looked After Children

- **Use active listening**
- **Reflect back**
- **Summarize**
- **Express empathy**
- **Observe non-verbal communication**
- **Provide information**

- **Give feedback in a clear way**
- **Be alert to the likelihood that a Looked After Child is likely to have experienced emotional trauma and attachment issues.**
- **Be aware of difficulties LACs may have in relation to “not being in control”.**