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# Brutalised children become brutal adults: An interview with clinical and forensic psychologist Dr Naomi Murphy.

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Written By [John Barry](#)



**The reaction to criminality is often polarised.** Some people seem endlessly fascinated by tales of crime, and apparently the more horrific the better. Others don't want to know any details, and just want to see criminals punished as severely as the law will allow. Most people find the

thought of criminals who use physical or sexual violence frightening and repellent, so it takes a special kind of psychologist to have the courage and skills to make these people less dangerous, to – in effect – defuse these ticking human bombs.

Dr Naomi Murphy is one such rare person, and has worked with some of the most brutal criminals in the UK prison system. Although there is some debate over whether conditions such as [antisocial personality disorder](#) and [sex offending](#) can be successfully treated with talking therapies, Dr Murphy, who is delivering a keynote speech at the [Male Psychology Conference in June](#), has developed a [therapy programme](#) that has exceeded the expectations of many.

**John Barry (JB):** What got you interested in forensic psychology?

**Naomi Murphy (NM):** Certainly I wasn't thinking as a teenager, 'I want to be a forensic psychologist'. But I think when I did my degree, all the elements of psychology that I was most drawn to were the things that on the face of it don't look like they make much sense. So, trying to understand abnormalities of behaviour – the human need to make meaning out of stuff – you find nobody is incomprehensible when you start looking below the surface. People's stories always make sense – it's always possible to see how they ended up where they are. It's the part of me that likes to try and make sense out of something, I like the challenge of that.

**JB:** As a forensic psychologist, are you able to find out in most cases why people have committed their crime?

**NM:** Absolutely. I think when you take the time and trouble to get into somebody's story and understand their story, I think it's never surprising that they've turned into angry men – my prison work has mainly been with men. You don't have to even be a psychologist to really understand why people have ended up behaving the way they have, because what you hear is all the ways they've been hurt and harmed as little boys, children. And you think well, yeah, I'd be angry if I'd had that kind of experience. And you can see how sometimes people are wanting to 'identify with the aggressor' as a way to feel more powerful. They are being frightening or repulsive as a protective strategy – if they're making themselves scary, then they don't have to be vulnerable, and they're not going to get taken

advantage of or be abused again. The more you look into it, the easier it is to see that happen.

***“The brutality of the person’s offence is generally related to the brutality of what they’ve experienced during childhood.”***

**JB:** I think people still want to see them go to jail for life, even if they know that there’s a sound psychological explanation for what they’ve done. Why do you think that is?

**NM:** Horrendous offences elicit responses like fear or disgust. And I think there’s a certain kind of hypocrisy that people can evoke that kind of response in us, and we’re not able to tolerate it, we’re not able to like look a bit closer and see what else might have been going on. And ultimately [people in prison] are behaving in ways that are frightening and disgusting because they’re not able to tolerate their own vulnerability either. So there is a similarity in how we are and they are. And I think if we’re expecting people to behave differently, we have to get a bit better at tolerating our own discomfort to help people figure things out.

**JB:** I think probably one of the biggest challenges in psychology is to overcome that sort of revulsion and fear in order to try and help. How do you help somebody who must have some really damaging experiences?

***“what’s really tangible and very, very striking... was a lot of the men have experience not only of having parental cruelty towards them, but they actually felt that their parents wanted them dead.”***

**NM:** The brutality of the person’s offence is generally related to the brutality of what they’ve experienced during childhood. So certainly, I’ve found working in medium secure units, that they’ve often had contact with many perpetrators of violence and abuse and experienced significant poverty and neglect during childhood, but there was typically one person, maybe a mother who might be a bit ineffectual, for instance, who hadn’t been actively abusing the individual. When you get into high secure environments, you’re talking about literally every adult that they’ve got close to has been somebody who’s taken advantage of them or hurt them

in some way. And what's really tangible and very, very striking about men within the service within which I've worked, was a lot of the men have experience not only of having parental cruelty towards them, but they actually felt that their parents wanted them dead as a child. And that's a very, very striking experience. Lots of people have also been beaten by parents but in the context potentially of a misdemeanour. So they make sense of it as "dad being a bit strict" or "mum being a bit strict", whereas people who are in the high secure estate, have very commonly felt that, you know, their parents have said to them, "I wish you'd never been born" - *real* antipathy from parental figures.



***Picture: The Locked Up Living Podcast image.***

So how does the child cope with the idea that the two people who brought them into the world, not only don't love them, but actually regret them, find them disgusting or distasteful, don't want to have anything to do with them? As a person working within forensics, the focus really has to be on getting into seeing the world through the eyes of that child, that little boy,

and seeing how painful the world was [and] you have to be able to see the part that's able to do monstrous things. Both are equally as important.

**JB:** What is the mechanism that turns that little boy, with parents who didn't want him to live, into someone who commits violent behaviour?

***“What you see with males is you've got a sadness that's not been able to be expressed, or tolerated. So instead, the boy, the youth, the man ends up using anger and aggression, as a way of coping and protecting themselves from feeling vulnerable.”***

**NM:** Well, we as a society, are not very comfortable with male distress. So if boys are crying, they tend to - even these days can still be told - “be a big boy and stop crying”. I think girls often have the inverse problem of not being allowed to be angry. But anger is an emotion that makes people feel powerful and strong, and it's designed to help us protect ourselves. So actually, if you were to get stuck in the vulnerability of what you're experiencing, feeling hated by your parents, you would feel too vulnerable, it would just be too much, be overwhelming. It's easier, in a way, to engage with the *fight* part of your threat response and try to fight. And I think that's why you end up with more aggression. And for boys, we expect them to use anger and aggression, we normalise that to some degree - ‘boys will be boys’. The converse of that is women get stuck in psychiatric hospitals with suicidal behaviour where they've turned their anger inwards. I think it's quite accepted that depression is anger that's not been allowed to be expressed and experienced. What you see with males is you've got a sadness that's not been able to be expressed, or tolerated. So instead, the boy, the youth, the man ends up using anger and aggression, as a way of coping and protecting themselves from feeling vulnerable. When I see a big, macho, beefy [muscular], man, I don't think ‘You look really strong’, I think ‘You look like you were really frightened of your dad’. Because my experience is that the big beefy men have often been people who've had to cope with a lot of fear, during childhood. And being beefy is designed to send a signal to people to ‘Keep away - I'm tough’. It's a way to protect yourself. If you haven't had an experience of feeling really, really vulnerable and frightened, you don't need to resort to... excessive gym use, for instance, if you felt safe as a kid.

***“If you hone in as a therapist to [nonverbal signals] intending to say ‘I’m scary, I’m frightening’, to me, that’s a sign of that is somebody who was very frightened, very frightened at some point in their life.”***

**JB:** Would you say the same would be true of some other signals, like facial tattoos and things like that?

**NM:** Absolutely, definitely. If you hone in as a therapist to what response you are having to a person's physicality – the facial tattoos, maybe the clothing, the menacing smile, any of those sorts of visual clues or other kind of other kinds of cues – if they're intended to say ‘I’m scary, I’m frightening’, to me, that’s a sign of that is somebody who was very frightened, very frightened at some point in their life.

# *Treating* Personality Disorder

*Creating Robust Services for People with Complex Mental Health Needs*

EDITED BY NAOMI MURPHY AND DES McVEY



***Picture: Book by Naomi Murphy and Des McVey called Treating Personality Disorder: Creating Robust Services for People with Complex Mental Health Needs***

**JB:** That's really interesting. How do you deal with men like this in terms of therapy?

**NM:** Our unit was a five year treatment programme – so by prison standards relatively costly, very labour intensive. However, the men that

came into the service were people who've been stuck in long term segregation or close supervision units – also costly services – because they presented as very threatening and aggressive within the system. Some of them had killed or seriously assaulted people whilst in prison, so we are talking about people who are seen as being very dangerous.

But often people – because they feel very scared themselves – they don't necessarily understand the impact that they have on other people, and they don't see that because they're behaving in a way that's frightening, it produces a certain response back from other people. So part of therapy would be about sharing your own visceral response to the person. So if somebody is behaving in a way that is causing you to feel quite frightened, we would have an open discussion about that. And that's very different to what happens in prisons ordinarily – the prison system doesn't encourage that at all. It's all about, you know, “hide your fear because you don't want to give people the advantage”. But the reality is, as a staff member working in the prison system, you have got limits to the behaviour that you're going to use. Whereas somebody who's already murdered or raped, is going to be prepared to go further than you'd ever be prepared to go if feeling threatened. So actually, there is a power imbalance of a sort, when it comes to physicality, but actually sharing your emotional response [with the prisoner] might cause them to stop and think about how they are experienced [by other people].

Some men have been, at the start of treatment, really hypervigilant to the point that you can see the whites of their eyes because they're so aroused. And they then put a lot of effort into being scary, but you can see from the whites of their eyes, they're terrified. And actually having a conversation about the fact that you're feeling frightened in relation to them, but empathising with them, throws them a curveball. They're not used to that. They're used to people either trying to mask their fear, or trying to project a tougher image. And actually, that's that's what they've done their whole lives.

So therapy has to be about giving them something that's different, and helping them appreciate the impact that they have on others, and so that they can start recognising what impact others have on them at the same time.



In my opinion, therapy with people who've offended is really about trying to have an emotional connection with somebody, trying to create emotional intimacy and closeness, because that's what they've lacked. They haven't had connection, they haven't had emotional warmth, they haven't have consistency, they've never had the opportunity to feel that they're worthwhile as a human being. If they're turning up to therapy being scary, and you say, 'Ok I'm scared, but I don't believe this is all of you. I want to see the other part to you. And I want to understand why you're so frightened of connecting with other people'. And that's very powerful. And, you know, we have men who've been in therapy. Yeah, men in their 40s, who looked like, you know, "very alpha", gym-going guys, very muscle bound, sat in groups around year three of treatment and crying and saying, 'This is the first time I've ever felt loved in my entire life'. You know, that's really tragic, that someone should go their whole life and have to end up doing something awful, and be in a high secure jail, in order to have the experience of feeling loved and safe. How screwed up is that, really?

**JB:** Yeah. So you're saying that it's year three before they're really having that sort of breakthrough. How long does it take to just establish enough trust that they will talk to you honestly? Because as even as a psychologist, you must seem like you're part of the system.

**NM:** That's a really good question, and I think underappreciated. I would say that for the men that came to our service it would always take a good 12 months to establish a reasonable working relationship where they had the sense of giving [the therapist] a chance to get a bit closer. We were only able to do that by providing them with the security of five years [the full programme length]. They start worrying, in the last year of treatment, 'What am I going to do when I've got to move somewhere else?' and then the fear of rejection, and abandonment kicks in. So actually, they need enough time to overcome their initial barriers to getting involved in treatment which can take 12 months, and be able to do enough therapeutic work in the middle, because the last 12 months is actually you do less of that, because they're becoming anxious about what's going to happen. If you're the person that they felt closest to in their entire life, and then you're going to be removed from their sphere, that's obviously potentially going to be really, really painful for them. And it's a shame

because I think as a rule, we don't allow people that long for treatment, I know that the service that I used to be the Clinical Director for were under pressure to really cut treatment down in time, thinking that some parts of treatment could perhaps be done somewhere else. But in some ways the guys needed the reassurance of knowing they have the time to spend getting to know somebody, they could make mistakes and screw up a bit at times, and learn the lesson from that. Increasingly, of course, with austerity, there's a pressure to do everything shorter and faster and quicker. And I don't think that's helpful for people who've got relational problems.

**JB:** Trust comes slowly, taking about 12 months. Is that 12 months at one hour per week?

**NM:** The service that I was working in had an hour of individual therapy per week, but typically, they would also see you in a group at other points during the week, sometimes maybe more than one group a week. But also our offices were converted prison cells, which were directly above where the men lived so they could see you, they'd see you go into appointments with other people, they would catch you for a quick two minute conversation here, a two minute conversation there, they could observe you interacting with other people to see that you weren't producing something fake in their 50 minutes of conversation. It was a residential service, the men lived in the environment where they received the treatment. All of that, I would say, was absolutely essential, because it allowed them to watch you from a distance to start off with have a sense that 'Well, maybe, she's got reasonable relationships with people, other people seem to trust her, maybe I could stick my toe in the water...'. Whereas I think it'd be much more difficult to try and do that when people are coming in to do the treatment and only see you when in formal therapy.

**JB:** What's the motivation for them to go into therapy? I would imagine there are barriers, like if they stopped being so tough [due to therapy], would then they be vulnerable to everybody else in the in the prison system? So how do you deal with concerns like that?

**NM:** That was a real fear for them. And I think it's another reason why

services need to be residential, because people talk about having to put their 'coat of armour' back on when they leave the service in order to go to another part of the prison system. A lot of the men at the start would talk about 'Hobson's choice' [i.e. lack of choice]: 'The only reason I'm here is because there's nowhere else for me, and I'm stuck'. The very first few cohorts we had in treatment were men who were often 'over tariff', in prison for 25 or 30 years. But we had a range of people. So there were men who were there because the parole board said they've got to do it, so there was nothing else that they could do to show they had reduced their risk, so they were therefore going to have to engage with our treatment.

But there are other people who weren't even aspiring to get out of prison, who had no comprehension of the fact that life outside could be decent. So all they wanted was to have some sense of peace of mind, to not live feeling angry all the time, or frightened, not have nightmares. They just wanted to feel like the last years of their life would bring them some sense of peacefulness and tranquillity.

***"Staff are basically in pseudo parental roles, and [the prisoner is] relating to you as if you're in a parental role that represented whatever their past history included."***

**JB:** It's hard to get your head around having a life like that. Just going back a bit, you told me about how you got people to think about how they project themselves and the kind of response they got back, and maybe changing that. You have also done some really interesting work based on childhood attachment. Are you able to tell me a little bit about how that sort of treatment goes?

**NM:** Yeah, certainly. We trained all of the staff, the prison officers as well, in the schema focused therapy model, because the prisoners were learning the schema focus therapy model as a way of understanding themselves. But we also ran groups which focus on defence mechanisms and group tensions, and identifying some of the themes that would come up in the group and how the subconscious might get leaked out.

But the thing that's really important in these services is staff are basically in pseudo-parental roles, all staff, and that the person that's relating to you is relating to you as an authority figure, and therefore they're relating to you

as if you're in a parental role that represented whatever their past history included. So if you had two very frightening "caregivers" - in the loosest sense of the word - who could be very cruel, very brutal, who didn't love you, didn't keep you safe, then, of course, that's what their expectations are. If the two people who brought you into the world don't love you and have abandoned you or hurt you, then how can you possibly expect that people in a role doing it as a paid job, are going to give you something better? Are they really going to see your worth or your value? And so therapy would be about helping people understand that they've been let down by their parents in terms of not having that, and offering the opportunity to learn that not everybody treats you dreadfully, and not everybody is going to be frightening and take advantage of you. And that's a very slow lesson to be learned, because if you've had years of being treated dreadfully - and typically people had been abused by multiple perpetrators during their childhood - you've embraced being angry and aggressive as a way of coping. That of course evokes a certain response from other people who wouldn't be aggressive [to other people] ordinarily, because they're frightened [of you]. The person who's had that kind of history is recreating the same dynamics in adulthood that they experienced during childhood. Our job as staff members was to show them it doesn't have to be that way, and that means resisting your own urge to retaliate or respond by trying to go one up and make yourself more powerful.

**JB:** This treatment approach sounds great, but a long way from the standard NHS six sessions of CBT. How ready are the government to invest in the adequate amount of therapy needed by your clients?

**NM:** These were prisoners who would be very, very costly to the prison state, but [with therapy] managed to then be able to go and live in a relatively normal location, quite often going down to a medium secure jail from a high secure jail. So actually, there is a cost implication of that. But that's never really been adequately assessed economically, I don't think. We were able to demonstrate that men showed a significant reduction in their risk, and we had [a publication](#) relating to that. If you then add in wellbeing and improved peace of mind - we weren't assessing for that - but that's what men spoke about when they were interviewed, qualitatively. [A paper on this has been submitted for publication]. And that surely has to be worth something too because people who have committed violent

offences are not people with peace of mind who are feeling good about themselves. It's very complicated, trying to research something with so many variables: the residential element, multiple kinds of treatment intervention during the course a week... very, very complicated.

***“I've not ever seen the man in a high secure prison, who didn't have a history of trauma.”***

**JB:** Absolutely. Is there sufficient understanding and training in working with men in this way within the system?

**NM:** I definitely think that it's something that still needs to be improved on, sadly. Over time, there's been an increase in the willingness to recognise that trauma might be an underlying cause for some people, but ...I have to say, I've not ever seen the man in a high secure prison, who didn't have a history of trauma. There's still quite a long way to go to recognise that and appreciate that. I presented some work at the Male Psychology Conference [[in 2018](#)] saying that typically the men that come to us have had multiple points of contact with psychologists, probation officers, psychiatry, and actually what was known about their childhoods was very, very limited. And within a six month period, we'd hear much bigger disclosures from men and have a much better understanding of just exactly how brutal and aversive their childhood had been. So I think a lot more, a lot more needs to be done.

**JB:** How realistic is it to be able to prevent these sorts of terrible experiences happening in the first place?

***“Many of the people who end up in prison ...don't know that they have a connection to society, they feel very unwanted. They feel unloved. They feel criticised and rejected. And if you're just punishing them, well, all that does is push them further into being an outcast”***

**NM:** I think it would definitely be better to be intervening at an earlier age. Sometimes you see kind of like a campaign to get a child who's behaving in a disruptive way out of school. And you can feel the hatred and venom towards the child. And I understand the frustrations of 'What do you do?'

How do you keep that child safe, but also all the other children in school safe?' But actually, getting a child expelled is not necessarily going to be the solution to the problem. If you think about disciplining a child, for instance, if the parent tells the child off, then it's the parent's job to repair that relationship with the child and show to the child that whilst they might be annoyed with them for what they've done in that moment, they still love the child. Their unconditional love is really important, because it means that there's a vested interest in repairing the rupture and letting the child know there is a vested interest, and they still have that connection to you. Many of the people who end up in prison don't have that unconditional love. They don't know that they have a connection to society, they feel very unwanted. They feel unloved. They feel criticised and rejected. And if you're just punishing them, well, all that does is push them further into being an outcast, and then they have no stake in society. As a society, we need to make people feel as if they're welcome and wanted and part of the community. And that might take extra resources and extra efforts and endeavours to be able to do that when somebody is behaving in a way that ultimately is driven by fear and a sense of lack of worth. But surely, if we're healthy, we have the wherewithal within us to be able to do that. Within the Fens [prison unit] we were much more reliant on the interpersonal relationship and consequences to manage ruptures. Traditionally you'd send someone to segregation if they behaved badly as a kind of punishment. We would argue against that and discuss our disappointment and hurt that they'd let us down after investing time and energy into them. New staff used to advocate for taking something away from them punitively but often these kinds of discussions were far more powerful. Sometimes people needed to go to segregation because they were behaving in ways that were dangerous, but we would be explicit about that too – like "You know Fred, you're going to the seg because the way you're behaving is scaring people right now and we need to keep people safe". The traditional removal to the seg doesn't involve this kind of conversation. Usually a team turn up to remove them by force with little discussion and of course the man feels over-powered and starts perceiving himself as a victim. Our way ensured he had to hold on to responsibility but it also allowed scope for restorative justice.

***“What’s in it for somebody to make themselves better, less dangerous people, if they’re consigned to spend the rest of their life in prison?”***

**JB:** Do we as a society need to be able to be more understanding of prisoners? Or is that just asking the impossible?

**NM:** The ability of a society to be compassionate probably does say something about the maturity of a society. You know, I read about a really interesting project in Australia with Aboriginal communities. I don't know for sure if all of the people who offended were male or not - I think they were - but all of the perpetrators of domestic violence, rather than being sent to prison or outcast from the community, they were made to come and live in the community and take responsibility for their actions, and offer reparation to the community as a whole. So they weren't getting off scot-free. It's very much like the principle of restorative justice. The evidence is that is much more satisfying for people who've been victims of crime than a more punitive response is. Actually finding a way to navigate the rupture and breach of society's norms in a way that's compassionate and allowed the person to restore their standing in the community by showing that they were willing to admit to what they've done. And they were willing to make efforts to put right their wrongdoing insofar as they were able. To me that's a sign of a mature, healthy society. And that's probably more advanced than our current state within the UK at the moment. What's in it for somebody to make themselves better, less dangerous people, if they're consigned to spend the rest of their life in prison?

**JB:** If there was just one thing that people could understand, or do, that would make a difference...?

**NM:** It's very, very complex, so much is interwoven. When you look at people's histories when they're in prison, they're not only experiencing brutality within the family, but often already their families are marginalised. Typically, they're being raised in poverty. If you don't have enough to eat, then all your emotional and cognitive resources are spent trying to think about how to get enough food and how to keep your family warm. Then, if you've got a child that perhaps needs a bit more attention, or is acting out a bit, how do you manage to do that? You can see how parents who, if

everything was okay, if people had enough to eat and enough, somewhere safe to, to sleep, a roof over their heads, warmth, then if people felt safer, they might actually do a better job of looking after their children. But we're expecting people who are already facing multiple challenges to then cope with children acting out, and I don't think we give parents the best shot.

***“If people with lived experience had been given more of a voice, I think services [today] would look quite different.”***

**JB:** I hope this isn't changing the subject too much, but can you tell me a bit about your new podcast [Locked Up Living](#) please?

**NM:** I'd love to talk about Locked up Living, which was my [covid-19] lockdown project really. So obviously found myself with a lot more time than I was anticipating. I'm somebody who really thrives on mental stimulation, I enjoy thinking about psychology, talking about psychology, I'm a bit of a geek, really, in that sense. And I was talking to David Jones [who became the co-host of *Locked Up Living*] about the impact that working in the prison system has on many people - you can see that some people end up quite cynical as individuals after spending 20 years or so working in prisons -and it got us thinking about 'what are what are ways to sustain the human spirit and your own wholesomeness and resilience when you're working in a part of society that's very concerned with darkness and the more unsavoury side of life. And the system itself is a very brutal system, something of a silo, not very transparent. What we wanted to do was to give a platform to ideas that might promote health and well being and emotional resilience in a way that we don't think gets enough visibility within forensic thinking ordinarily.

**JB:** What kind of topics have you talked about?

**NM:** We've covered all sorts. We've we had a [sound artist Justin Wiggan](#), who's recently won an award for his work, where we worked with him to use sound to enrich the [prison] environment. He made this 'sound bench' that provided prompts to calming breathing [[diaphragmatic breathing](#)], and using different sounds, like a cat purring, that people generally find that quite soothing.



Then we've had people coming on who are doing other sorts of creative things in the prison system. We've spoken about the very tangible effects of [green space](#) on prisons. Obviously, a lot of our contacts have been in primarily in the criminal justice sector. But for me, certainly I'm very keen to have guests on from quite different sectors because I do think prisons end up being such a silo. I think it is good to think about toxic organisations more generally. So we've had [Michael West](#) talking about compassionate organisations and especially the NHS. And we've covered [boarding school three times](#), and the impact that that has on well being. We've discussed [emotional literacy](#) in the police a couple of times. We have had [David Boyle](#) talking about tick-box culture. We've covered [attachment theory](#) and [meditation](#). And then we've also had [Phil Mitchell](#), who you know, on talking about working with men who have a history of sexual abuse. So we've tried to look at things that are challenges that stop people from being well and healthy. And I suppose Phil's conversation was interesting from the point of view of actually not being able to talk about your history of abuse, and how having to keep that secret is corrosive. Whereas somebody like [Dominique Moran](#), who was talking about the green space, for instance, that offered something that's a counteraction to toxicity. So we try to cover both ends of the spectrum – the problems as well as some of the solutions. We've been really lucky to have had some really fantastic conversations with people.

**JB:** It does sound really interesting. And one final thing, you've got a book, it's been out about nine years, 10 years...

**NM:** It was published in 2010, edited by myself and Des McVey, called ['\*Treating personality disorder; creating robust services for complex clients\*'](#). The title reflects the era, in that at that time there was a lot of interest in personality disorder. But ultimately, the book is about how to create a trauma focused / trauma informed service. And it very much draws on our experiences of delivering services for very traumatised people, so really describes operationally how to create a service in which people feel safe and cared for.

**JB:** And are there any plans for a second edition? Or if there was, what would you update or change?

**NM:** Oh, gosh, well, I certainly wouldn't be using the language of personality

disorder – that felt very much like something we needed to do to signal that it was something that was relevant to the times because that was a growth area, right? So we needed to signal that. But also, I'd want to be much more proactively including the contributions from people with lived experience, because I think forensic psychology is way behind the field in terms of doing that. Actually, if people with lived experience had been given more of a voice, I think services [today] would look quite different.

### **Final thoughts**

In what is one of the most challenging areas of psychology, Naomi Murphy offers an important reality check about the causes of crime and a ray of hope for prevention and treatment. I would encourage any aspiring psychologists to find out more about this topic, and very seriously consider working in this very difficult and potentially hugely impactful field.

### ***Biography***

Dr Naomi Murphy is a Consultant Clinical & Forensic Psychologist and Honorary Professor of Psychology at Nottingham Trent University. She is the co-host of the [Locked Up Living Podcast](#), co-editor of the book [Treating Personality Disorder](#) (Murphy & McVey, 2010), and co-founder of [Octopus Psychology](#).

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