Trauma-Informed Forensic Practice

Phil Willmot, Lawrence Jones

Developing Trauma-Informed Youth Justice Services

Publication details
Nicola Silvester
Published online on: 11 Mar 2022

How to cite: Nicola Silvester. 11 Mar 2022, Developing Trauma-Informed Youth Justice Services from: Trauma-Informed Forensic Practice Routledge
Accessed on: 05 Dec 2023

PLEASE SCROLL DOWN FOR DOCUMENT
Introduction

Safeguarding children from harm is everyone’s responsibility!

*Department for Education, 2018*

Everybody who has ever worked in a person-facing role will have been regularly reminded that safeguarding children from harm is everyone’s responsibility. Legislation sets out our responsibilities regardless of the nature of the organisation to safeguard and promote the welfare of children (Department for Education, 2018). Understandably so, as childhood is a fragile time of intense development and learning that we know helps lay down the foundations for the type of adult that child will become. Therefore, both the importance and innate vulnerability of childhood are recognised and thus must actively be preserved by protecting children from harm. However, the world is an unsafe place where many children do unfortunately experience trauma and, as a result, have their learning or development impacted upon. Adverse Childhood Experiences (ACEs) research (Felitti et al., 1998) indicates that the effect of multiple traumas within childhood can lead to poorer outcomes in adulthood, including higher levels of mental health issues, substance abuse, and aggressive behaviour, influencing educational and employment opportunities. The Department of Health (2013a) reported that children with mental health issues, and those who engage in substance misuse or aggressive behaviour are over-represented within the Criminal Justice System, as are children in care and those living in poverty or experiencing any of the factors highlighted by the ACE’s research. This report suggests that, despite declining numbers, there appears to be “evidence of growing levels of multiple, complex and damaging health and social needs among those who come into contact with the youth justice system” (p.202). Therefore, it is undeniable that children who come into contact with the Criminal Justice System have often experienced (or are still experiencing) high levels of
childhood trauma. So a trauma-informed approach to this cohort of young people would appear essential. However, current systems and processes make this a challenge to achieve – from the sheer nature of how we define offending within an adolescent cohort, to the practicalities of arrest, police interview, bail, remand, the court process, community interventions, and detention. All of these can re-traumatise an already traumatised child or compound their traumatic experiences, going against the principle of safeguarding all children from harm (Paterson-Young, Hazenberg, Bajwa-Patel, 2019). Therefore, systems-wide change is needed in order to take a trauma-informed approach to Youth Justice. This chapter will aim to summarise the journey of one Youth Justice Service towards adopting a trauma-informed approach and give guidance as to how this was achieved, through considering how to mobilise this type of thinking initially and then how this may impact upon certain aspects of the service such as assessment and understanding of the child, the child’s journey through the criminal justice process including arrest, sentencing, and intervention, as well as consider the impact on the staff team itself. This will be done through sharing the challenges and the benefits of this way of working, interweaving examples of this in action to help guide anyone wanting to adopt this within their organisation.

Mobilising Trauma-Informed Thinking in Statutory Organisations

Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.

Sandra Bloom (2014), MD, Creator of the Sanctuary Model (Gerber, 2019)

What is “Trauma-Informed Thinking?” What does it look like in practice and how will you know when you have it? This is an on-going debate amongst likeminded professionals across the globe and, as this approach takes traction, various terminologies are emerging to help articulate what is meant by trauma-informed thinking. There is an acknowledgement that a difference lies between organisations that are aware that trauma exists within their populations, those that are sensitive to, or informed about, the impact of trauma on those individuals, and those that are able to consider this impact in their response to their clients (and their staff) and offer interventions and support specifically tailored to take into account the traumatic experiences of those being served. This is the difference between knowing about trauma, thinking about the impact and doing something about it. These three processes are very different and it can be hard to know where to start, but in my experience they are the three sequential steps to becoming trauma-informed.

In Simon Sinek’s seminal TED Talk (2016), he advocates to “Start with the why!” He postulates that “people don’t buy what you do, they buy why you do it!” and as such “it’s those that start with ‘why’ that inspire us or find others that inspire them”. Therefore, the first step is to raise awareness within the organisation of the sheer prevalence of trauma among the people we work with, before helping the organisation to understand the impact of this. This needs to include not only what brought
these children into the organisation, but also what might be keeping them there; this is key to laying the foundations for all other aspects of the process. However, often organisations such as Youth Justice are made up of overlapping, integrating organisations, each with their own overriding agendas, a range of professionals, with a range of levels and modalities of training and skill, often being governed by a range of authorities working within different legal frameworks. This often includes the Police, Crown Prosecution Service, Criminal Justice Liaison and Diversion Service, Victim Liaison Service, Courts, Youth Offending Service, remand and custodial settings, as well as peripheral partner agencies such as Health, Education, and Social Care. Creating change across these organisations concurrently would be a miracle, so aim to work by influencing the immediate system first before ideas gather traction and begin to garner more support and collaboration from those outside of the inner circle in order to begin to start a movement.

Raising awareness and understanding within an organisation takes on two distinct actions. It begins with understanding the needs of the population, requiring access to information and training in what that means for the child. Access to information is important in developing a holistic picture of what life has been like for the child growing up, thereby shifting focus to what has happened to them rather than solely what they are presenting with, allowing for better connections to be made between the experience of trauma, understanding the presenting behaviour and where it might stem from. Often this information is limited to what is held within the organisation and is directly related to the child. However, trauma can be trans-generational, societal, institutional as well as individual, so a whole-systems approach needs to be adopted. The setting or environment into which this child was born and raised is also important; understanding the childhood experiences of both the child’s biological parents and other caregivers, the development of their relationship and the circumstances in which the child came into these relationships should not be underestimated, as well as the society and political climate in which they were raised. This gives a sense of not only the capacity of the parents and the community into which they were born to provide “good enough” care to the child within those formative early years of life, but also their current capacity to support any intervention the organisation attempts to offer, which can often be the first barrier to overcome.

In order to achieve this, organisations need robust information sharing agreements with key partnership agencies, both within the adult and child arena, as well as a thorough understanding of their legal responsibilities in relation to consent to gather and share information. Often the biggest challenge with this is understanding the complexity of information governance (including consent, confidentiality, and disclosure) across and within statutory organisations. As such when embarking on this process it is important to become familiar with the legal frameworks governing information sharing in respect of safeguarding, alongside those relating to public protection from criminal activity, such as The Crime and Disorder Act (1998). Information including history of contact with the police, social care, and health agencies, alongside educational history, diagnoses of any additional needs or involvement with any special educational needs processes, as well as parents’ involvement with police, social care,
and health services, including support from domestic violence services and consideration of what might be going on in the family in relation to other siblings and the community in which they were raised will develop a richer foundation of information to work from. Best practice guidelines relating to handling and sharing sensitive and confidential information, such as the Caldecott Principles (Department of Health, 2013b), should always be applied, and motivations made clear from the outset. However, when operating from a basis of trauma-informed practice then truly understanding the “why” for a particular child or family is important in determining the “what to do about it”. Similarly, operating a restorative practice approach (Costello, Watchel, & Watchel, 2009) encourages collaboration rather than subjugation or dictation. Within our organisation we set up a multi-agency partnership service involving Police, Youth Offending, Victim Liaison, Social Care, Youth & Community Development, Education and Health to intervene with some of the most complex young people entering our services to inform and coordinate a trauma-informed approach to all our services understanding of them and target the necessary support.

When it comes to raising awareness about trauma through training in Youth Justice organisations, this needs to begin with basic education on child development, including developmental milestones such as walking and talking, but also include an overview of social and sexual development. Having a basic understanding of the development of emotional regulation, empathy, self-concept, and social and sexual identity is crucial in becoming trauma-informed, as it gives a foundation of “normal” patterns of development in a population that will typically display “atypical” patterns. It also gives an understanding of the basic environment and interactions needed to promote healthy childhood development. Secondly, training in the biopsychosocial model of attachment trauma is needed to understand the impact of trauma on the child’s development, whether neurological or psychological, impacting on a child’s core beliefs and concept of self, alongside how it can impact on interaction within their communities. This training will lay the foundations for understanding how childhood trauma can disrupt typical childhood development and lead to atypical development often seen within Youth Justice populations.

**Transforming Case Formulation**

Most Youth Justice (and non-youth justice) organisations will have embedded protocols and practices around assessing risk of harm to others alongside the safety and well-being of the child, whether this be a formal process of identifying risk factors, employing a risk matrix and quantified level of risk or simple structured, clinical judgement. Most Youth Offending Services use ASSET Plus (Youth Justice Board, 2014) as standard (a comprehensive assessment based on clinical research combining both actuarial and clinical judgements regarding the likelihood of re-offending and the risk of serious harm), in addition to the AIM-3 (Assessment, Intervention, and Moving-on) Framework for cases involving Harmful Sexual Behaviour (Leonard & Hackett, 2019). However, whilst both are moving towards a strength-based approach, incorporating more protective factors, neither truly captured the essence of a trauma-informed assessment. ASSET Plus in particular is seen as a cumbersome document,
taking disproportionate time to complete, incongruent to the level of risk posed, ineffective in guiding an appropriate intervention plan and not easily accessible for the child or their family (Picken, Baker, d’Angelo, Fays, & Sutherland, 2019). However, more could be done to identify the cumulative vulnerability of the child when considering wider contextual factors such as developmental trauma, understanding the impact this has on the child and their presentation and the harm that could be caused to that child through any actions taken by services failing to consider this when planning their intervention or support. Therefore, there are currently three Youth Offending Services across the country trialling alternative assessments to the ASSET Plus, including our organisation.

Given that most Youth Offending Services are now incorporated into Children’s Services the Signs of Safety Model, which has been adopted throughout, Social Care appears to have been most influential here. Signs of Safety was developed by Andrew Turnell and Steve Edwards through years of practice, eventually being rolled out as a model from 1993. It “expands the investigation of risk to encompass family and individual strengths, periods of safety and good care that can be built upon to stabilise and strengthen a child’s and family’s situation” (Turnell & Murphy, 2017). Whilst it is more succinct and tailored to the individual child and family context, collaborative and accessible for the individuals involved and links well onto an intervention plan, leading to an evaluative process, it still does not fully utilise a trauma-informed approach to understand where the concerns arise from and therefore why some intervention strategies might be more successful than others. Therefore, a model of trauma-based psychological formulation is needed.

Formulation is the act of making sense of the information that has been gathered within the assessment phase of the process, thus creating meaning out of facets of information by hypothesising about the links between cause and effect. There are numerous models of formulation available to use, each with their own merits and limitations; however, each organisation will need to find the one best-suited for them. This might come down to the specific nature of the cohort being supported, the nature of the staff group within the organisation and their familiarity and expertise within the field of formulation, the availability of specialist knowledge or resources within the organisation or the transferability of the formulations between other organisations they work closely alongside or have partnership arrangements with. Consequently, it is advisable to collaborate closely with colleagues from psychological disciplines as formulation is a key component of their skillset, which can be useful to harness throughout this transformation.

Earliest incarnations that were used within our organisation were the Circle of Security Model of attachment trauma (Hoffman, Marvin, Cooper, & Powell, 2006), which looks at how early experiences of relational safety and security can interweave with childhood traumatic experiences to develop adaptive safety behaviours that are often seen in the presentations of the young people being supported. This enables problematic behaviours or risky presentations to be framed within the context of relational trauma and guides the intervention strategy within the context of relational repair. This has helped developed knowledge of trauma into an understanding of the impact trauma can have on the child and their family, not only in respect of
what may have led to where they are now, but how to intervene effectively going forward. It also takes into account trans-generational trauma, by using the formulation model and approach to consider any caregiver within the family system and their experience of relational trauma, and thus their safety behaviours and relational approach to both their child and the professionals offering support. Within this the concept of intersectionality needs to be considered – this is not merely the understanding of how individual factors can prejudice or promote an individual or their circumstances, but how a combination of these factors can lead to situations of cumulative advantage or disadvantage in respect of a specific individual and the situations in which they find themselves (see Intersectional Theory: Burgess-Proctor, 2006).

Journey Through the Criminal Justice Process

Arrest and Interview

Understandably, children who come into contact with the police are processed differently from adults; however, there is still progress being made around how trauma-informed or trauma-responsive this is. The Police and Criminal Evidence Act (1984) sets out the police’s responsibilities when it comes to processing children. These include being responsible for identifying and informing the person responsible for the child’s welfare of their arrest or detention, providing an “Appropriate Adult” to be present for the child during searching and questioning, and ensuring that a child is detained no longer than necessary and, if necessary, conveyed to the Local Authority for accommodation to avoid them being held in custody overnight. Therefore, sharing information with local policing teams as well as raising their knowledge of trauma and its impact on children and childhood can be beneficial. Flags can be added to the Police National Computer (PNC) highlighting pertinent information that might aid the police in understanding the needs of a child they have detained, including known diagnoses of mental health concerns or additional needs, linked professionals or services, and risk or vulnerability markers. However, this requires partnership working. This could help to support that child being safely and appropriately arrested, interviewed and, where possible, released back into the community with support in place to manage any arising issues, thus reducing the additional trauma that this may cause to a child, especially those with traumatic histories already and/or underlying mental health and learning needs. Identifying and relaying these factors to the police has become easier since the introduction of Criminal Justice Liaison and Diversion Services, which came from a Health and Justice specialised commissioning workstream called the Collaborative Commissioning Network, following The Five Year Forward View for Mental Health (Mental Health Taskforce, 2016). This has allowed the creation of partnership arrangements to screen all consenting children in contact with the police for factors increasing their vulnerability within society and guide them to access the support they need throughout this process at the earliest opportunity. However, more progress is possible in proactively considering the needs of these children before they come into the system alongside the progressive work being done at the point of contact.
Over the years significant changes have occurred to our perceptions of children involved in antisocial or criminal activity causing changes in policies and procedures. In the UK, a number of high profile cases and reviews of critical incidents where children have come to harm (namely Rotherham, but see the NSPCC archives for other serious case reviews) have forced us into acknowledging the role of criminal and sexual exploitation within this, including radicalisation, child trafficking, county-lines, and modern day slavery. Therefore, children persistently missing from home or care providers, those engaging in criminal activity with other children or with adults known to criminal justice services, or those that meet criteria set out on screening tools for exploitation should now be flagged and investigated for links to organised crime. Within this, collating an understanding of the vulnerabilities experienced by this population is vital, as well as how these can make certain children more susceptible to exploitation, and how services can respond effectively. Many of the above serious case reviews around exploitation reference the need for inter-agency communication and collaboration on identifying those at risk, the networks maintaining the exploitation, as well as actions that disrupt and ultimately safeguard vulnerable children from exploitation. Therefore, having a child criminal and sexual exploitation specialist employed by organisations to collaborate with the police service and monitor cases that come through where exploitation is suspected and utilising or developing a criminal exploitation screening tool (our local example having been created by Lincolnshire Safeguarding Children’s Partnership, date unknown) which is used widely across all partner services can assist with early identification of young people at risk of or being exploited.

Having a centralised coordinator for exploitation also facilitates strategically mapping the connected networks operating across the local area and will feed into the organisation’s Multi-Agency Safeguarding Hubs (or equivalent). Locally, there should be processes for submitting intelligence to the police to help them build the bigger picture around exploitation; however, this needs to be promoted as colleagues need to be made aware of what to share, why, when and where – so this comes back to training in order to build awareness or processes that can support trauma-informed practice. Organisations should now have access to the National Referral Mechanism (NRM) whereby they can report and register children believed to be being criminally exploited and seek support from specialists within this field, such as Independent Child Trafficking Advocates (ICTA) about measures or interventions they can put in place which may safeguard children. All these things help to foster a mindset of understanding, compassion and proactive prevention of exploitation, criminalisation and re-traumatisation of this population, whilst maintaining statutory responsibility for public protection alongside safeguarding the needs of the child. This foundation then follows the child through the entirety of their criminal justice journey and may in time prevent criminalisation of exploited individuals.

**Diversion Away from Criminalisation and Sentencing**

When adopting a trauma-informed approach to Youth Justice, it becomes apparent that often what these complex, traumatised children need least is criminal justice
interventions. For many years now, research guiding us on reducing the risk of reoffending in adolescents has sought to include social and relational interventions (such as Desistence Theory & The Good Lives Model) alongside individual ones, which makes better sense when adopting trauma-informed practice. Desistence Theory (Moffitt, 1993) highlights levels of change including intra-psychic, interpersonal, community and societal, often encouraging education, training, and employment, eliciting a sense of achievement and responsibility as pivotal in desistence. Similarly, emotional well-being though leisure activities and social connectedness through association with pro-social peers and stable relationships with family and significant others are also considered relevant factors, none of which addresses the offence explicitly, but nevertheless are seen as successful in eliciting desistence. The Good Lives Model of offender rehabilitation (Ward & Stewart, 2003) also advocates for this, encouraging the identification of needs met by the criminal behaviour to be replaced by healthier behaviours thus preventing reoffending. Therefore, following the Legal Aid, Sentencing and Punishment of Offenders Act (2012) there was both a desire and a need across Youth Justice Services to reduce the amount of young people entering the court arena and being managed on criminal justice interventions. So, building on the strong relationships already forged across our services, we developed a Joint Diversionary Panel (JDP).

The JDP was a multi-agency collaboration that considers cases of first-time or low-level criminal activity, using a set of strict collaborative guidelines, underpinned by formulation of behaviour, for offering alternative, holistic interventions in lieu of formal criminal justice interventions. Referral to the JDP requires the admission of responsibility for the criminal activity by the young person, as any form of denial or doubt, needed to be subjected to the rigours of criminal investigation. If the young person admits responsibility, then the police officer in charge of the investigation could offer them an out of court disposal by referring them into the JDP. Subsequently, key partner agencies would gather information on the individual’s behalf and consider all the information in context on aspects of both risk and vulnerability to decide on the best intervention to divert the young person away from further offending. This allowed our service to extend the scope of preventative work being offered across the cohort, holistically considering the context behind adolescent risk-taking behaviour and its links with adverse childhood experiences, as well as offering some of the more systemic preventative work out to our partner agencies. As often when operating from a trauma-informed approach, the most suitable action to take may be a social care- or health-focused approach. This resulted in a significant reduction in court orders and disposals, as well as robust multi-agency mechanism for diverting children away from the Criminal Justice System which ‘just by the nature of association’ can further traumatised, limit, and marginalise them.

Inevitably, there will be cases where the nature, frequency, or persistence of the offending behaviour will require statutory intervention. However, by diverting away the population that requires little or different forms of interventions to encourage desistence, specialised resources and intensive interventions can be focused on those requiring it most. However, even here, a trauma-informed approach can be adopted.
In fact, most young people coming in at this level of the organisation are already known to partner agencies. Therefore, after working collaboratively with our partner agencies on the JDP the service also underwent a restructure, in which the Youth Offending Service was incorporated into Children’s Services and amalgamated with an offshoot of Early Help forming a specialist service aimed at supporting adolescents at risk, thereby discarding the unhelpful arbitrary labels of victim or perpetrator and working holistically with them and their families before, during, and after contact with the Criminal Justice System. Therefore, any young person identified as being vulnerable or at risk, by the nature of their behaviour at home or within the community, can be referred into the service and begin receiving support on a voluntary basis in an attempt to provide safety and stability or to divert them away from potential criminal activity. However, should their behaviour escalate into low-level offending behaviour, the JDP can offer an out of court disposal which, in most instances, can be assigned back to the professional that has an already established relationship with the individual and their family. Similarly, if their behaviour continues to escalate into the court arena, whilst court orders require the specialist skills of a trained Youth Offending Officer, within this model they can collaborate with the child’s individual worker to understand the context behind the offending behaviour and advocate for the best possible outcome through the courts. Again, having already established relationships with that child, their network of support and a range of specialist provision from the network of professionals already in place around the child and their family can assist in being able to recommend robust community-based sentences to the court, especially as often established engagement or impact can be evidenced. Also, newer sentencing guidelines (Sentencing Council, 2020) gave greater responsibility to those sentencing children to recognise their developmental and contextual needs, thereby advocating for a more restorative and rehabilitative approach, which helps to endorse a trauma-informed approach when addressing sentencing needs.

**Intervention for Both the Child and Their Family**

There are many models of trauma-informed intervention, each with their own merits and challenges. Within our organisation we have found several models helpful to dip into when completing direct work with young people both within the context of addressing their offending behaviour to holistic support for their whole families or within the wider context of their lives. This has included support to our Local Authority homes, as well as rolled out an internally developed training package (Caring2Learn) across our education providers, foster carers, and care providers, enabling trauma-informed practice to be adopted across a whole spectrum of organisations coming into contact with our local population of young people:

**Desistence Theory** (Clarke & Cornish, 1985; Giordano, Cernkovich, & Rudolph, 2002; Laub & Sampson, 2001; Maruna, 2001) – the approach of introducing and promoting factors which are identified by research to contribute towards the desistence of offending;
Good Lives Model (Ward & Stewart, 2003) – where needs associated with problematic or criminal behaviour are encouraged to be met with healthy, pro-social behaviour;

Contextual Safeguarding (Firmin & Knowles, 2020) – creating relational safety for a child outside of their family home within the context of school, community, & peer groups;

Trauma Recovery Model (TRM) and Enhanced Case Management (ECM) (Skuse & Matthew, 2015) – incorporating psychological formulation and an understanding of the impact of developmental trauma into a tiered approach to strategic intervention to aid recovery;

Signs of Safety (Turnell & Murphy, 2017) – a strengths base approach exploring existing support and protective factors both within and around the child that can be drawn upon to create increased safety and stability for that child;

Restorative Practice (Costello, Watchel, & Watchel, 2009) – an approach that encourages sustained change to be created by collaborative action that provides both high support and high challenge, rather than taking action by doing for or to an individual;

Social Pedagogy (see Hatton, 2013 for an overview of its development) – an approach that postulates that every individual has the infinite potential to contribute meaningfully to society if supported to access that potential and channel it appropriately;

PACE Principles (Hughes, 2017) – a practice incorporate within Dialectical Behaviour Therapy encouraging Playfulness, Acceptance, Curiosity, and Empathy within all interactions with children.

Trauma-informed interventions are often based on the principle that the concerning presentation is just a manifestation of hidden unmet needs and thus a symptom of the problem, rather than the target of the solution. Historically, criminal justice interventions have often targeted the problematic behaviour directly either through educative interventions; knife crime programmes, classes around the impact of substances, or even victim empathy work or restrictive and punitive means; curfews, tags, exclusion zones, and non-association orders. However, they have rarely addressed the underlying need met by the offending behaviour, particularly now that the core population becomes more complex as efforts are made to divert first-time entrants and lower level offences away from the Criminal Justice System. Therefore, the impact of criminal justice interventions can be limited and in some cases can be seen as creating a bigger issue – such as putting restrictive measures around a young person who has engaged in harmful sexual behaviour (HSB) not to associate with peers of their own age, thus preventing them from actively being able to establish healthy peer relationships as part of their rehabilitation! Therefore, the most important part of determining the right type of intervention from a trauma-informed approach is to seek to understand the “why” behind the behaviour, not just the “what”. Understanding why the child has taken this path into offending behaviour then helps to determine what needs to happen to discourage this behaviour. For example, using the example above of the child engaging in HSB, this could be for example because the child has suffered...
abuse themselves and is re-enacting abusive behaviour; or they may have additional needs and their behaviour is a consequence of misunderstanding social relationships; or they may be acting out in their peer group due to other underlying factors within their environment. In all these cases, restricting healthy peer relationships while attempting to prevent further victimisation does not address the underlying cause and in some instances could cause an escalation in concerning behaviour if that child is prevented through this restrictive action from developing healthy social and sexual relationships. It is therefore imperative to treat the need over the behaviour, in order to have any success in extinguishing the problematic behaviour.

When considering trauma-informed interventions for young people across the Criminal Justice System it is important to hold in mind normal child development, the building blocks of attachment and the impact of childhood trauma on the developing child, as often this can get forgotten, especially when applying adult-focused interventions adopted for and often only marginally adapted to a juvenile population. Adolescent risk-taking behaviour needs to be understood as a developmentally appropriate stage of childhood development and whilst most young people engage in this type of behaviour without being caught, some will unfortunately come into contact with the Criminal Justice System (especially those that are more highly scrutinised, such as those from black and ethnic minority communities, children with additional needs, and children in care), which is why it is important not to prematurely label these individuals as engaging in problematic criminal behaviour. Research shows that progression from adolescent contact with the Criminal Justice System to adult offending is rare (Farrington, 1986; Piquero, Farrington, & Blumstein, 2007). Therefore, operating a preventative support service and/or a diversionary process like our Joint Diversionary Panel aims to filter out those dabbling in possibly developmentally appropriate risk-taking behaviour, but unlikely to go on to become adult or lifetime offenders. This approach to giving the young person the benefit of the doubt based on a developmental understanding of the child also prevents pigeon-holing or labelling the child before they have had a proper opportunity to develop their societal or moral identities. Given that we know that group association, especially within adolescence, both physically and psychologically can have an impact on assimilation to that group’s sense of identity. This may increase the likelihood of reoffending; therefore, labelling a child in this way can be counterproductive to what we hope to achieve.

Similarly, if knowledge of childhood development underpins intervention planning then aspects such as the child’s developmental age and stage should be considered. Often aspects such as the developmental processes involved in the acquisition and refinement of a sexual identity, moral reasoning, perspective taking, and empathy are overlooked or over-ascribed to adolescent behaviour, despite much of the development within these specific areas being attributed to adolescent developmental processes. We cannot then expect a child to effectively employ a skill that they are still actively developing. More importantly, we cannot expect a child to actively continue developing a skill that they have shown to need developing or refining when there is a potential that the applied criminal justice intervention actively undermines or prevents opportunities for that individual to be exposed to contexts in which
they can develop those skills (for example restricting a child’s opportunities to associate with peers when they have engaged in harmful sexual behaviour, thus reducing their opportunities to be support to develop health sexual relationships with peers). Therefore, understanding the age and stage of the individual and how their level of adolescent development may have contributed towards their offending behaviour is useful for tailoring an effective trauma-informed intervention. This often requires a restorative approach of repeated, structured, and somewhat strategically supervised exposure to those sorts of developmental opportunities that foster learning and build skills in order to prevent further offending behaviour, such as mainstream education, extra-curricular activities, role-modelling, and pro-social relationship building. However, sometimes, this does fall into the realms of altered development rather than just delayed when acknowledging the impact of trauma and abuse. Therefore, these interventions require more of a recovery focus, whereby interventions are offered that counteract the child’s previous experiences (such as abuse). Due to the nature of working with children and young people we know this often takes a whole family, if not a whole community approach.

Interventions around these areas of need often take on two forms, a retrospective and a prospective approach. Retrospectively, we need to look at what the child missed out on or is still missing out on and how that can be restored, thus creating a sense of safety for a child. This comes through a secure connection with a persistent, nurturing adult who may or may not be the child’s parent, but certainly should be someone within the child’s family if at all possible, as these relationships last longer than professional ones (albeit these are better than nothing if the former is not available – see Family Finding Approach – Campbell, no date). Tackling the aspects of the child’s life that makes them feel unsafe, such as unstable home-life, disrupted or inconsistent education, criminality within their peer groups or communities and exploitation can help, and here is where a contextual safeguarding (Firmin & Knowles, 2020) approach can be adopted. Prospectively building positive activities into the child’s life encourages positive self-esteem, healthy relationships, and a sense of achievement/fulfilment through structure and routine to give them some sense of consistency that can help to stabilise what is often a chaotic home environment. Once this is achieved, we can begin to build in restorative approaches so that the altered patterns of relating and behaving can be encouraged into more pro-social patterns of behaviour. These changes do not just need to happen for the children, who are often traumatised by their environments. Restoration and recovery also need to happen within their environment. Therefore, it is important to start from a “whole family” or “whole system” approach. Sometimes this involves taking a retrospective approach to what has happened in the past to lead the family or the community to explore what can be done to recover this or meet the needs that have been left unmet. However, sometimes this needs to take a proactive approach to addressing some of the issues that may arise from the incident, such as supporting families or the community to process the impact of the offence on them or help the systems around the child feel safe about maintaining a child within their environment who may pose a risk to others, such as within education.
Managing Vicarious Trauma within the System

Self-care is not always about being able to cope but recognising when you are struggling, we all have our limits. Giving yourself permission to be vulnerable and allowing others to see your vulnerability shows your strength. There should be a collective sense of accountability for self-care and looking after each other creates a more cohesive and connected team.

*Future4Me Practice Supervisor*

One of the biggest challenges in developing trauma-informed services or introducing trauma-informed practice into an organisation is responding to the impact this will have on the staff team. No one who has ever worked within these services or with these populations is under any illusion that this work is not hard or stressful at times. However, developing awareness of the impact of trauma on the lives of service users undoubtedly invites reflection and insight into the impact of working with trauma on the staff team themselves. In my experience the concept of stress and burnout are familiar terms used within these settings. Understandably “the expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet” (Remen, 1996). However, we need to understand what causes this impact, what consequences it has for the staff and how to mitigate or alleviate it when it happens. Therefore, an acknowledgement and understanding of secondary trauma is needed across the service, recognising that through the process of supporting people who have experienced trauma the clinician themselves may also be affected. Promoting good self-care amongst all the staff within the service, as well as modelling this throughout the organisation, is key to developing a resilient workforce. Staff that are able to acknowledge that their emotional well-being is paramount to being able to support and promote the emotional well-being of the individuals they work with within an environment that is trauma-informed is key. Therefore, they must first and foremost acknowledge the impact of this traumatic work on themselves, and model this throughout the organisation. Therefore, robust clinical supervision arrangements and safe and supportive reflective practice opportunities, as well as opportunities to debrief after high impact incidents, is paramount. However, this can only be done within an organisational culture that promotes trauma-informed practice for its employees and not just for the populations they serve (see Hawkins & Shohet, 2006).

**Further Reading**

A number of seminal works on understanding childhood trauma:

Nicola Silvester


**References**


Trauma-Informed Youth Justice Services


