THE FUTURE OF TRAUMA-INFORMED FORENSIC PRACTICE

Lawrence Jones and Phil Willmot

In the introduction to this book, we wrote about trauma as a new paradigm in forensic practice. Many contributors to this book have pointed out that the idea that early trauma is an important precursor to many chronic physical and mental health problems has been around a long time. However, the idea that it might be important to consider trauma in forensic settings has yet to catch on widely. This book points at some of the systemic barriers that stand in its way: social attitudes and a criminal justice system that stigmatise offenders and prioritise retribution and punishment over rehabilitation or restoration; a penal system that is underfunded and unable to prioritise therapy when it is often desperately fighting to maintain order and control in prisons; a forensic mental health system that is built around a diagnostic framework that scarcely recognises the importance of trauma. To this list we might add managers, policy makers, academics, and clinicians may struggle to understand or empathise with the clients we serve because our lived experiences are so far removed from theirs.

This is not a new or a unique situation. In 1992, 359 years after Galileo was forced by the inquisition to recant his belief that the earth moved round the sun, Pope John Paul II issued a public apology for his treatment (Montalbano, 1992), though in fairness to the Catholic Church, they had removed the ban on Galileo’s teaching as early as 1835 (Heilbron, 2005), 202 years after his trial. These facts perhaps illustrate an important truth about paradigm shifts – that the paradigms that individuals and groups choose are determined not only by the available data, but by their beliefs, values, vested interests, inertia and fear of change, and by unwillingness to admit being wrong.

Before condemning the Roman Catholic Church for their choices, we should perhaps all reflect on the factors that influence our adoption or rejection of a trauma-informed worldview. How much is it due to the weight of research evidence we have been exposed to, and how much to the fact that trauma-informed care fits or clashes
with our social and political worldview; or to professional or personal allegiances; or to the fact that it represents a radical new way of thinking about forensic practice, which may be either exciting or threatening? Reflecting on the factors that influence our own choice of paradigms can help us to consider what might influence the choices of those we wish to persuade. That is not to say that we should behave in a deceptive or manipulative manner, but rather that we should use arguments that connect with and matter to those we seek to persuade, rather than trying to beat them down with sheer weight of data. The areas of dissent we highlighted in the introduction relating to the possible negative perceptions of being seen as “traumatised”, stigmatised, robbed of a valued diagnosis, or of demeaning medics or mothers, all need to be appreciated and worked with. Had Galileo appreciated that, he would have seen that no amount of solid scientific data would have persuaded an organisation that believed the bible to be the inerrant word of God. So, what can we do if we are to avoid waiting centuries for the trauma paradigm to become mainstream?

**Connect with Groups Who Share the Same Values and Goals**

It is relatively easy to ignore or dismiss arguments for change when they come from a narrow group of individuals or professions who can easily be dismissed as unimportant or as trying to further their own agenda. It is much harder to ignore those arguments when they come from many different quarters. We should therefore build connections with people and groups who share the same goals.

**Connect with Service Users**

The voices of service users have rarely been heard in forensic research or policy making. Where we have been able to include them in this volume, we believe that they have provided an important and powerful illustration not only of the need for a trauma-informed approach to their care, but of the inadequacy and failure of approaches that have not been trauma-informed. Service users represent a vast, largely untapped, source of knowledge about the causes of offending and how to tackle it.

Forensic and mental health research have tended to privilege quantitative methods, especially large-scale, complex randomised control trials and meta-analyses that are beyond the means or expertise of most scientist practitioners, and which inadvertently perpetuate a notion of offenders as a faceless homogenous mass, rather than as unique individuals. However, small-scale qualitative studies or single case studies based on the lived experience of clients are far more achievable and help to give voice to the people we work with and to present them as real and human.

Case studies can take a range of different forms. Personal narratives of people who have been through an experience of change are a good example of this. If we look at the history of interventions that have ended up having a significant amount of evidence to support their efficacy, it is clear that many of these were developed by practitioners who were applying techniques that they were using to deal with their own problems. Linehan and Shapiro describe developing DBT and EMDR respectively, based on their own experiences and insights.
Case studies narrated by practitioners are also invaluable and can be seen as one means whereby service users lived experience of what works can be passed on from one service user to others. Looked at in this way it can be seen as a responsibility of practitioners to collate and pass on what works to the community of service users; in this respect they are in a privileged position of hearing multiple narratives of different people engaged in change processes.

**Connect with Minorities and Advocacy Groups**

Forensic psychology has previously had very little to say to marginalised groups who are over-represented in forensic systems, such as people of colour, veterans, or those with intellectual disabilities. As contributors to this book have demonstrated, a trauma-informed approach provides a framework for considering these and other aspects of diversity and individual difference. It should encourage us to work more closely with diverse groups and those who advocate for them, to better understand the particular impact that trauma has on them. This in turn should enable those groups to have more of a voice in shaping policy and practice.

**Connect with Colleagues**

While forensic services ought to provide a safe haven, all too often they can be dangerous, traumatising, and retraumatising, not just for service users, but also for colleagues. As contributors to this book have demonstrated, effective trauma-informed culture and practice should improve staff morale and job satisfaction, and reduce sickness and turnover, and that is something that service managers and trade unions should welcome.

**Connect with Other Fields**

When it comes to trauma-informed practice, forensic services are an outlier. Education, social care, and mental health services have all adopted trauma-informed practice. We do not need to “reinvent the wheel” where we can adopt what other agencies are already doing.

**Look Beyond Scientific Data for Arguments**

We write this as Europe and North America are, hopefully, emerging from the effects of the COVID pandemic. Reviewing public discourse over the last 18 months about the virus, the focus has perhaps shifted the science of virology and epidemiology to arguments about the economic and social impact of different policies and debates about the balance between personal responsibility and personal freedom. So it is with many areas of debate, and perhaps particularly in the areas of crime and justice; it is difficult to limit discussion to the scientific issues when economic, social, and moral arguments often carry more weight. We should be prepared for this and develop a wider range of arguments.
Develop the Economic Arguments

Even if there was not an overwhelming moral argument for investing in education and children’s services to prevent childhood trauma, there is a powerful economic argument for investing in preventing abuse and maltreatment in children under ten, rather than trying to treat them once they reach prison or hospital. The current cost of keeping one person in prison for a year is over £40,000 (Ministry of Justice, 2020). The same amount would fund approximately 100 Sure Start places for children from the most deprived communities (Cattan, Conti, Farquarson, & Ginja, 2019).

Develop the Moral Arguments

There needs to be more discussion about the ethics of incarcerating trauma survivors in institutions that are retraumatising (Jones, 2015). The youth justice system has been dealing with this question for some time now and has made significant progress in reducing the number of incarcerated young people by identifying those young people it sees as vulnerable who can and should be diverted from the damaging effects of incarceration.

We also need to consider how best to communicate ideas of trauma-informed justice in wider society. It is perhaps easier to have that discussion in relation to some groups – young people, veterans, women – than others.

Develop a Research Agenda

We have argued that paradigm change requires more than empirical evidence to drive it. However, it very much also needs empirical evidence. A number of areas suggest themselves.

Perhaps one of the most pressing questions is to clarify what we mean by trauma, or by “criminogenic trauma” that increases the likelihood of a trajectory into offending. We know that childhood maltreatment is widespread, as is adversity in later life. Since persistent and serious offenders form a small minority of the population, it seems safe to conclude that not all adversity leads to criminality. This book has pointed to some of the features of “criminogenic trauma” – abuse or maltreatment that is chronic and pervasive, that seriously undermines the survivor’s ability to feel safe or to trust the people or institutions around them. However, this is probably not a complete or final definition and it will be important to develop a more complete understanding of the factors that make trauma or adversity more likely to be criminogenic. Although not intended, the accounts of service users from a variety of backgrounds and services in this book are remarkably consistent in reflecting a pattern of chronic and pervasive threat and unpredictability that they link to their offending. Qualitative data reflecting the lived experiences of service users will provide a rich source of data that can help us to identify the features of criminogenic trauma.

To access these narratives, we need to develop more sophisticated ways of overcoming or working with the natural self-protective reluctance or denial of trauma narratives particularly among people who have not worked on these experiences as
part of an intervention aimed at offsetting the impact of these experiences. Most of
the narratives in this book were obtained by clinicians who had developed a trusting
safe relationship and who had made an informed judgement about whether the pro-
cess of disclosure and exploration would not trigger any response that could not be
contained by the individual doing the disclosing.

While this book has highlighted some of the limitations of the current paradigm,
that paradigm is based on a massive body of data and research. A trauma-informed
approach is likely to add to the existing research rather than replacing it. As discussed
in Chapter 1, clarifying the processes by which trauma contributes to established
criminogenic needs should help to elucidate the features of criminogenic trauma and
how to mitigate its effects.

Evaluation must be central to trauma-informed practice if we are to know whether
it is effective. While it is more difficult in the short or medium term to evaluate the
effectiveness of trauma-informed cultures on recidivism, it is easier to evaluate the
impact on workforce outcomes such as job satisfaction or staff turnover.

Elaborating Our Understanding of Psychological Processes
Linked with Trauma and Offending

The need for a more sophisticated approach to the ways in which people respond
to different kinds of trauma is another area for growth in the future. As we have
seen in this volume, a range of different ways of thinking about developmental
processes in the backgrounds of people who have offended have been described.
Future exploration might attempt to clarify the different kinds of adversity that
people can experience and the processes that are linked with this. An interesting
attempt to begin this kind of thinking is offered by Brown (1992) who – way
ahead of her time – developed a typology of abusive and oppressive experiences
(a typology of “what happens to people”) and reactions to these as an alternative
to diagnosis.

This work might usefully look at a wider range of difficult or traumatic experiences.

Racism

While in this volume a number of contributors have attended to issues around racism,
this is an area that has been grossly neglected by those working with trauma his-
torically (Quiros, Varghese, & Vanidestine, 2020) and is much in need of research,
responsive changes in practice consciousness raising and exploration. Constructs like
microaggressions (Sue, 2010) are a result of recent attempts to articulate the impacts
of racism and need to be developed and explored clinically and academically. It feels
as if this is an area that has only recently begun to attract attention and the more one
looks at it, the more shocking the clinical and academic neglect of this area becomes.
Why have we not been openly discussing and exploring ways of addressing systemic
racism in the criminal justice system, and indeed in ourselves as practitioners? This is
a challenging area for us and needs to be kept on the table going forward, not allowed
to drift into the background and be conveniently ignored or denied. The tendency
for ways of seeing to “come and go”, much as fashions do, militates against changes in this area becoming embedded.

The fact that many of the statistical tests developed by psychologists were developed in the context of people working on eugenic agendas (Ellis, 2021) is a clarion call to psychologists to think carefully about what we mean by “norms” and how we apply the idea that a population can be characterised using norms. It is critical that as forensic practitioners we do not become complicit in perpetuating racism. Indeed, Ellis reminds us that the misuse of psychology in forensic contexts historically creates an imperative for us to look long and hard at our own practices across the board.

**Sexism**

The Power Threat Meaning Framework (Johnstone & Boyle et al., 2018) highlights a range of power-related processes that impact adversely on people. This work, along with feminist thinkers like Brown (1992, 2017), points towards the importance of developing a more nuanced understanding of the harmful impacts of patriarchy on women and – in a different and less harmful way, as men are also the beneficiaries of patriarchy – on men who get caught up in behaving in oppressive ways towards women and each other. Several contributions have explored some aspects of the harm caused by different ways of doing masculinity.

**Homophobia**

There is little literature on Lesbian, Gay, Bisexual, Trans-sexual, and Questioning – and the wider array of sexualities and identities being discussed in the literature – people who have offended, exploring the possible contributions of processes such as homophobia, biphobia, and transphobia on the developmental processes that resulted in them offending, as well as the ways in which these impact on their mental health. Graziano and Wagner (2016) bemoan the lack of research on trauma in this group among people who have been incarcerated. This, again, is a significant gap in the literature that needs to be addressed.

**Ableism**

Chapter 6 of this book highlights also the adverse impacts of trauma on people with intellectual disabilities. The adverse impacts of stigma and negative or patronising responses to people with intellectual disabilities has not been adequately researched. This is also true for people from the d/Deaf community, as Chapter 7 reminds us.

The Francis report (2013) highlighted the plight of many people with intellectual disabilities in institutional settings, pointing up their vulnerability to exploitation and systemic abuse. The under-recognised and under-reported abuse that can be systemic and culturally embedded in organisations of all kinds working with people without a voice, or for whom having a voice is problematic, means that huge amounts of abuse
go unrecognised and are met with silence. This silence is as true of people who have offended in these contexts as it is of those who have not. This too is an area requiring attention going forward.

**Trauma Among Older People Who Have Offended**

The age profile of people in prisons includes a significant number of elderly people. The different ways in which trauma impacts on older people and the different kinds of experience associated with different historical epochs are ill understood. In addition, the ways in which trauma experiences accumulate over the life course and the changing trauma response in relation to this needs to be considered. Older people also offer the opportunity to explore the processes of desistance and turning points towards and away from offending, and this links with trauma.

**Existential Trauma**

It is not unusual for practitioners to explore difficult issues such as sexuality and violence with people caught up in forensic services. It is however much more unusual to hear about practitioners discussing mortality and people’s beliefs about mortality and the ways in which these feelings and beliefs impact on the individual’s lives and lifestyles. Mortality is a major theme in everybody’s lives, and the way in which it is understood – or indeed avoided – can have a very significant impact on the ways in which an individual lives their life. Existential psychotherapies – e.g., Yalom (2011) – attempt to explore these issues, as do different cultural and religious approaches. There is much work to be done in exploring and understanding cultural and personal ways of living with mortality and how these can contribute to the development of offending and mental health difficulties. Kerig and Becker (2010) describe a process that they term *futurelessness*, whereby an individual who has experienced trauma begins to act as if they are not going to have a future and therefore “lives for the moment” and does not invest in a possible life in the future. This is one example of an existential position in relation to mortality linked with the intense experience of lack of safety associated with other kinds of trauma.

Other related existential traumas include the ways in which people do not choose a whole array of aspects of their lives, e.g., having a body, having feelings, being a particular gender, being born in particular circumstances. This experience of being thrown, as it were, into a world without any sense of choice is also troubling and difficult for people to cope with. This also can impact on an individual’s decisions about what is important for them to prioritise in their lives.

**Different Trauma Processes Evolving in the Context of Different Temperaments and Neurodiversity**

The way in which an individual responds to a traumatic experience is unique to them. This unique response is shaped by other experiences (e.g., the protective impact of attachment and social capital) but also plays out differently for people of different
personality traits or neurodiverse presentations such as autistic spectrum traits (e.g., Westphal, 2016). Dell’Osso et al. (2018), for example, found among patients with a diagnosis of borderline personality disorder that there was a higher incidence of subthreshold autistic spectrum traits and these were linked with a higher incidence of sexual and violent abuse. In addition, adults with an autistic spectrum neurodivergence are reported to find a much broader range of stimuli traumatic (Rumball, Happé, & Grey, 2020) and to be prone to abusive exploitative behaviour in the context of relationships, particularly those with people who do not have a similar neurodiversity to themselves, where there is a “double empathy problem” – each individual being susceptible to misunderstanding the other’s point of view (e.g., Pearson et al., 2020). Both of these social processes are encountered clinically and are linked both with trauma and offending patterns.

As a construct, the double empathy problem is a useful concept for understanding relational misattunement due to a range of deep-seated differences between people, not just autistic spectrum disorder. It is played out between people who are not trauma-informed in relation to people who are traumatised; it is played out between people of different cultures, different genders, and all sorts of different beliefs, religions, and political orientations. These are all contexts where relational ruptures can result in significant trauma, particularly if it gets played out repetitively and systemically, without any support or opportunity to step back, make sense and act on it. This is an area that could be fruitfully researched and developed.

**Culpability and Credulity**

A strong theme in the American literature exploring links between trauma and offending is the question of culpability (e.g., Javier, Owen, & Maddux, 2020). If people do things in states of mind where they are thought to be “less capable of being responsible”, then there are possible implications for their legal status. Consequently, much effort has been put into trying to understand what are seen as more traditional questions for forensic psychologists: how do we know if people are lying so that they can get a lesser sentence – or indeed, in some countries help to build a case against the death penalty? How do we assess trauma and its role in offending in the context of various vested interests? This kind of question, while raising a clinically important issue, if foregrounded too much can result in a harmful process of not believing people who are telling the truth about their abuse. The question is: what are the consequences of believing somebody who is lying and how does this contrast with the consequences of not believing somebody who is telling the truth? This kind of cost benefit analysis is one that practitioners need to use all the time. While often the solution to this dilemma is to go for a state of protected uncertainty where one holds on to both possibilities when we are working with people who have not been believed all their lives even this stance can be experienced as yet another episode of disbelief. Exploration of this clinical dilemma and its impacts on service users and possible perceptions of taking a credulous stance by others would be a useful area for further development.
Future of Trauma-Informed Forensic Practice

Staff Trauma

Carlisle and McGuire (2020) reported that staff starting in jobs in a secure hospital had experienced more adverse childhood experiences than the average of community groups. Staff then are bringing with them a significant amount of trauma-related lived experience. It may be partly this that has led them to be attracted to a helping profession. While this is a much neglected strength in staff, it is also a neglected vulnerability. Trauma awareness and coping training is not only for the residents in forensic settings, it is critical for staff also. This is a neglected area and needs to be taken more seriously. Working in forensic settings can be immensely rewarding, but it can also be highly stressful and, indeed, traumatising if staff are exposed to serious violent or abusive behaviour. Having this kind of history can be an asset in these contexts but it can also result in the individual being vulnerable to being harmed by the work. In other kinds of employment there is an accepted idea of an industrial injury. Traumatic exposure of staff needs to be seen in this light. It is as serious and harmful for some people’s lives. It should not be seen as “part of the job” and to be expected. It needs to be understood and anticipated. Staff need to develop a range of strategies to facilitate their capacity to respond positively to this kind of challenge or, if this is deemed to be needed, to be given the option to move into less challenging roles in the interests of their mental health.

If an organisation accept that staff are going to be “burnt out” and implicitly see this as “part of the job” without trying to offset this harm then it is being complicit with an iatrogenic culture.

Organisational Trauma

A number of contributors have discussed the ways in which organisations can add to the trauma an individual has experienced (e.g., Chapter 20). There is a growing literature on the ways in which organisations can be traumagenic. Bloom (e.g., 2014) argues that organisations can react in ways that are both similar to individuals experiencing trauma and that can have a traumatising impact on those living and working in and with them. For instance, she describes organisations becoming hypervigilant, preoccupied with things that went wrong in the past, anxious, suspicious, making decisions on the spur of the moment without thinking them through or, on the other hand, not reacting, becoming insensitive and non-responsive to the needs of those living and working in them. Both of these organisational reactions are seen as being responses to organisational trauma, serious incidents, for instance, that have resulted in staff becoming preoccupied with the possibility that it could happen again.

As a model this has heuristic value. However there has been little research looking at these kinds of dynamics. More work needs to be done to elucidate this kind of process. Other models, looking at a similar idea from a very different perspective, are offered by psychodynamic thinkers who see much of what can happen in staff teams as being influenced by unconscious reactions to trauma-derived processes in the service user group (e.g., Hinshelwood, 1987; Kurtz, 2020) or similar processes.
from higher management and political contingencies – for example the threats of budget cuts. Developing models and languages for talking about, understanding, and accomplishing reflective spaces that respond to this range of sources of unprocessed trauma is a critical task for the future; in doing this we need to find ways of valuing native and so-called “folk” epistemologies addressing trauma.

Traumatising or Iatrogenic Therapy

An under-researched area is the ways in which therapies can be traumatic. Working with trauma is a complex and challenging therapeutic task. In therapy focusing on trauma with people who have not offended, it is typically seen as important to do a significant amount of preparation to get the individual to a point where they can begin to explore the trauma without reacting by feeling retraumatised or dropping out and avoiding the therapy. Trauma work precipitates the kinds of difficulties and symptoms the individual is struggling to manage and if this happens then it is important that they and the therapist – or multidisciplinary team – are ready and prepared for a range of reactions to the work so that it can be supported and contained. With people who have offended, all these considerations need to be attended to in addition to looking at the possibility that the work could precipitate some kind of offending behaviour. People will sometimes respond to exposure or processing work by becoming angry or dissociating. Sometimes this behaviour emerges before or after sessions and has to be managed by staff. At worst, this can result in deterioration or people leaving or dropping out of therapy. If trauma is linked with offending, then work on trauma runs the risk of triggering offence-related trauma responses. This can be either direct, e.g., becoming aggressive in the session, or it can be indirect, e.g., behaving in a sexualised or a violent way outside the session, after exploring an experience of sexual abuse.

Jones (2007) highlighted a number of ways in which therapies can be potentially harmful. Not all therapies are harmful, and not all of the harms experienced are going to be traumatic however. The kinds of outcomes that are going to be more problematic are those that result in trauma reactions of different kinds. Therapists can become overly involved with their patients and sadly can also have abusive relationships with their patients. This is sometimes a parallel to what happened in the context of the individual’s own abuse if, for example, they had been abused by an adult caregiver. This then can have an accumulative impact, not only do they have to deal with the trauma of the abuse, but they also have to deal with the loss of trust in those who are supposed to be helping them.

Post-Traumatic and Post-Release Adjustment Trajectories

A significant area to explore in the future is the differences in response to trauma and, related to this, post-release adjustment trajectories. Some people respond relatively well while others do not. Why is this? This is relevant to patterns of response to the task of building a life after release from prison – in itself a potentially traumatic experience. Layne and Hobfoll (2020) have explored this and identified a set of post-traumatic adjustment trajectories.
People experience kinds of adjustment that are responses to the actual availability of resources in their lives, or their anticipation based on past experience, and react in different ways to this in terms of a range of trauma responses aimed at both gaining resources and managing the emotions linked with not having resources. Layne and Hobfoll highlight different patterns of adjustment for trauma; these are equally relevant to thinking about safety (risk). In the lead up to offending there is a pattern of loss of offence resisting resources (protective factors) that is impacted on by the parallel trajectory of resource loss in trauma reactions.

Layne and Hobfoll describe a set of post-traumatic adjustment trajectories: \textit{decline} gradual or delayed, \textit{distress tolerance} (just about coping but not back to pre-trauma functioning), \textit{phasic adjustment} (going through good phases and “bad” phases), \textit{severe decline}, \textit{chronic maladaptive functioning}, \textit{stress resistance} (not being impacted significantly), \textit{resilient recovery} (springing back after an initial deterioration), \textit{prolonged recovery} (gradually getting back to “normal”), and \textit{growth}. Anyone with experience working with ex-offenders will immediately recognise these patterns as also relevant to the post-release adjustment trajectories of ex-offenders. Conceptually then, these descriptions offer a framework for looking at the interaction between trauma as it is triggered and pre-offending patterns of change in people released from custodial settings. More work needs to be done exploring why different people follow different trajectories and the ways in which provision of psychological and material resources can possibly prevent some of the more precipitative patterns of deterioration.

In addition, the conservation of resources (COR) theory principles, developed for understanding trauma, need to be explored in relation to trauma-related return-to-crime processes:

Basic COR theory tenet: Individuals (and groups) strive to obtain, retain, foster, and protect those things they centrally value.

\textbf{Principle 1: Primacy of loss principle.} Resource loss is disproportionately more salient than resource gain.

\textbf{Principle 2: Resource investment principle.} People must invest resources in order to protect against resource loss, recover from losses, and gain resources.

\textbf{Principle 3: Gain paradox principle.} Resource gain increases in salience in the context of resource loss. That is, when resource loss circumstances are high, resource gains become more important—they gain in value.

\textbf{Principle 4: Desperation principle.} When people’s resources are outstretched or exhausted, they enter a defensive mode to preserve the self which is often defensive, aggressive, and may become irrational.

Hobfoll, Halbesleben, Neveu, & Westman, 2018; p.106

\textit{Interventions that Move Away from Simple Assumptions of Agency}

Some contributors have suggested that interventions with trauma need to attend to a range of psychological processes other than/as well as those relying on the use of language. Assumptions of agency are central to much of the therapeutic literature...
historically. Recent developments have pointed trauma therapies away from language towards interventions focusing on the body or which acknowledge that trauma can be linked with a propensity to experience radical shifts in states of consciousness, some of which increase the possibility of offending (e.g., offence-related altered states of consciousness). This is an area that requires systematic investigation: how does dissociation work among people who offend? How do people make sense of their own experiences of dissociation? Are there trauma-related states that could be protective also?

**Research into the Effects of Positive Developmental Experiences**

The emphasis in a trauma-informed perspective is on negative or aversive experiences resulting in people being hurt, hurting themselves, or hurting other people. It is equally useful, however, to think about positive experiences. Most people who have worked with people who have significant trauma histories will have the experience of working with people on finding memories or experiences that were nurturing and valuable to them. The obvious examples of this are attachment experiences. Even if it is difficult, most people can generate a positive experience from their childhoods — feeling loved, achieving in education, or a loyal pet. Layne and Hobfoll (2020) describe positive resource cycles following trauma experiences; others describe a process of post-traumatic growth. The key area here is finding ways of describing what it is that happens when people experience post-traumatic growth. One observation Layne and Hobfoll have made is that having resources provided at an early stage post-trauma is critical to preventing deterioration. However, what is it that leads to post-traumatic resilience and flourishing? What would a list of good things that can happen to you look like? The opposite of a list of ACEs? What mechanisms then would be in play in this context that led to non-problematic growth?

**Intervention and Change**

One of the strongest themes of this book has been a refocusing of attention onto contexts and the environment, and, in particular, the ways in which those contexts can be harmful, oppressive, and unjust. In some ways the psychological perspective runs the risk of hiding the context. In order to bring about change, do we help people to accept deprived situations, think positively about oppressive conditions, accept the pain of being unloved, stifle the cries of outrage at society for allowing abuse to take place, or do we try and change that society and validate the pain and face its intensity and honour its integrity? The answer to this has to be both, it is a false dichotomy — especially if not accepting the injustice of deprivation, or thinking negatively about oppression, or fighting against the pain of being unloved, or the nature of the cries of outrage are harming people. Of course, we need to help people, but we need also to try to change society. Not to address the underlying causes of crime is to be complicit with it. This is a reality that we can no longer deny as forensic practitioners.

How do we do this? There are a range of ways in which this can be done. The work needs to start with ourselves, developing a critical stance towards our own
practice. Asking questions like: to what extent am I being complicit with harmful organisational practices and or dynamics? In what ways am I being racist or sexist or homophobic explicitly or implicitly? How can I listen more effectively to voices that have been repressed or excluded? Working with the organisations we work in to increase trauma awareness and responsivity and awareness of harmful dynamics like racism in policies, procedures, cultures, and reflective practice. Indeed, trauma- and diversity-informed reflective practice – as suggested by McGuire, Carlisle, and Clark (Chapter 20) – is a critical process for shaping perspectives and offering an opportunity to step back from the work and identify complicity and ways forward. This requires an understanding of our own shifts in states of consciousness from thinking to unthinking and a containing framework to allow and nurture useful and constructive responses to emerge (see Kurtz, 2020). Without this kind of work the double empathy problem (DEP) and a range of avoidant responses will inevitably lead to an escalation in mutual misunderstandings resulting in different kinds of troubled or troubling behaviour. We need to understand the ways in which trauma narratives and narratives of racism and oppression repeatedly get swept under the carpet, avoided, denied, and overlooked. The psychology and sociology of this kind of process needs to be a core part of our training and research agendas.

We need also to be letting the world know about this. Forensic practitioners are perhaps the only group of people who get to hear these stories. The rest of society rarely hears them. In a meeting with the National Union of Journalists in 2017, exploring the ways in which journalists document crime, it was clear that journalists do not have access to the back-stories behind the crimes that they reported. They indicated that they were interested in them, but just did not have access to the information. Therapists cannot easily pass these stories on as they are confidential. What do we do with them then? Do they end up in a cul de sac? Surely, we have a responsibility to pass them on to inform politicians, journalists, educators, academics, and society at large about the extent to which crime and people involved with crime have been exposed to these processes. Surely, we have a responsibility to try to move society in the direction of being trauma-informed and responsive and, ultimately, less unjust. The fact that the people we work with have hurt people themselves should not exclude them from the right to be heard; two wrongs do not make a right. Indeed, it could be argued that it is primarily through taking an active stance in relation to addressing processes like privilege, racism, and sexism in society that we can develop better psychologies of power, abuse, oppression, and trauma. Who better than forensic practitioners to do this? Brown (2017) provides a useful account of the major and decisive impact of feminism on bringing the trauma perspective out into the open – a perspective that would never have emerged if it hadn’t been struggled for actively.

Conclusion

Hopefully this book has challenged practitioners to revisit their practice and consider working in new ways. Hopefully also it has opened possibilities for new ways of assessing and intervening to try to change the impacts of trauma, oppression, and adversity on people’s lives.
References


