Youth Justice Board
Bwrdd Cyfiawnder Ieuenctid

In-brief: Trauma-informed youth justice

September 2017

Trauma can result from experiences that cause intense fear or pain, overwhelming the ability to cope. For instance physical or emotional cruelty, sexual abuse, or witnessing violence. Risky or traumatic events are not rare, and will not always cause long-term harm. However some young people require on-going support to recover.

The effect of trauma seems to be cumulative. Repeated, long duration, or multiple traumas increase the chance of lasting issues. This kind of 'complex' trauma history is more common among young people in the justice system. The number of young people in the justice system has reduced in recent years. This has increasingly concentrated the system towards the most challenging children; many have had significant trauma.

There is no single standard reaction to trauma. Put broadly, trauma responses are in two forms.

- Internalising symptoms like depression, anxiety or social withdrawal.
- Externalising symptoms like aggression, risky activities, substance use, and hyperactivity.

Often young people do not meet the diagnostic criteria of Post-Traumatic Stress Disorder. Some young people with trauma receive related diagnoses such as depression, or hyper-activity. These do not fully capture the developmental effects of trauma in childhood.

The basics of trauma-informed practice

Practitioners need training to understand **development and attachment issues** from trauma.

Youth justice practitioners, however well trained, are **not a substitute for mental health and other services.** Some young people with trauma need specialist care.

Traumatised young people can be challenging. Practitioners should adopt a calm approach. **Focus on the underlying needs behind behaviours**.

Staff working with trauma need a robust support system at work. Regular clinical supervision is the ideal for all staff working with trauma.

Practitioners need flexibility so they can tailor their plans, build trust and stabilise young people. Prioritise the most urgent needs.

Not all young people will reveal past trauma. If you suspect trauma is an issue, take a trauma-informed approach.

Changes at home or school may be unavoidable. Be aware that **trauma can make young people less resilient** to such events.

Growing up with trauma

Trauma can leave young people stuck in 'survival mode'. Survival is a focus on being safe in the moment, and not on longer term goals. The stress and effort of this can be overwhelming; they may miss out learning key skills.

The coping strategies that they used to survive trauma can cause problems in other situations. They may lack emotional and behavioural self-control, be aggressive, withdrawn, and be unable to cope with frustration or to delay gratification. Some young people struggle to identify or understand emotions, and have trouble concentrating or remembering.

Offending behaviour does not mean a child has suffered trauma. Nor does trauma remove responsibility for harmful choices and acts. Understanding the impact of trauma can guide how to work with children who have offended.

There are few robust evaluations of trauma-informed practice. However, guidance from the expertise of psychology, social work, education and justice is similar across these professions. It is also in line with the guidance about reducing reoffending: Take a therapeutic approach, be needs and strengths led. The relationship between a young person and the professional helps when it is consistent, non-judgemental, and trusting.

The effects of trauma can be a barrier to the young person's ability to accept support. Support should address needs in the right order for that individual. Start by building trust and stability. Safety is the base for new skills and long-term plans.

In the boxes below are two trauma-informed approaches in youth justice, from the Youth Justice Resource Hub. There are more examples in the full report. Few have been evaluated to support their use.

iCoN trauma outreach service

iCoN stands for "In Control of Now" and is a trauma informed service being delivered for the North East London Resettlement Consortia. It is for young people who have experienced trauma, but who do not meet the thresholds for CAMHS interventions or who have refused to engage with those services.

iCoN is led by psychologists who assess the young person and tailor the programme to their needs. They match the young person to a trauma trained coach mentor who supports them through their journey with youth offending services, children's services or education. To find out more visit the Resource Hub entry for iCoN. The approach has not been evaluated to date.

Enhanced Case Management

The ECM approach has been tested in three youth offending teams in Wales. It has been used with young people with prolific offending histories and complex needs. Managers and practitioners were trained in how poor attachment, adverse life events, and trauma can affect a young person's ability to effectively engage in youth offending work. The Trauma Recovery Model (TRM) acts as the theoretical framework which assists practitioners to guide young people through change.

Psychologists lead the case planning for young people on ECM. They involve agencies and individuals who have knowledge of the young person's background and personal development. The case planning sequences and tailors support to respond to the young person's history, development and needs. Based on a positive process evaluation, there are plans to replicate ECM in other areas of England and Wales.

Already taking a trauma informed approach? What services are available in your area?
Get in touch to share your work and experiences with the sector. Email us at **resourcehub@yjb.gsi.gov.uk** . Find practice examples and more at **https://yjresourcehub.uk/**

Contents

In-brief: Trauma-informed youth justice 1
Trauma-informed practice in youth justice 4
Traumatic experiences in youth 4
About this report 5
Growing up with trauma 6
Working with trauma 7
Case planning 7
Casework 7
Behaviour 8
A trauma-informed service 9
References 10

Trauma-informed practice in youth justice

Traumatic experiences in youth

Trauma arises from experiences that cause intense fear, horror or pain[1], overwhelming the ability to cope. For instance physical or emotional cruelty, sexual abuse, witness to violence, and neglect. Trauma by this definition is subjective. The way trauma was defined in the research varied. Adverse life events such as parental imprisonment, bereavement or abandonment, or deprivation through poverty, can have similar effects to trauma. Some research also included these experiences.

The clinical definition of trauma in Post-Traumatic Stress Disorder (PTSD) is narrower. 'Criterion A' defines a traumatic event as actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The majority of children do not meet the criteria for PTSD. Some research frames PTSD as an adult diagnosis, failing to capture the extensive development and attachment effects on children[2].

Often children and young people can be diagnosed with a spectrum of co-morbid conditions, rather than with PTSD or other stress disorders. These diagnoses include:

- depression,
- anxiety,
- attachment problems,
- attention deficit hyperactivity disorder,
- conduct and behaviour disorders,
- cognitive or language difficulties.

These diagnoses may be appropriate for some but they risk masking the underlying cause. They also miss the inter-related nature of the child's needs. A single diagnosis such as 'developmental trauma disorder' could help to make sure young people can access appropriate treatment.

Several reviews[2] of trauma practice note this tendency for treatments to be partial rather than holistic. The interventions and treatments tend to target either more inward symptoms like anxiety, or outward symptoms like aggression. But not both.

In this review a broad view is taken of traumatic stress and of the experiences that can lead to it for children and young people.

The lack of a standard definition for trauma experiences, and the sensitivity of the subject, mean precise and consistent measurement of trauma in the population is challenging. A review looking across a number of different studies arrived at a very broad range - 33% to 92% - of the proportion of children in custody who had been maltreated[3].

Traumatic experiences are not rare. It seems to be even more common (and more extensive) among children in contact with the justice system. The number of young people in the justice system has reduced in recent years. This has increasingly concentrated the system towards the most challenging children; many have had significant trauma.

Children and young people who are, or who have been, in care are over-represented in the justice system, as are children from the most disadvantaged families and communities. Unfortunately this means they are more at risk of experiencing deprivation, neglect and violence that can cause trauma[4].

The impact of trauma also seems to be cumulative. Persistent distress or multiple events stack up, wearing down resilience and available resources that help the young person recover. These extensive trauma histories are sometimes described as complex or chronic trauma. Some studies have made a distinction between complex and single event traumas. Complex trauma was associated with an increased risk of offending[5].

About this report

Trauma-informed practice is a developing area. It is an important area for the youth justice sector. The aim of the review was to address two research questions:

- What are the effects of trauma on young people, and how does this relate to youth justice?
- What are the best ways to work with, and reduce offending by, young people with trauma?

The literature search included information about the effects of trauma-informed practice with young people, in the youth justice system (from age 10 up to 18). The search used databases covering social science, social work, psychology and criminology. It also used grey literature from other sources. The search was assisted by YJB Cymru and the All Wales Forensic Adolescent Consultation and Treatment Service (FACTS).

Key search terms were agreed and literature was selected for inclusion on the basis that it:

- Measured the extent of trauma in the youth justice compared to wider populations.
- Evaluated outcomes and impact on behaviour.

Although the search turned up a large number of sources, much of the literature related to therapeutic responses that would not be delivered in a justice setting. There were few studies from justice settings. Evaluations, where reported, tended to be small scale, and in terms of YJB standards for evidence would be of lower standard. Therefore, while there was a great deal of consistency in the conclusions in the literature, there was still a lack of high quality evidence.

Trauma has wide-ranging and long lasting impacts on young people, these are outlined in the next section: ‘Growing up with trauma’. The following section, ‘Working with trauma’, discusses advice for effective practice.

Growing up with trauma

Children and young people exposed to trauma can suffer long lasting changes. Some of these are physical, such as an increased heart rate and level of stress hormones. Other effects are social, such as difficulties trusting others and in forming relationships (sometimes referred to as attachment).

Trauma can change the brain[6]; particularly in children and young people whose brains are rapidly developing as they grow and mature. Studies have found individuals with PTSD tended to have a smaller hippocampus. That could impair short term, verbal, and context-dependent memory functions. Research also found abnormal activity in part of the brain – the cerebellum vermis – that plays a key role in concentration, language and cognition.

The changes caused by trauma can create hyper-vigilance. This means constant scanning for threats, and mis-interpreting benign events as significant threats. This is stressful and can trigger instinctive responses of fight, flight or freeze.

The neurological studies are relatively tentative in their conclusions. There is still so much we do not known about the brain. However there is a deeper evidence base[2, 7, 8, 9] on the various ways trauma presents in children. They may struggle problem-solving or concentrating. Or with impulse control, their behaviour, attachment, emotions, and language. The variety and pervasive nature of the effects may explain the difficulty in finding interventions that address all aspects of trauma. It may also be a factor in the quality of research evidence.

Many of the effects of trauma develop as a way to help the child survive those experiences. However, some of the same traits can increase the risk of anti-social or offending behaviour. This is not to absolve personal responsibility or deny that the young people have agency. It is about having an informed sense of the role trauma can play, shaping abilities, limitations, behaviour and character. Normal adolescent brain development means teenagers do not always have a lot of self-control. They are also more prone to risk taking. But trauma can interfere with the development and basic skills needed to mature.

Responses to trauma

- Hypervigilance
- Attachment difficulties
- Depression, anxiety or dysphoria
- Reduced tolerance for frustration
- Impulsivity or aggression
- Lack of insight into consequences or ability to delay gratification
- Difficulty managing or identifying emotions
- Dissociation and withdrawal
- Distraction behaviours (e.g. risk taking, substance use, self-harm)
- Sleep problems
- Concentration and information processing difficulties
- Self-critical / low self-esteem
- Somatic (physical) symptoms

Working with trauma

There are a variety of screening and assessment tools for trauma. Young people who may have problems with traumatic stress could also be identified based on their personal information; *AssetPlus*; or if they disclose trauma directly.

Assessments have their limitations. The information obtained will be dependent on the skill of the practitioner and/or what the child chooses to reveal. There are obvious reasons why a child might conceal or underplay their experiences. Trauma survivors can also lack insight into their own internal states. They may not grasp the ways trauma experiences continue to affect them. Also, because of the outward similarities, it can be extremely difficult for practitioners to tell traumatic stress apart from other conditions such as conduct disorder.

Some cases will require a detailed clinical assessment, which can form the basis for guiding and planning work with young people. Knowing details of the young person's history supports case planning and may offer insight into underlying needs or strengths to build on. In general though, a trauma-informed approach does not depend on having a confirmed history of trauma or a diagnosis of developmental issues from trauma.

Case planning

The way work is sequenced and structured is central to trauma-informed approaches. Successful intervention planning will prompt examination of the underlying reasons why the young person offended and how best to address their needs and risks. It will plan how to increase safety[10] and how to avoid reinforcing trauma. A tailored plan encourages the young person's active participation and acceptance of support. It can ensure support offered is not beyond their skills and developmental capacity[11]. Case planning should also guide which other services may need to be involved, and how best to co-ordinate them.

The effect of trauma is cumulative but the effect of support can also build up over time[12]. Addressing one thing in isolation is unlikely to make a difference. Planning should aim for an appropriate range of support to develop skills; bolster or establish protective factors; address risks and needs.

Casework

The first aim is to increase the actual and perceived safety of the young person[1, 10]. Without some stability and safety, the ability to focus on anything but immediate survival is limited. How to achieve this will depend on the circumstances. Themes from the practice literature suggest the following approaches:

- Address urgent needs first, taking into account what the young person sees as most pressing.
- Help them establish a daily routine that can make their environment feel more consistent and predictable.
- Be consistent and adopt a calm approach. Involve the young person. If they feel unsafe, a common coping strategy is to try to take control. This can turn into a 'debilitating power struggle'[13].
- Wherever possible avoid changes at home, with care arrangements, school, or case manager. If change is necessary, recognise that traumatised young people may be less resilient. Uncertainty is threatening.

If the young person feels safe they are better able to engage with support. Building safety is also a way to start and work towards establishing trust. Trauma, especially from within the family, has come from serious and often repeated breaches of trust from those who were meant to care and protect the child. The practitioner needs time and flexibility to build trust and engagement. The following strategies can assist with this:

- Work *with* the young person, not on them. Find out what is important to them, find out what their goals are, and consider this alongside the professional assessment of their needs.
- Think about the reasons behind behaviour and what it might be communicating[14]. The young person may be unable or unwilling to articulate this to their worker.
- Help young people to understand what trauma is and about its effects. Trauma survivors can have a poor self-image (or a belief that they are intrinsically bad). Understanding that effects are not inborn, and can be changed[15] could build hope and motivation.
- Provide opportunities to learn key skills if they are lacking or under developed. Model pro-social behaviours.
- Use praise and reinforcement to help young people to identify their strengths and see themselves as competent[14]. Explain what is being praised and why. It might be best to focus on the action or decision. If a young person has a strong negative self-image, praising their behaviour rather than their person may be more readily accepted[16]. Try, "*that* was really good" rather than, "*you* are really good."

Behaviour

Trauma-informed approaches accept the child and take their experiences into account, but do not excuse and accept all behaviour. Taking responsibility, and holding back from acting on impulse, are exactly the kind of life skills a trauma-informed approach aims to develop.

The way behaviour is managed should provide a route to learning these skills. It should not be about punishing their absence. Many approaches to managing behaviour rely on sanctions and incentives. To respond to this requires the young person to employ abstract reasoning about consequences; have the ability to control impulsive behaviour; the ability to understand and remember the rules; and to trust that reward will follow good behaviour and sanctions only follow poor behaviour. Traumatised children and young people often are not in the circumstances that teach these skills.

Trauma can teach young people to be suspicious of kindness, and sometimes 'acting out' is a way to test how adults respond. This can be incredibly frustrating for the people trying to help and support them. It can also have the effect of unintentionally drawing adults into echoing established patterns of abuse and rejection[7].

This is why it is important to focus on cause not the behaviour, and to respond appropriately through self-discipline and trying not to take any presenting issues personally. Children and young people learn self-regulation skills from behaviour modelled by others. They are often very sensitive to perceived unfairness or double standards[17] if they see an adult act in a way they would be punished or reprimanded for. One strategy is to develop a plan together to help avoid poor behaviour, to clarify what they should do if they feel themselves getting worked up and upset, how to tell their worker about it, and where they could go for some space.

Young people need to be told (and understand) the expectations for

behaviour. Trauma survivors may need the information broken down to small chunks, have them written down, or may need advice to be repeated (as concentration and memory can be a problem). The volume of information, rules and appointments in navigating the youth justice system and other services can be a real challenge.

A trauma-informed service

Youth justice practitioners are not usually mental health experts. However, they need to understand the impact of trauma and be able to put young people's behaviour in context and recognise stress reactions[18]. Training helps to develop an understanding of the development and attachment consequences of trauma. It can support casework; and help practitioners to identify young people who need clinical assessment and support.

Staff supervising young people need support and the flexibility to work with traumatised young people effectively. In addition there needs to be management oversight and support systems to minimise the risks and effects of vicarious trauma in staff.

Some services have brought in trauma informed practice across the entire organisation. One example is Sanctuary[8], an organisational change model to develop a culture that supports youth recovering from trauma, while also providing safety for family and staff. This works on seven features: non-violence, emotional intelligence, social learning, governance, open communication, social responsibility, and growth and change.

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