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YOUTH JUSTICE STAFF AND SERVICE USERS' EXPERIENCES OF TRAUMA-INFORMED CARE: A QUALITATIVE STUDY

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Abstract

Background: Trauma and PTSD are common experiences amongst justice-involved young people, highlighting a need for youth justice (YJ) services to become more trauma-informed. Research evaluating the impact or effectiveness of Trauma Informed Care (TIC) in community justice settings remains limited. We therefore explored stakeholder perspectives and experiences of implementing TIC in a YJ setting, to identify perceived benefits, challenges, and reflections on wider roll-out across community justice services.

Method: We interviewed nineteen staff, three young people, and one caregiver (n=23) involved with one local community YJ service in England which had recently implemented a TIC model. Data relating to their experiences of TIC were analysed using reflexive thematic analysis.

Results: We identified four themes: Seeing Youth Justice through a Trauma Lens; Relational Practice and Repair; Trauma in the Wider Caregiving System; and Role Conflict and Ambiguity. Implementing TIC yielded several benefits, particularly improving relationships between staff and young people. Clinical supervision and oversight appeared crucial to TIC success. Although TIC was generally well-received, staff expressed ambivalence about its application in community justice settings and identified several structural, systemic, and individual barriers to its long-term success.

Conclusions: Findings suggest that TIC can be successfully implemented in settings serving justice-involved young people in England but also highlight that TIC in community youth justice contexts will need to be conceptualised and operationalised slightly differently. Further co-produced evaluations across a range of community justice settings are needed.

Keywords

Trauma-informed care, youth justice, PTSD, trauma

Introduction

Trauma disproportionately affects children and young people involved with the criminal justice system (CJS) (Pickens, 2016). The experience of trauma amongst justice-involved young people is widely prevalent, with an estimated 70-90% having experienced one or more types of trauma (Abram et al., 2004). Most report cumulative traumatic exposure to numerous forms of adverse experiences, including physical and sexual abuse, witnessing domestic violence, and school or community violence (King et al., 2011; Kerig, et al., 2016). Compared to non-offending young people, justice-involved young people are not only more likely to have experienced a greater number of traumatic events but are also significantly more likely to meet criteria for PTSD (Dierkhising et al., 2013). A graded positive association between frequency of maltreatment and adolescent violent behaviour has been demonstrated (Zingraff et al., 1993), and a substantial body of longitudinal research has demonstrated that exposure to trauma predicts later adolescent offending (Trickett et al., 2011; Widom, 2017; Kerig, 2019).

Accumulating evidence suggests that justice-involved young people with significant histories of trauma and/or PTSD may

represent a particularly vulnerable group, placed at an increased risk of psychiatric comorbidity, self-harm and suicidality, violent behaviour, and recidivism (Abram et al., 2007; Kerig & Becker, 2012; Ford, et al., 2018), highlighting a need for better identification and appropriate treatment of trauma-related difficulties. However, trauma-specific interventions represent only one aspect of effective service delivery. Involvement in the CJS not only places young people at risk of exposure to further trauma but also exposes them to punitive practices and procedures which may exacerbate posttraumatic reactions (Pickens, 2016; Levenson & Willis, 2019). Several potentially invasive and coercive practices common within youth justice settings, such as "stop and search" practices by police, restraint or seclusion procedures, may be experienced by young people as triggering historic traumas, resulting in emotional or behavioural reactions which may further impede rehabilitation (Ko et al., 2008). Thus, increasing focus is now also being placed on the role of organisational behaviour, with the development of trauma-informed and trauma-responsive systems.

Trauma-Informed Care (TIC) is understood as a system development model grounded in a comprehensive understanding of how trauma may affect an individual's development, an awareness of the ways institutions may re-enact traumatic dynamics (Sweeney, et al., 2016). Harris and Fallot (2001) emphasised that before changes to clinical services can be made, the structure and culture of the organisation must be addressed. Trauma-informed initiatives are therefore structured and delivered in ways that recognise signs and symptoms of trauma and respond by integrating this knowledge into policies and practices to minimise re-traumatisation (Sweeney et al., 2016).

TIC has been implemented across a range of settings serving vulnerable, complex and/or traumatised young people including: social services and child welfare (Bunting et al., 2019), residential and out of home care (Bailey et al., 2019), family courts (Mackie et al., 2020), psychiatric inpatient (Bryson et al., 2017), outpatient mental health (Bendall et al., 2020), foster care (Kerns et al., 2016), and schools (Maynard et al., 2019). One such way it has been implemented in youth justice services is through the Enhanced Case Management (ECM) approach (Cordis Bright, 2017). The ECM aims to increase understanding of developmental trauma on justice-involved young people and provide an effective way to engage young people in the youth justice process. The ECM has been found to increase psychological understanding of staff and improve multidisciplinary working (Woodward et al., 2025).

The need for TIC in youth justice settings has been repeatedly highlighted, yet trauma-informed services remain underdeveloped, with relatively little consensus on how they are best defined or operationalised (Branson, et al., 2017). Furthermore, the evidence base on the effectiveness of trauma-informed service delivery within community and/or correctional settings is limited (Levenson & Willis, 2019; Day et al., 2023). In England, one previous empirical study examined the role of ACEs in serious youth violence and evaluated the need for trauma-informed care in youth justice contexts, highlighting key challenges to implementation including environmental constraints to delivering training and relational practice (Gray et al., 2021; 2023). Yet, to our knowledge, no peer-reviewed research has been published to date. Our study therefore builds on earlier preliminary research to explore the views of service users and staff on the implementation of TIC in youth justice settings.

The present study aims to fill these important research gaps, by qualitatively evaluating the impact of one TIC initiative, the Trauma Recovery Model (TRM), piloted in a youth justice service in England. We aimed to explore professional's and young people's experiences of this pilot, to identify crucial components, benefits, and challenges of TIC implementation.

Method

This qualitative study involved semi-structured interviews with staff and service-users involved in the implementation of the Trauma Recovery Model in one youth justice service in England. Ethical approval was obtained from the University of Essex ethics committee (ETH1920-1483) and the Local Authority's research governance office.

The Trauma Recovery Model (TRM)

The TRM is a trauma-informed systems intervention which was developed to mitigate the impact of developmental trauma on children and young people through a series of sequential, relational stages (Skuse & Matthew, 2015). Drawing on theories of attachment and child development (Evans et al., 2020), the model emphasises that trauma occurring early in development and/or damage to early attachment relationships between children and their caregivers can lead to both internalisation (e.g. anxiety, depression, self-harm and suicidality) and externalisation (e.g. aggression, impulsivity, offending) of difficulties (Skuse & Matthew, 2015). Originally designed for application in secure children's homes, the TRM has been highlighted as a promising approach for community youth justice systems, with variations of this model having been previously implemented across YOTs in Wales (Cordis Bright, 2017; Evans et al., 2020).

In 2019, this model was piloted over a two-year period in one youth justice team in the East of England, with a view to future widescale roll-out across the service (Borrett, 2021). The TRM pilot involved several components: introductory training to all YJS staff on complex developmental trauma, PTSD and TIC principles; ongoing supervision and consultation delivered by a psychologist to staff and managers; monthly skills workshops to support building practical competencies in applying a TIC; and a steering group consisting of managers, held monthly to support professional development and evaluate progress.

Participants

Two groups were purposively sampled: youth justice staff involved in the TRM initiative (including youth justice workers, managers, and key stakeholders) and young people (and/or their families) receiving support at the time of the pilot. Young people on statutory or diversion orders were both eligible to take part. Staff were approached by the researcher via email or alerted to the study at staff meetings, before being sent an information sheet. Potentially eligible young people and families were initially identified by youth justice case workers; staff, who were invited by the researcher to introduce the research project to young people they were working with and gauge their interest. Young people who expressed an interest in hearing more about the study were then offered an initial introductory joint meeting or call with the researcher and their caseworker, so that they could meet the researcher, review the information sheet together, ask questions about the research, and establish rapport ahead of agreeing to take part in a one-to-one interview. Financial incentives (i.e. prize draw, Amazon vouchers) were provided to both staff and young people/family participants, in line with recommended practice (Head, 2009).

Ethical Considerations

Throughout the research process, attention was given to reassuring participants that all interviews were confidential, voluntary, and would not affect their role or care within the service in any way. All participants were required to give written informed consent. Parental assent was also obtained for the young people who took part.

In total, 19 staff, three young people, and one parent were interviewed. While we intended to interview more young people and their families, several challenges (e.g. minimal identification of potentially eligible participants by staff, hard-to-reach population and low response rate, remote/COVID context) ultimately impeded our ability to do so. The decision was made to include these four service user interviews in subsequent analysis, despite smaller numbers, to respect and promote the voices of those who had taken part and to ensure some representation from this key group.

Data collection

Interviews used open-ended questions to offer participants the opportunity to share feedback and gather a rich understanding of experiences of the TRM trial. All interviews were individually conducted. Interview guides were developed in consultation with key stakeholders within the youth justice team (i.e. the operational lead). Interviews with staff explored their experiences of the TRM pilot and identified benefits and challenges of implementing TIC. As the team had not made the TRM roll-out explicit to young people and families, these interviews enquired more broadly about their recent experiences of working with the youth justice service and any perceived differences or improvements they had noticed since working with the team. Interviews lasted up to an hour and were conducted remotely via videoconferencing software. All interviews were audio-recorded and transcribed verbatim.

Data Analysis

Inductive reflexive thematic analysis (RTA) (Braun & Clarke, 2021a) was used for data analysis. Analysis was conducted by one researcher (EFI) and followed the seven key phases outlined in the RTA approach (Braun & Clarke, 2021b). Researcher subjectivity was continuously acknowledged through a reflexive diary, used to document participant interactions, capture initial assumptions, and track emerging insights.

Following familiarisation with the data through transcribing and re-reading of transcripts, codes were generated (and then further defined and developed) within each transcript, supported by a computer software package (NVivo 12). Visual mind-maps were used to capture salient features in the data, and these were reviewed to develop an initial coding frame applied to each transcript. Codes were then collated by the researcher to develop initial themes. Refinements to themes and sub-themes continued until a useful and meaningful analysis was achieved, supported by consultation with supervisors and paper authors, until a thematic map was generated. Finally, relationships between themes were further illustrated to reveal complex, multi-dimensional facets of a particular meaning or experience.

Results

Nineteen staff, three young people, and one carer participated in interviews, resulting in a total of 23 participants (see Table 1). Four overarching themes were identified (Table 2).

Table 1. Staff participants demographic and professional information.

Demographic variable	**N(%) or M(SD)**
Staff (n=19)	
Age (Range 32-59)	46 (8.3)
Professional Role	
Youth Justice/Restorative Justice Practitioner	11 (57.8)
Operational Managers	8 (42)
Ethnicity	
White British	15 (83.3)
Black British	3 (16.7)
Gender	
Female	12 (63.2)
Male	7 (36.8)
Stage of TRM intervention Initial	
Pilot	12 (63.2)
Wider roll-out	7 (36.8)
Young people and caregivers (n=4)	
Age (young people)	
17	2
15	1
Role	
Justice-involved young person	3
Parent	1
YJS Order (young people)	
Statutory	2
Diversion	1

Note: Descriptive demographic and professional information for staff participant group (n=19) and young people/caregiver group (n=4). Staff presented as mean (standard deviation). All other variables described as frequencies and percentages.

Table 2. Superordinate themes and corresponding subthemes.

1. Seeing Youth Justice through a Trauma Lens	Delving Deeper to Unpick Youth Histories Widening the Lens to Cultivate Vulnerability
2. Relational Practice and Repair	Every Interaction is an Intervention Clinical Supervision as a Tool for Relationality
3. Trauma and Disruption in the Wider Caregiving Systems	Proximal Systems Wider ecology
4. Role Conflict and Ambiguity	Practice vs Policy Agents of Care or Control?

Theme 1: Seeing Youth Justice through a Trauma Lens

The first theme describes the dispositional shift observed within the service, referred to broadly as the 'trauma lens' (Sweeney et al., 2018) through which youth justice was viewed. While not strictly an intervention but an orientation, this trauma lens was facilitated by several aspects of the TRM approach, such as training, clinical supervision, and organisational culture changes. Throughout interviews, the prevalence and widespread effects of trauma were repeatedly acknowledged. By applying this awareness of the multiple consequences of trauma, a conceptual shift emerged, whereby emotions and behaviour were understood and contextualised in light of a person's trauma history. This was primarily evident in its application to young people's presentations, and offending (subtheme 1); yet staff also applied a similar trauma lens to themselves (subtheme 2).

Subtheme 1a: Delving Deeper to Unpick Youth Histories

Nearly all staff described young people who had experienced prolonged, cumulative, and complex trauma, including (but not limited to) physical abuse, child sexual abuse, neglect, abandonment, experiences in care, complex bereavement, and loss, as well as exposure to intergenerational trauma patterns such as domestic violence, parental substance abuse or mental illness, and parental offending. Most staff acknowledged that trauma and adversity had always been an implicit aspect of working with justice-involved youth. However, implementing TIC made complex trauma histories, and their impact on subsequent behaviour, more explicit, enabling staff to shed light on significant events from young people's pasts which may have previously gone unnoticed or unrecognised.

> It's very early days, but it's starting to trickle through. Before, unless it was very overt that trauma had occurred in that young person's background, then it wouldn't have been mentioned. 'Laura', OM

Offending behaviours were often re-imagined as trauma responses. In bringing young people's trauma histories to light, staff appeared to gain new insight into the underlying needs of their cases and could adjust their interventions accordingly.

> She [young person (YP)] was initially sent through for harmful sexual behaviours that she had been displaying to others. But through the assessment, we were able to see that it wasn't about that, it was around her own vulnerability, from how she was parented as a small child, and the trauma she received as a young child through negligence by her mum. So, you unpick all that, and I am now working with her in a completely different manner than originally when I first saw her. 'Rachel', Youth Justice Worker (YJW]

Practitioners acknowledged that the service had traditionally operated under a model where the onus to engage had been placed on young people, who were often penalised if they did not engage with the service under the terms of their order. Staff members reported that this "three strikes and you're out" mentality had been re-framed under the TRM, to acknowledge the barriers that attachment and relational trauma may pose to young people's engagement with professional services.

> I think there's probably been times in youth justice where we might have been quicker to close a case or look at that engagement as non-engagement. It's that shift in thinking about how that young person is engaging, the emphasis of how we engage is taken off the child and placed onto the practitioner… That then helps to build that consistency, instead of "well they're not engaging, we've tried three times, let's close it". 'Alison', OM

Shifts in how staff described and communicated with young people were acknowledged as important benefits of the TRM and signified the presence of a trauma lens.

> Plans are worded differently, very differently than how they used to be ('Tessa', OM)

Several staff identified the need for further adjustments to the language in service policies and procedures.

> It's about the language – I need to go back and check, but certainly our compliance policy is now called compliance and engagement. But ideally, that would be called "relationships" - Does that make sense? We have a two-way agreement around what young people can expect from us, and what we can expect from them. We could call that "relationships"… it's that kind of shift, isn't it? 'Melissa', OM

There was also evidence that this trauma lens could be felt by service-users and facilitated improvements in the quality of interactions between staff and young people.

> They got to the reason why he does this. And what the triggers could be. Because the trouble is he doesn't always know himself ('Lucy', Mother)

Young people described feeling understood and validated, instead of judged, and valued what they perceived as practitioners' ability to dig a little deeper.

> The thing [YJW] didn't do, is what all my other case workers [had] done, which was read a file, and think they know me, before they even met me… Don't judge a book by its cover. Because, at the end of the day, you can read your files about a certain child, and think, 'Oh yeah this child is a wrong'un' and all that… But then you go to his house, and you see how he's living… 'Sam', 17

Despite these positive examples, implementing TIC also appeared to engender anxiety about how to discuss and address trauma with young people. In most cases, the trauma lens remained largely implicit and unspoken with young people and families, with trauma- informed conceptualisations and conversations appearing to occur *around* as opposed to *with* young people.

> When you're saying that actually this approach is to unpick some of that complex trauma, case workers are very mindful that they don't want to leave that person in a worse state than where they found them…It's like, well if I open this can of worms, and they actually engage and want to talk to me, then what I do with that then, where do I go with that? 'Laura', OM

Subtheme 1b: Widening the Lens to Cultivate Vulnerability

Another consequence of implementing TIC was that staff began to view themselves and their work through a trauma lens. There was a noticeable consideration of the role that trauma played in professionals' personal and professional lives, with several staff identifying themselves as trauma survivors during interviews. The delicate balance of maintaining a trauma lens with clients who had perpetrated harm was highlighted as a potential challenge for staff whose trauma histories may be triggered by the nature of their clients' offences.

> When I'm allocating a case, I'm very mindful that that person may have been sexually abused themselves, they may have experienced domestic abuse, they may have experienced all these sorts of traumas themselves. I don't think enough consideration is given to them as people. I think that's one thing we can definitely improve on. 'Max', OM

Most staff believed that the implementation of TRM had increased staff self-awareness and provided staff with a language with which the impact of their personal and professional experiences could be discussed without fear of judgement. This, in turn was perceived to have engendered a shift in organisational culture which was more compassionate and accepting of vulnerability.

> I think people have become more honest about when they've been affected by a case. And I don't necessarily think they would have been before we had the pilot. I think people probably would have been a bit more cautious about saying, "Oh I can't take that." 'Tessa', OM

However, staff also saw the TRM approach as inherently more emotionally intense and demanding, and that staff were discussing and working with trauma histories in ways which could take a toll on them. Staff perceived the implementation of TIC to be linked to instances of staff referrals to employee support sickness, absence, and turnover.

> You're taking on a lot more emotionally than what you would have done if you're just sticking to "They've got to complete these targets and you're going to be out the door in a few months," on like a conveyer belt. Now, your understanding of a child is so much more, and you're all being told very traumatising aspects, so it can be quite overwhelming. 'Stephanie', YJW

Many practitioners also described experiences of STS and vicarious traumatisation.

> I became quite unwell myself with secondary trauma. I was really properly going through it… when you're reading documents, you're living within that trauma. It was like vicarious trauma. I was almost living experiences that hadn't happened to me. 'Tessa', OM

Theme 2: Relational Practice and Repair

The TRM acted primarily as an interpersonal intervention, targeting relationships as the primary tool for change. Qualitative evidence indicated that the TRM was an effective intervention at a relational level, with several relational indicators, such as experiences of trust and mutuality, as well as improvements in 'measurable' outcomes of TIC success for young people (such as increases in school attendance, or reductions in offending). Relational changes were observed at two main levels: between staff and young people, and professionals' own need for safe, containing, and supportive care through clinical supervision.

Subtheme 2a: Every Interaction is an Intervention

Staff clearly recognised the understandable difficulties young people had in trusting adults, particularly those associated with the justice system, and valued the opportunity to try to heal and repair this trauma relationally. Staff also seemed to have absorbed the theoretical underpinnings of the TRM emphasising the limited cognitive capacity traumatised young people have if core needs for safety and consistency are not met.

> …. If a young person is homeless, and we are there talking about their offences, but they ain't got stable accommodation, they ain't going to be focusing on any of that... But yet we would go down there and focus on that piece of work, while they had all these concerns underneath, floating about, which we were totally ignoring. 'Henry', YJW

Relationship building was not perceived by all staff as novel or unique to the TRM, with many reiterating that they had 'always' known the power of relational work. Yet staff expressed relief at the implementation of a model which gave them permission to prioritise this, and reduced pressure to adhere to rigid, prescriptive statutory guidelines, which were perceived to detract from case-holders' capacity to spend time investing in relationships with young people.

> I was able to help young people and their families with stuff outside of the order. And that in itself builds that relationship. Things such as taking someone to a job interview and giving advice, or sitting in a car and talking about road signs when they want to get their driving licence … These little support aspects which sometimes you can't really do in a normal referral order, but in TRM that's the bread and butter: to just be there, to be constant 'Graham', YJW

These ideas were echoed in accounts from young people, who emphasised how long trust may take to build, and how challenging it was for them to tolerate more directive, offence-focused work in the absence of a trusting, collaborative relationship with their worker.

> I think it just takes time. You've just got to have some time and leave them to have some time to understand you, really. You can't rush in. Because once you know you've got a good relationship with them, then you can get stuff out of them, and speak to them and try and help them. 'Mike', 15

Relationships between staff and young people were described in ways that encapsulated feelings of nurturing, trust, and respect: *"He is starting to really open up about what his intrusive thoughts have been. And he's actually asking for help"* (Lucy, mother). Providing young people with safety, consistency, and agency were repeatedly identified as the cornerstones of this.

> It was always – do you want to do this? Or do you want to do that? He used to say like, "I think you should try to do this, it will keep you busy," but he never said "you have to do this" "'you have to do that." 'Sam', 17.

Staff appeared to approach relationships with young people with a persistence and tenacity which normalised relational ruptures and the ways in which young people may test the boundaries of their relationship with practitioners. This, in turn, was noticed and appreciated by young people and their families.

> Even if [YOUNG PERSON] isn't here or he's not engaging, they still don't give up, they keep trying. And that's the thing – he does test them, he does – he can be incredibly violent, he can be incredibly… terrible. But they still get to the point of trying to understand why he does this. 'Lucy', Mother

Staff provided countless examples of improvements they had observed in young people they worked with under a TRM approach, including reductions in offending behaviour, improved school attendance, or re-engagement with education and employment opportunities. Views were mixed on whether such outcomes could be attributed to the TRM alone, and several perceived progress under the TRM to be slow and often non-linear. Often, benefits were more relational or harder to quantify, such as young people opening up more to staff, being better able to tolerate distress and communicate with adults or improving relationships with parents and families.

> …the kind of connection with the young person is a lot stronger and they tend to have a lot more respect because they don't feel forced to do anything. At times I have felt like when you're having conversations, they will actually listen and take it on board. 'Graham', YJW

Young people's accounts echoed this increased feeling of safety and connection and similarly identified the strength of their trusting relationships with case workers as a catalyst for further changes.

> I've never met my dad. And all other male figures that my mum has been with, have either hit me or her. So, like, I haven't really looked up to them. [Practitioner name] is the first proper male figure that I've ever looked up to. 'Sam', 17

> I've gone from drinking every day, and being involved with crime all the time, and getting in trouble with the police. To now, I don't do drugs, I barely drink, and I haven't had anything to do with the police in a whole year. 'Ben', 17

Subtheme 2b: Clinical Supervision as a Tool for Relationality

Perhaps the single most valued component of TRM by staff was the provision of individual and group supervision by a qualified psychologist, which was emphasized as integral to maintaining the overall efficacy of TIC. Clinical oversight was considered particularly invaluable in discussing highly complex or risky cases, working through inevitable feelings of "stuckness" within cases, and generating new ideas which enabled practitioners to continue engaging with young people and provide relational care.

> It gives you some feedback about looking at your own practices, or alternative ways of adapting yourself to fit in with the family, rather than the family needing to change or adapt to fit in with us - we have to be the chameleon and adapt in with them. It gave us the tools to feel more comfortable changing some of our approaches. 'Henry', YJW

Much like young people, practitioners valued having an open, safe, and collaborative space where they felt listened to and understood without judgment and where they could reflect on their own personal wellbeing. Corresponding processes of containment, regulation, and sense- making occurred, which appeared inextricably linked. As staff

responded to young people's distress, so, too, did they increasingly crave safe contained and reflexive support.

> The issues are so overwhelming for that young person, and because you are that stabilising force for them, you're taking on a lot of that emotional baggage to an extent. I think that can be quite overwhelming and having someone who's not in our direct team but outside of it, who you can debrief with and have a different perspective - for me that's been the most helpful part of it. 'Stephanie', YJW

Overall, both practitioners and managers expressed beliefs that delivering such an intensive, therapeutic trauma-informed approach to young people would be ineffective, and even unsafe, in the absence of sufficient clinical supervision and oversight from a professional with the appropriate expertise and experience.

> Clinical supervision is not cheap. But if you don't look after your staff, they can't look after the children and families that they work with. So, first-hand clinical supervision is remarkable. 'Tessa', OM

Theme 3: Trauma in the Wider Caregiving System

A powerful challenge to the overall effectiveness of TIC within the youth justice service was the ongoing trauma, instability, and disconnection that repeatedly occurred across young people's wider ecological systems, resulting in fragmentation and re-enactment of trauma dynamics across both direct networks that young people interacted with on a regular basis, and the broader societal and contextual environments that indirectly affected young people.

Proximal Systems (Families, Schools, Statutory Agencies)

One challenge repeatedly identified by staff was chaotic, unstable, and actively traumatic homelives of the young people. These were perceived to undo progress made under the TRM.

> The chaos was pretty much to the point where the young person went to a halfway house…. They went from an eight [out of 10] – so loads of positives happening, loads of positives with school, welfare, mental health, everything was on the way up – down to a two. 'Graham', YJW

Staff acknowledged that creating stronger links with families and supporting parents was integral to enabling more consistent trauma informed thinking within young people's home contexts. However, there were also concerns that parents might feel blamed or criticised, hold different attitudes, or continue to repeat trauma patterns:

> How do I unpick the fact that I do this positive work with the young person, and no matter what, they go home and that's just the way that mum is? ('Graham', YJW)

Agencies such as children's homes and supported housing providers were identified as key stakeholders in ensuring that TIC was embedded and upheld. However, their ethos and structure were also identified by some to undermine TIC values, worsen behaviour, and contribute to the criminalization of young people.

> The young female I had, all of her offences were committed within the children's home. She was on a full care order, and it was about the parenting - the local authority being the parent. If this was your own child, would you criminalise to the extent that this young girl was being criminalised? 'Fiona', YJW

Disjointed and inconsistent working with other agencies in young people's caregiving systems was also identified as a primary challenge to effective TIC. Social services, education, and healthcare were all referenced as important systems within which TIC was sparsely implemented and sorely needed. While multidisciplinary formulation meetings were a foundational component of the TRM model, staff reported finding it difficult to ensure that TIC was upheld consistently by other agencies. The introduction of TIC also appeared to risk deepening rifts and further contributing to silo working across agencies. As services continued to focus on their specific "tasks" without a meaningful and coherent narrative, staff repeatedly expressed a need for all agencies to be "singing from the same song-sheet" (Cameron, YJW).

> Each of them have their own different agenda, their own different policy and procedure, and that doesn't match up. So, everybody is coming from different ways of working, we are not all doing joined up work coming from the same approach. 'Henry', YJW

This disjointedness appeared to pose a risk of services 'passing the buck' or unnecessarily duplicating work. Repetitive,

inconsistent responses from disjointed systems were identified by both staff and families as a significant barrier to young people accessing or benefitting from support:

> When [my son] went to the hospital, the crisis team came and said, "Well unfortunately you are in the wrong county. If you were in the other county, then perhaps we could have admitted him." We'd been waiting hours and hours to speak to someone, and you get that response… by the time [a local crisis team practitioner] arrives, all they do is ask the same questions we've been asked before, [which] have been hard enough for him to answer the first time. They'd been written down, but she didn't read it. And you're just thinking… you're in such danger of people just shutting down and you just losing them. 'Lucy', Mother

YJ staff recognised their role as promoters of TIC and reflected on how active modelling of this approach during professional meetings could be used to generate buy-in from other systems at the table. Yet, this mesosystem of various agencies was also felt to act in ways which were potentially harmful and in directly opposition to TIC values.

> I had a teacher in a meeting refer to the children that hang around outside the school as "thugs." One of the young people is someone I work with, and he hangs outside that school because he's been sent to a pupil referral unit and so he's waiting outside for his friends. When she called them thugs… that bothered me so much. 'Olivia', YJW

Wider Ecology (Communities, Political and Economic Policies)

Local neighbourhood and community contexts were also perceived as having a significant influence on offending, and staff raised questions about how the youth justice system could safely and appropriately address trauma with young people when the 'threat' posed by community violence and neighbourhood deprivation remained active and ongoing.

> We are working with children and young people who haven't just experienced historical trauma, they are still involved in trauma. How can we work with that and not induce further trauma, knowing that they are potentially still experiencing that now as part of gangs and county lines? 'Melissa', OM

Staff also widely believed that the TRM approach required further financial investment, particularly in terms of staffing resources, and acknowledged that services were already experiencing significant financial strain which made additional funding unlikely. Financial investment in CJ services was viewed to not be a political priority, and political ideology and societal culture were perceived as not aligning with taking a more compassionate view towards justice-involved young people. These were identified as significant threats to the effectiveness of TIC in the longer term.

> Budgets have just gone to hell. Realistically speaking no one is going to find money that just isn't there. So, my biggest concern would be that it just isn't staffed correctly by the right amount of people. 'Cameron', YJW

> I really, really fear that we have people [in government] who seem to be really unsuited to this approach, being put in positions of power… I just fear that there is a real danger that actually we're going to be coerced or steered in a very, very different direction. 'Max', OM

Theme 4: Role Conflict and Ambiguity

The transition towards a trauma-informed model of care appeared to evoke discomfort and anxiety in most staff. This was largely underpinned by existential questions relating to their professional roles and responsibilities, and the priorities of the wider youth justice system, which resulted in several conflicts and dilemmas which staff were left to grapple with.

Subtheme 4a: Practice vs Policy

While most staff agreed that real shifts in practice and direct work were now being promoted, many reported that minimal policy or procedural changes had occurred to reflect these adopted changes. Staff described continued pressure to meet prescriptive targets to complete offence-focused work within timeframes which were perceived to be unrealistic: "*We are time-bound to an extent. We have certain things that are put in court orders that we have to deliver on*." ('Tessa', OM). This continued authoritarian pressure and punitive culture (i.e. if timescales were not met) was believed to filter down into their work with young people. Staff expressed a desire for people at "the top" to be

more connected to practice "on the ground," and for structural changes to policy and procedures to reflect TRM implementation. This was particularly felt when young people received disposals where directives about interventions often came from youth justice panels (often staffed by lay people) outside of the service.

> Certain panels, when they come to review – If I was to say at the end of the three months, "well we haven't done the knife crime work, we haven't done the drug and alcohol work, but we've done some TRM work…" Education would be needed to be given around accepting that that was ok. 'Lenny', YJW

Another concern raised by staff was whether TIC might just be the latest 'trend' or 'fad' within youth justice systems. Several professionals and managers highlighted the sheer volume of approaches and models that had been introduced within youth justice services over the years, and described feeling overloaded by multiple different methods of working which either felt too overlapping or at times didn't clearly fit together. This confusion around which model to use and when was seen to pose a risk to both fidelity and effectiveness of TIC. It also contributed to an underlying sense of cynicism or ambivalence about how long TIC would remain a priority within youth justice, if the impetus and support for it was not upheld.

> Something is flavour of the month. They put lots of work into making something work, they get lots of people to evaluate, and then the powers that be are constrained by their budget and by austerity measures, and it just gets swept under. Or you get a light version, that's what usually happens. Clark, YJW.

Subtheme 4b: Agents of Care or Control?

As youth justice staff began to incorporate TIC ideology into their established roles as enforcement agents, they struggled to find a balance between both the safety and wellbeing needs of their young people and their public protection priorities. Aspects of TIC were perceived to be overshadowed by their primary roles and responsibilities: "*You still have to breach them. The enforcement – it doesn't matter how traumatic their lives are or what is going on in their lives,"* 'Fiona', YJW. TIC was often viewed to potentially undermine professionals' authoritative position, and there was a consistent concern that introducing a TIC framework may excuse or lessen responsibility for justice-involve young people. Several staff expressed fears that TIAs were too "soft" or "weak". Others felt that the increased focus of trauma should be more of a mental health priority, and not something they were qualified to do within youth justice services.

> Youth justice has always been very regimental, very structured. Some people may, and I don't mean this in a negative way, but some people may find this approach a bit pink and fluffy… 'Rachel', YJW

These reservations about how TIC might be viewed was particularly felt when working with other justice sectors, such as police and courts, both of which were described as holding often antiquated, rigid views on justice-involved youth that conflicted with TIC principles.

> They see the behaviours, and they want the behaviours stopped, they are not particularly interested in the underlying reasons or the causations for those behaviours. 'Fiona', YJW

In many cases, staff appeared to struggle with the continued punitive approaches taken by other youth justice agencies and described feeling personally and professionally conflicted about the harm and trauma young people were exposed to at the hands of this system. Contact with the youth justice system was believed by many to re-traumatise and stigmatize young people, perpetuating discrimination, racism, and inequality. Bearing witness to the system's re-traumatisation of young people was acknowledged to take a significant toll on staff.

> I remember when the verdict came in, I was in court that day with his dad, and I came home that night, and I sat in my garden with my hood up on my dressing gown, and I just cried for about three hours. 'Hannah', YJW

This incommensurability of TIC principles with some of the enforcement duties enshrined within the youth justice system led professionals to question certain service practices and obligations, critically reflecting on their beliefs, assumptions, and actions and expressing feelings of guilt and powerlessness akin to moral injury.

> It made me aware of how we, over the years, have got it totally wrong. We've been focusing on the wrong thing for so long. We were breaching young people, bringing them back to court, some of them ending up in custody which further damages them, all because we were focusing on the behaviour and not the cause behind it. 'Henry', YJW

In some cases, this appeared to drive feelings of doubt amongst professionals about their ability to enact real and meaningful change, or the viability and longevity of implementing TIC within a system that remained centred around punishment:

> The offence that he committed, that's all they could see, that's all he was going to get sentenced for, doesn't matter what I wrote in the court reports. 'Olivia', YJW

Young people, on the other hand, offered a more hopeful vision of the future. As one young person illustrated, the TRM's relational approach offered opportunities to repair some of the harm done by the wider system.

> 'Sam': I've got a lot more hope in the justice system. I really do. That's the job I want to do – that's actually the job I want to do.
>
> Interviewer: You want to work within the justice system?
>
> 'Sam': Yeah.
>
> Interviewer: Really? Wow! That seems like quite a change in three years.
>
> 'Sam': Yeah [laughs]. I want to just – the way [practitioner] has helped me, I want to be able to do that for kids like me.

Discussion

This study illustrates how implementing TIC provided practitioners with a framework for understanding the nexus between complex developmental trauma and offending behaviour. Offending behaviour in adolescence was reframed as a collection of adaptive strategies emerging in response to early adversity, which in turn supported staff to respond in more compassionate, flexible, holistic ways (Sweeney et al., 2018; Levenson, 2020). This approach challenges the dominant behaviourist paradigm in a way that is positively received by young people, their families and practitioners. However, it contrasts with the approach of interconnected parts of the justice system and as such can only be contingently implemented. This study reiterates how TIC is, at its core, a relational model which supports organisations providing safe helping relationships to survivors (Sweeney et al., 2018; Gray et al., 2023). Both staff and young people valued the emphasis placed on relationship-building and gradually earning trust under the TRM. Relationships between staff and young people were described as more collaborative, consistent, and empathic; this in turn appeared to support the effectiveness of youth justice interventions through promoting meaningful engagement and connection. Such findings reflect earlier research which has identified relational improvements as a central mechanism through which other more quantifiable benefits of TIC (such as improved school attendance or desistance) are facilitated (Hidalgo et al., 2016; Kramer, 2016; Gray et al., 2023).

Nonetheless, the introduction of this orientational shift also evoked discomfort and areas of dissonance across the youth justice service. TIC was viewed to contradict or be incompatible with overarching organisational priorities. Perceptions of TIC as too 'nice', 'soft', or 'lenient' to the causes or consequences of offending were felt to pose a significant obstacle to its wider adoption across youth justice settings, as cited in previous evaluations (Donisch et al., 2016; Pickens, 2016). Staff described feeling overworked, under-pressure, fragmented, and working in silos; they questioned how TIC could be adopted meaningfully, when so many aspects of young people's wider systems continued to be unsafe and re- traumatising. The overarching evidence base for TIC comes largely from secure environments, and results highlight the nuanced challenges of implementing TIC in community youth justice settings where organisational capacity to minimize threat and reduce re-traumatisation in young people's immediate environments is much more limited, with only one UK youth justice study with similar findings to this study (Gray et al., 2023). Consistent with the "parallel process" literature (Bloom, 2010), such barriers may also represent symptoms of a traumatised system, highlighting how justice services can become trapped in similar survival mindsets to those of traumatised children, where the preservation of the status quo is valued over and above continual growth and improvement (Ford & Blaustein, 2013). As the term "trauma informed" becomes increasingly favoured across criminal

justice contexts, there is an increasing need for clarity and consensus about how TIC is operationalised in justice contexts and what sets it apart from other approaches. System-wide structural changes and commitment by senior leadership appear instrumental to facilitating a meaningful organisational culture shift (Bryson et al., 2017; Dunkerley et al., 2021), thus preventing the risk of TIC becoming diluted, co-opted, or gradually replaced.

For staff, the increased emphasis on trauma, and the challenge posed by TIC to prevailing beliefs in a victim-perpetrator dichotomy, introduced novel personal consequences. Many described vicarious traumatisation and experiences of demoralization, guilt, and helplessness in the context of performing their professional roles or duties, which were akin to moral injury. While research on moral injury in justice contexts is rare, there is an emerging evidence-base exploring this construct in similar community settings such as child protection services (Haight, Sugrue, Calhoun, et al., 2017; Haight, Sugrue, & Calhoun, 2017), and schools (Sugrue, 2020). Such experiences are likely to reduce job satisfaction and increase burnout and staff turnover. There is some evidence in other child settings that increasing staff awareness of the underlying trauma in their client population leads to an increase in vicarious trauma (Baker et al., 2018). In their review of TIC definitions across juvenile justice systems, Branson and colleagues (2017) noted a troubling omission of recommendations to support work-related traumatic stress. Organisational investment in ongoing training, supervision, and support for staff is therefore essential, not only in protecting against vicarious traumatisation and promoting staff wellbeing, but also in ensuring ongoing fidelity to and longevity of TIC in complex settings where personal and professional obstacles to its core principles are likely to persist.

This study is only the second to qualitatively explore the impact of implementing TIC in a youth justice service in England, and the first to be presented in a peer reviewed journal. The sample was moderately sized and within recommendations for reflexive TA (Braun & Clarke, 2021b). Combining the perspectives of staff, young people and a caregiver is a unique feature of this research, contributing to its novelty. We could not recruit as many young people and families as intended, as reflected in our considerably smaller young people/caregiver sample. Though limited, the inclusion of these perspectives provides important insights into how TIC is experienced by young people/caregivers. Further research should focus on expanding this understanding. The study's reliance on staff to act as gatekeepers in identifying potentially suitable participants likely hindered recruitment and may have introduced bias, whereby those with positive experiences under the trial were more likely to be put forward. This approach did however mitigate risks to the young people by ensuring that those who were invited to take part had been assessed by their young justice worker as in a position to engage with a research project. This is in keeping with the trauma informed principle of safety the study was investigating. Participants were predominantly white British, and all recruited young people were male – while this was largely reflective of the area in which the study was conducted, findings cannot be considered representative of the wider youth justice system. Perhaps most crucially, at the service's request, the researcher was also not permitted to explicitly mention the TRM pilot to youth and families. This not only impeded the ability to develop a shared language when discussing TIC or fully investigate the impact of the model on young people; it highlights a wider potential limitation of TIC being selectively applied in justice contexts where certain principles (such as choice, collaboration, and empowerment) may feel harder to implement (Branson et al., 2017). Yet, by not meaningfully collaborating with young people, services risk inadvertently re- enacting the very power-over relational dynamics and experiences of institutional betrayal that TIC seeks to reduce (Becker-Blease, 2017). Further co-produced research with young people and their families is therefore essential.

Implications and Conclusions

A crucial question which requires further investigation is which, if any, specific TIC practices are effective in producing meaningful improvements for young people involved in the YJ system. Challenges in defining or distinguishing TIC from other approaches mean that it remains unclear which TIC components (e.g. staff training, supervision, screening procedures) yield the greatest benefits, or how TIC initiatives compare to similar models or treatment as usual. A wider question relates to the implementation of TICs in YJ settings given wider systemic limitations and even resistance to considering traumatic early life experiences as central to understanding youth offending. In this study a lack of integration of TIC in other parts of their lives, across service settings and in family life. The ongoing threat of harm is not unique to this setting and is present in the very earliest TIC studies in women's violence services (Covington, Burke, Keaton and Norcott, 2008), but it continues to challenge practitioner implementation. Linked to this is a final policy implication from this study, which is the difference between TIC as an organizational level intervention and one which requires individual staff attitudinal changes, knowledge accumulation and skill development. While the need for both organizational and staff changes are not mutually exclusive, it does present individual staff members with significant challenges if they enact TICs in a wider context that is unsupportive. The integration of practitioner behaviour, and organizational buy in can build on the positive findings of this study and support staff to skillfully manage the dual functions of security and care necessary to keep both service users and the public safe in this unique service setting.

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