



Developmental trauma in young people involved in the criminal justice system

– a strategy for intervention

Dr Tricia Skuse (above centre), Wales Forensic Adolescent Consultation and Treatment Service, Dusty Kennedy (above right) and Jonny Matthew (above left), Youth Justice Board (Cymru), explore a promising new psychologically-led case management methodology

Following marked reductions in first time entrants to youth justice over the last decade, the children remaining in the court cohort appear to be more complex, more troubled and harder to help. If the current cohort is indeed a rarefied subset of the wider youth justice population of 10 years ago, with stubbornly persistent offending behaviour, doggedly rehearsing the same interventions and ways of working is unlikely to make a positive impact. This article explores the current youth court cohort, reasons underpinning their offending behaviour and how a new psychologically-led case management methodology is showing promising results.

The number of children receiving a caution or conviction in England and Wales decreased by 85% between 2007 and 2010. Over the same period the reoffending rate for children increased by four percentage points; with 42% of those convicted reoffending within 12 months. This rate of reoffending varies from around 30% for out of court disposals, to 65% and 68% respectively for youth rehabilitation orders and custody (Ministry of Justice, 2018).

It is increasingly clear that this remaining cohort is made up of especially troubled and hard to help children. In 2012 Youth Justice Board (Cymru) undertook a study profiling 112 children who had criminal histories of 25 or more convictions and an average reoffending rate of 86%. The study, which precipitated the development of Enhanced Case Management (ECM), revealed significant levels of traumatic experience and distress. Most of these children (predominantly boys) were aged 16 or 17, 84% had no written record of any educational achievement (formal or informal qualifications), 41% had been on the child protection register, nearly half had witnessed domestic violence and almost two-thirds had suffered early childhood trauma or neglect (John, Williams & Haines, 2017). Public Health Wales research in 2015 also showed a strong correlation between adverse childhood experiences (ACEs) and criminality. Adults in Wales who had experienced four or more 'adversity factors' were shown to be just over 20 times more likely to have experienced incarceration than the general population (Public Health Wales, 2015).

October 2017 saw the launch of the second phase of ECM across seven local authorities in South Wales. To date, 25 children have been referred to ECM in South Wales. Unpublished information¹ shows a significantly higher occurrence of ACEs among these children than in the general population, as reported by Public Health Wales. The table below shows a comparison between the adversity factors from the 2015 all Wales report, alongside the factors disclosed by the children from South Wales.²

ACEs among Public Health Wales and ECM samples

	Adversity factor	2015 PHW	2018 ECM
In the child	Verbal abuse	23%	40%
	Sexual abuse	17%	4%
	Physical abuse	10%	40%
In the child's family	Parental separation	20%	96%
	Domestic violence	16%	76%
	Mental health issues	14%	60%
	Alcohol abuse	14%	52%
	Drug use	5%	80%
	Parental incarceration	5%	52%

Early trauma, neglect and adverse experiences are clearly present alongside, and interact with, repeat offending among the court cohort, making interventions highly challenging for youth justice professionals. Faced with children who are extremely vulnerable but also difficult to engage, challenging and even at times abusive, practitioners often run out of things to try and can even lose hope and compassion.

The development of ECM turned to the evidence on how early childhood shapes and influences later behaviour and an accessible, practitioner-friendly way of conceptualising this; the Trauma Recovery Model (TRM: Skuse & Matthew, 2015). Based on theories of child development, this framework looks at presenting behaviour, the psychological needs underpinning it and types of intervention that would best meet these needs.

The first three to five years of a child's life represent a vital period during which children learn basic skills about feelings and how to regulate emotions via the process of co-regulation from attuned and responsive caregivers. Just as an infant needs help from their caregiver to regulate their basic needs like hunger, sleep and body temperature, they also need help in learning how to regulate emotions. Attuned, responsive care allows children to move from states of distress back to equilibrium. This co-regulation with adults promotes the establishment of neural connections in the brain and, over time, the child 'learns' to self-regulate (ie bring themselves back to a state of calm without the help of an adult).

These early years are also key periods in which children learn about themselves and their place in the world. Children who grow up with parents who are warm, caring and responsive develop a sense of themselves as loveable and worthy and adults as available, caring and helpful. The nature of the relationships children experience in the first few years also determines the nature of the attachment system children have with their caregivers. Different experiences create different attachment systems within the child (secure, avoidance, ambivalent, disorganised). Children who experience attuned and responsive care will develop secure attachments with their caregivers, be more likely to see their parents as a safe base and develop good emotional regulation skills, a healthy internal working model and have a neurobiological network that reflects these positive experiences.

Children in court today

However, the children in today's court cohort have a very different experience. Homes where there is neglect, domestic violence, parental mental illness, frequent house moves or substance misuse may indicate that parental attention and nurture is focused elsewhere. These children tend to have more negative attachments with their caregivers, have poor emotional regulation skills and negative internal working models. This combination of features can have profound impacts upon children's developing behaviour, because the templates and neural connections made in early childhood lay the foundations for how children will go on to negotiate the world as they move into adolescence. Research indicates that developmental trauma and impairment in the attachment relationship between a child and their caregiver can have a significant impact upon a child's neurological functioning and behaviour (Rogers & Budd, 2015). There are frequently deficits in executive functioning (attention, concentration, anticipation, planning, abstract reasoning, cognitive flexibility, impulse control), verbal IQ, empathy, verbal memory and expressive and receptive language skills (Creeden, 2004; Decety & Cowell, 2018; Perry, Griffin, Davis, Perry & Perry 2018; Teicher, 2000). These are not short-term difficulties as the recent research on the long-term impact of ACEs suggests.

Such children present a particular challenge for a wide range of time- and finance-challenged services and represent a cohort who take up a huge amount of resources from agencies that often struggle to find suitable, long-lasting interventions. Routinely, they do not meet the thresholds for mental health services, as they are often not mentally ill *per se*, yet the degree of emotional distress they present can often feel beyond the skills and capability of other services. Eventually the resultant challenging behaviour brings children to the attention of youth justice. Unfortunately, the associated neurobiological deficits mean that traditional approaches to offence-related work such as anger management, victim empathy work and restorative justice are not effective for many in this cohort as they do not yet have the capability to fully engage with them.

ECM is a multi-agency collaboration between the Youth Justice Board (Cymru), the Wales Forensic Consultation and Treatment Service, youth offending teams, Welsh Government and the South Wales Police and Crime Commissioner. It uses a psychologically-based formulation, rather than diagnostic categories or labels to inform interventions with children. This means a broad range of psychosocial factors and the child's lived experiences are drawn together and understood in conjunction with psychological theories and principles.

A psychological formulation essentially results in an understanding and action plan that is tailored to the individual child. The Trauma Recovery Model then guides the sequencing of interventions according to the child's psychological, developmental and functional needs and attempts to address some of the gaps in children's developmental learning. Initial results of the ECM approach have been encouraging. An independent evaluation of a three-year 'proof of concept' test yielded better engagement from young people, a reduction in the frequency and severity of reoffending and greater satisfaction among practitioners (Welsh Government, 2017).

It is important to note that the ECM does not supplement or change existing youth justice legislation, regulation or national standards. It does, however, provide practitioners with a more effective way of basing the use of these structures on an understanding of the strategies and skills that will be most likely to change children's behaviours in a positive way. This in turn allows them to present a range of options to the courts that have a greater chance of making long-term improvements to offending behaviours.

Footnotes

- 1 Shared with the consent of the participating youth offending teams.
- 2 NB the South Wales information is from a very small cohort and is subject to verification as work progresses. However, it is likely that this is an under-report rather than over-report. This may explain the relatively low figure shown for the ECM with regard to having experienced sexual abuse; a traumatic experience about which children are understandably reticent to speak about.

References

- Creeden K (2004) The Neurodevelopmental Impact of Early Trauma and Insecure Attachment: Re-Thinking Our Understanding and Treatment of Sexual Behaviour Problems. *Sexual Addiction and Compulsivity* 11, 223-247.
- Decety J & Cowell JM (2018) The Social Neuroscience of Empathy and its Relationship to Moral Behaviour. In AR Beech, AJ Carter, RE Mann & P Rotshtein. *The Wiley Blackwell Handbook of Forensic Neuroscience*, First Edition, Volume 1 Chichester. John Wiley & Sons Ltd.
- Johns D, Williams K, & Haines K (2017) Ecological Youth Justice: Understanding the Social Ecology of Young People's Prolific Offending. *Youth Justice*. 17 (1) 3-21.
- Perry D, Griffin G, Davis G, Perry JA & Perry RD (2018) The Impact of Neglect, Trauma and Maltreatment on Neurodevelopment: Implications for Juvenile Justice Practice, Programs and Policy. In AR Beech, AJ Carter, RE Mann & P Rotshtein. *The Wiley Blackwell Handbook of Forensic Neuroscience*, First Edition, Volume 2. Chichester. John Wiley & Sons Ltd.
- Rogers A & Budd M (2015) Developing Safe and Strong Foundations: The DART Framework. In A Rogers, J Harvey & H Law (eds) *Young People in Forensic Mental Health Settings: Psychological thinking and practice*. Basingstoke. Palgrave Macmillan.
- Skuse T & Matthew J (2015) The Trauma Recovery Model: Sequencing Youth Justice Interventions For Young People With Complex Needs. *Prison Service Journal*. 220, 16-25.
- Teicher M (2000) Wounds That Won't Heal, *Cerebrum*, Vol 2, No 4, 50-67.7
- Ministry of Justice (2018) Youth Justice Statistics 2016-17** <http://bit.ly/magistrates46>
- Public Health Wales (2015) Welsh Adverse Childhood Experiences (ACE) Study** <http://bit.ly/magistrates47>
- Welsh Government (2017) Evaluation of the Enhanced Case Management approach** <http://bit.ly/magistrates48>