

## Adolescent Trauma and Youth Justice

Trauma can be caused by experiencing, witnessing, or confronting an event that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or another person (American Psychiatric Association, 2013). Many young people who come to the attention of youth justice services will have been exposed to trauma in their life – either directly experiencing physical, emotional and/or sexual abuse, or witnessing or learning about events that cause extreme distress. Sometimes the experience of trauma will relate to a single event, but many young people will have experienced repeated, extended and/or severe traumatisation at many points in their life.

The impacts of trauma can include anxiety and depression through to post-traumatic stress e.g. flashbacks; nightmares; 'hyper arousal' leading to a heightened 'fight or flight' response to certain situations or people; interpersonal problems and self-endangering behaviours such as self-harm, substance abuse, risk taking and aggression (Briere and Lanktree, 2013). Repeated trauma is associated with an extremely problematic combination of having difficulties in controlling emotions and reactions; impaired information processing; self-critical and aggression-endorsing attitudes, and seeking out peer relationships that model and reinforce disinhibition and aggressive, antisocial and delinquent behaviours (Ford et al. 2012). Although having a trauma history is never an 'excuse for offending', symptoms of traumatic stress can be causally related for some young people, while for others youth justice services may act as an important pick up point for a young person's wider mental health concerns and their physical and emotional safety.

There are various therapeutic approaches for working with children affected by trauma which should always be carried out by a qualified and trained professional. However, most share the following common features:

- Ensuring the physical and emotional safety of the young person;
- Assessment of exposure to trauma and its impact;
- Help with distress reduction and affect regulation, including identification of triggers;
- Assistance with negative perceptions and beliefs (e.g. self-blame, guilt, shame, low self-esteem);
- Some form of controlled therapeutic exposure to traumatic memories to help the young person move on from the pain and fear related to the memories of trauma (Greenwald, 2009).

Trauma work should only be provided with the young person's consent and the sequencing of therapeutic tasks should follow a detailed assessment. Practitioners and services working with young people involved with offending behaviour should ideally have in place the following: training for staff around the impact of trauma on children; screening or identification processes to establish when this is an issue; partnerships with services that can provide more detailed assessment and intervention in relation to trauma and material available for service users about local counselling and psychotherapeutic services.

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