HM Inspectorate of Probation

# Issues, challenges and opportunities for trauma-informed practice

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HM Inspectorate of Probation

Academic Insights 2023/10

NOVEMBER 2023

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# Foreword

HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth justice services. *Academic Insights* are aimed at all those with an interest in the evidence base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth justice services.

This report was kindly produced by Dr Sarah Senker, Dr Anne Eason, Dr Chris Pawson and Professor Kieran McCartan, building upon previous Academic Insights papers and highlighting some of the key issues, challenges and opportunities for trauma-informed practices. Ten critical questions are presented, including whether we know how to identify good trauma-informed work and measure positive outcomes, whether the criminal justice system and settings are conducive to trauma-informed approaches, and whether the wider community is supportive of these efforts and approaches. As is set out, trauma-informed work requires organisational support and leadership buy-in, promoting an environment that is supportive of the care and compassion required to deliver and sustain the therapeutic nature of the practice. In terms of the wider discourse, a considered and evidence-based approach is required which frames the conversation in an accessible, nuanced and non-emotive way, recognising that addressing past trauma can help to reduce reoffending and protect the public. Such conversations would be helped through further strengthening of the evidence base, with practice continually refined in line with the most recent and robust evidence.

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**The views expressed in this publication do not necessarily reflect the policy position of HM Inspectorate of Probation**

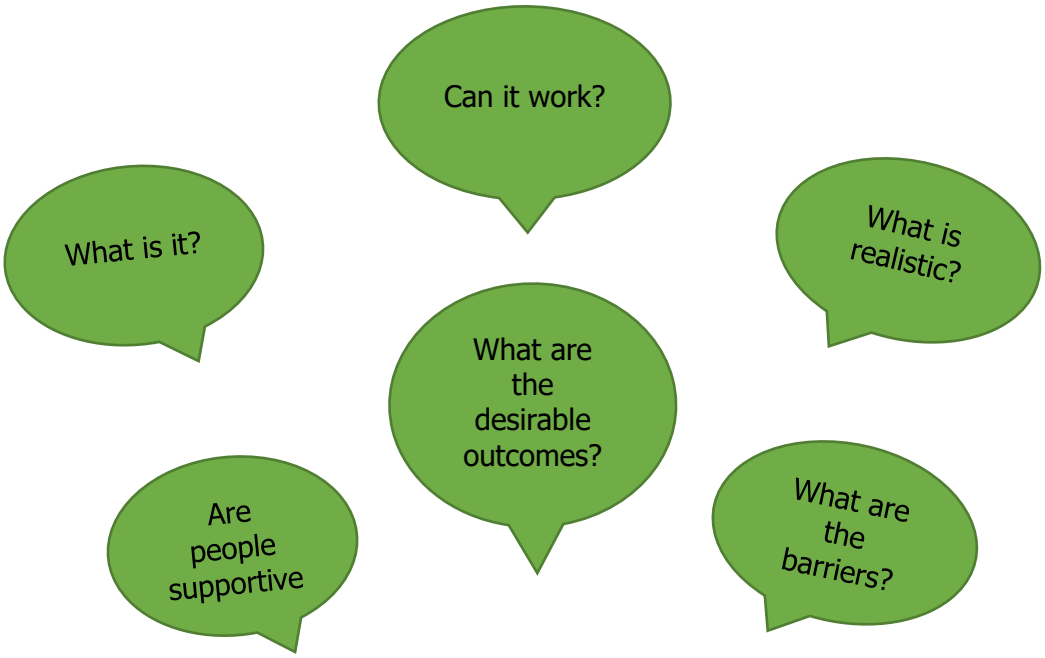
# 1. Introduction

Trauma and trauma-informed practice is becoming an emerging area of interest across health and justice in the UK (Willmot and Jones, 2022). This is coupled with improving collaborations between health and justice through a resurgence of interest in developmental and life-course criminology which consolidates the importance of trauma.

Previous Academic Insights papers have discussed:

- the importance of understanding the role that past experiences and trauma has on the lives of people who go on to offend (Academic Insights 2020/05)
- how we can use this frame to better understand recovery, desistence and integration (Academic Insights 2022/10)
- how this is pertinent to new policy and practice in the field of working with people convicted of a sexual offence (Academic Insights 2022/01).

We want to build on this work to give clear, evidence-based, practice and policy-informed points for consideration. The aim of the paper is not to give definitive answers, rather to highlight pertinent issues, challenges and opportunities, and to give some insights and points for consideration. The questions posed include the definitions and labels that are applied and by whom, the strength of the current evidence, whether we know how to identify good trauma-informed work and measure positive outcomes, whether the criminal justice system and settings are conducive to trauma-informed approaches, and whether the wider community is supportive of these efforts.



# 2. Key issues linked to ten critical questions

## 2.1 Context

This paper is based on a series of scoping interviews and roundtables conducted, and funded, by researchers at the University of West England (UWE). The workstream wanted to:

- better understand the ways in which the term 'trauma informed' is being used across the health and justice sector, including prison and probation settings
- identify the extent and nature of trauma-informed practices for individuals who have experienced trauma but also have convictions for sexual offences.

Through this scoping work, 20 in-depth interviews were conducted with professionals across a range of statutory, academic and third sector organisations. Qualitative transcripts were thematically analysed (Braun and Clarke, 2006) and a number of themes were identified. A roundtable event was also held, to present the early findings to professionals including academics, practitioners and policy makers. The discussions fostered the curation of 'ten critical questions' which are presented below.

Although the original scoping work focused on individuals with a 'dual status' of sexual convictions and trauma, the questions are applicable across a range of offence types.

## 2.2 The ten critical questions

### 1. What constitutes trauma and whose is it to define?

One of the main areas of concern and challenge was the differing use of trauma across the sector, not only in terms of the difference between health and justice, but also within the different justice agencies (i.e. police, prison, probation, and the third sector) who all viewed trauma differently and therefore had a different response to it. This lack of shared definition and meaning is problematic as it means that multi-agency working can fall down, impacting rehabilitation and community integration. A lack of consistency is not uncommon in the criminal justice sector, for instance the use of the word 'risk' and its varied meanings across agencies, or the use of 'Restorative Justice'. However, the difference with trauma is that it is not a justice term, but is rooted in health and therapeutic contexts. With that in mind, we ask whose responsibility it is to define trauma, and how should we use the term – especially in the different parts of policing, prison and probation?

The challenge is in reaching a common nuanced understanding which recognises that trauma – and the trauma journey travelled by the person on probation – changes dependent upon where they are in the system. This may mean that they are processing their trauma, that they are being retriggered upon release back into the community, and that their trauma, as well as trauma responses, is heightened. Therefore, as important as it is to have shared language, it is equally important to have stage-specific language that allows the organisation to deal with trauma in a bespoke way linked to their responsibility (as is often the case with risk and risk management).

Another important aspect of defining trauma relates to who defines it. We as professionals may see trauma in the past lives of the client and recognise its potential role in their offending behaviour. We also know that research indicates that trauma in the lives of people who go on to commit sexual offences is common and linked to ideas around maladaptive attachment (Grady, Levenson, and Bolder, 2017). However, this does not necessarily mean

that the person on probation will acknowledge or recognise experiences as traumatic, and this is critical before they they can process and respond to it. Trauma impacts people differently, similar to other forms of victimisation (Center for Substance Abuse Treatment, 2014), and it is important that we allow the person on probation to understand their trauma and not force nor prescribe labels on to them just because it may make our professional lives or risk management easier. The self-recognition of trauma is central to the bio-psycho-social response, rooted in the Good Lives Model (Purvis, 2010) and being led, to a degree, by the person on probation encourages a strengths-based approach supportive of desistence. Furthermore, allowing people on probation to define what experiences were traumatic *for them* is in line with one of the six pillars of trauma-informed approaches (collaboration, safety, choice, trustworthiness, inclusivity and empowerment). This is an adaptive way of working that is rooted in partnership and service user engagement.

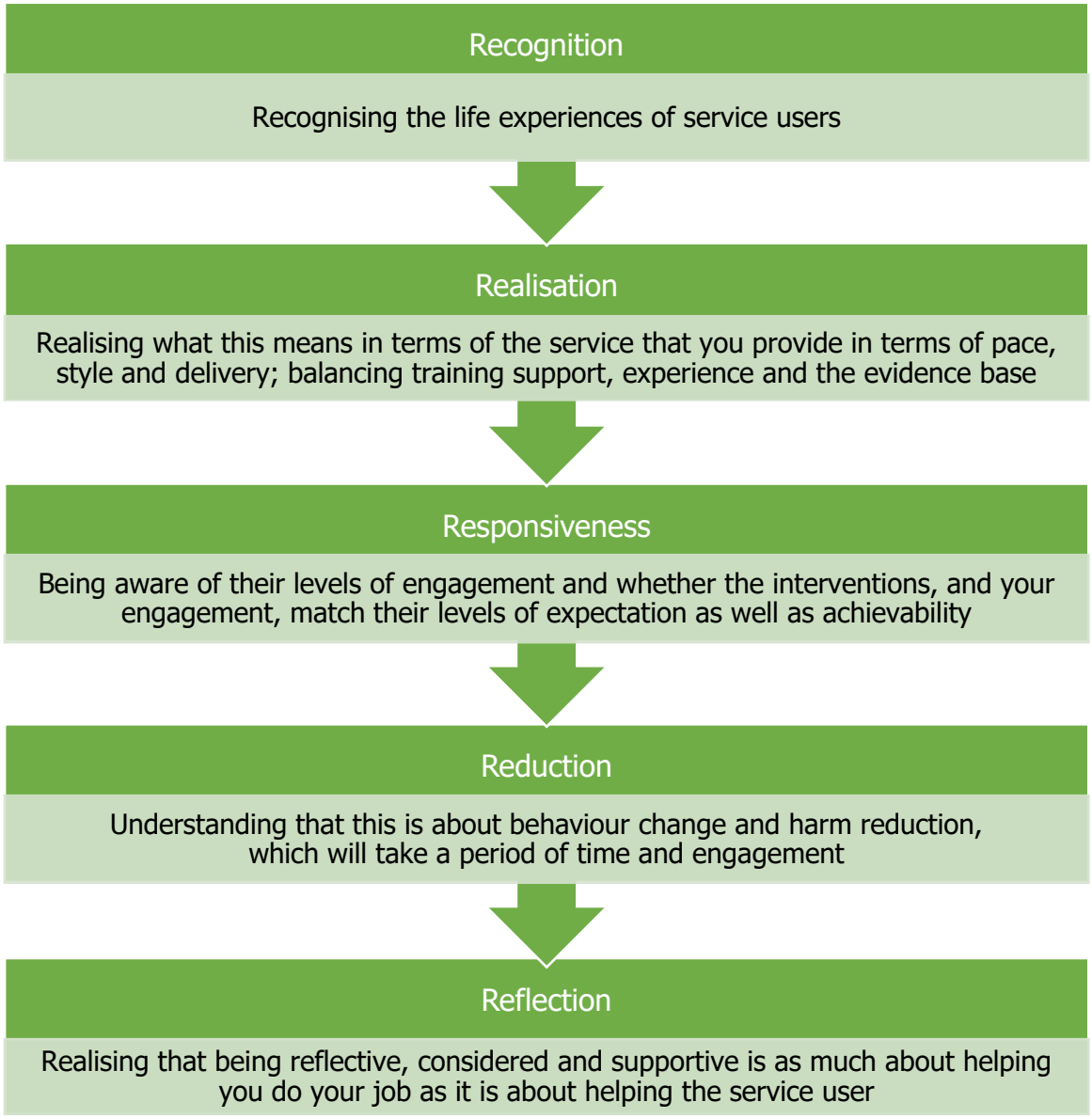
## 2. Is there a definition that adequately describes a 'trauma-informed approach'?

A trauma-informed approach is difficult to define and understand, as it is a way of working that is inevitably individualised but also differs according to the organisation; it is easier for some organisations to align to (i.e. health and public health) as opposed to others (i.e. criminal justice). There are an array of different definitions of a trauma-informed approach across the USA (Centres for Disease Control, 2023a), Australia (New South Wales Govermewnt, 2022) and the UK (Bristol, North Somerset & South Gloucester, 2021; Office for Health Improvement and Disparities, 2022), but these are generally rooted in the health and public health fields.

Overall, a trauma-informed approach is a harm reduction approach where we recognise the harms that can occur to people in the system, either because of past or present experiences, and work to reduce the likelihood that our current practice adds to that harm (McCartan, 2020; Kemshall and McCartan, 2022). This means that we recognise and work with the person on probation in an open and engaging way that is supportive. In probation terms it is a throw back to the 'assist and befriend' mantra of the 1980's and 90's. However, a harm reduction discussion, albeit central to reducing reoffending and promoting community safety, can seem at odds with the functions of HM Prison and Probation Service (HMPPS). Throughout UWE's recent roundtables and interviews, we heard about the challenges of being sympathetic, understanding, and empathic with this population and the challenges that it posed to staff through either vicarious trauma or re-tiggering personal trauma.

Being trauma informed in the criminal justice system is different to being trauma informed in other sectors; instead of being sympathetic or empathic, there is a need to be compassionate. There is a need to recognise the harm that was caused to the person on probation and how that influenced their offending behaviour. However, as stated above, this can be challenging as people do not always recognise their own trauma and different types of adverse experiences can be traumatising in different degrees or ways to people. Just as defining trauma is personalised, working in a trauma-informed way is as well.

Nevertheless, while there is not a set formula to working in trauma-informed ways and no rigid guidelines and frameworks, there are some core values and behaviours that can be agreed upon. The process of working in a trauma-informed way should be built around the following 5 R's:




Being trauma informed and trauma responsive is in part down to the training and skill of the professional, applying core principles across an array of scenarios. In addition to the five pillars from Harris and Fallot (2001), some practical steps include the following:

- pay attention to the person on probation and hear their narrative
- speak with kindness
- listen carefully and without judgment
- encourage the person on probation to speak
- offer to help with a task
- be happy and supportive for the person on probation's success
- accept people for who they are
- realise that people making mistakes and support them in trying to rectify them
- show respect
- be patient
- be careful of burnout and seek support when needed.

## 3. Is the body of evidence robust enough and widely known?

The research literature around trauma in the lives of people convicted of a sexual offence is quite small and American centric (Grady, Levenson and Bolder, 2016) with little research available in a UK context. However, there is life course and developmental criminology research on other forms of offending that has highlighted the importance of past trauma and adversity in the lives of people who commit offences (Lussier and McCuish, 2020). It is important to state that trauma and adversity are contextual and correlational factors in understanding offending behaviour rather than causal factors, as this misunderstanding damaged the impact and legacy of the evidence base for Adverse Childhood Experiences (Danese, 2019; Centres for Disease Control, 2023b).

There is an evidence gap between practice and research in this area. As was discussed in the roundtables and interviews, professionals recognise trauma and adversity in their clients, but also acknowledge that the research evidence base needs to be strengthened. Criminal justice policy in the UK is evidence based, or at least evidence informed, and the lack of a strong research evidence base means that it is difficult to commit to a trauma-informed approach with people convicted of a sexual offence. Instead the drive comes from professionals and the recognition that this is good practice and something that we should be doing as a matter of course.

Another challenge is the media and public discourse around trauma and past adversity in the lives of people who offend, and especially those that sexually offend, which is that offending is a rational choice and that linking present behaviours to past trauma excuses the behaviour. This is an understandably challenging frame to negotiate and highlights the need to improve discussion and debate at a public level about the reality of offending behaviour. This would help the public understand why people offend and that by addressing past trauma we can reduce reoffending and protect the public. A considered and evidence-based approach is required which frames the conversation in an accessible, nuanced and non-emotive way.

## 4. Can the priorities of managing risk, protecting the public and being trauma responsive reside together?

HMPPS priorities are to '*protect the public and reduce reoffending by delivering the punishments and orders of the courts, helping offenders to reform their lives and in doing so prevent future victims of crime'*. Where the focus of interventions and approaches is upon reducing the risk of reoffending, is there a place for interventions and approaches which may improve quality of life (through reduced trauma symptoms) without directly impacting recidivism? For example, where eye movement desensitisation and reprocessing (EMDR) is used to reprocess trauma and outcomes including improved sleep and overall wellbeing, does the 'system', nestled in a risk management paradigm (Petrillo and Bradley, 2022), still see value in this even if it does not necessarily reduce someone's risk? And are the mechanisms which improve someone's wellbeing and affect their risk to the public well understood? Is there scope for further research on the symbiotic relationship between trauma-informed practice, trauma therapy and resultant implications on risk?

Taking this one step further, professionals in the UWE scoping study discussed the fact that people in prison are often motivated to undertake specific modules, therapies and courses to increase their likelihood of release on temporary licence, parole, or moving to open conditions. Are they themselves conditioned to evidence reductions in risk; does this too reduce the impetus to work on past trauma if the connection to risk of reoffending cannot be clearly evidenced? Work from Wright and Warner (2020) explores the connection

between EMDR, the alleviation of trauma symptoms, and sexual arousal to children in those who have convictions for sexual offences. On further discussions with practitioners, who deliver EMDR, they were able to outline that the reduction in night-terrors and being able to properly rest and sleep allows a better engagement in activities which are known to reduce risk, e.g. employment and education, as well as offending behaviour programmes.

Moving on from trauma therapy, can key principles of trauma-informed practice such as 'choice', 'compassion' and 'empowerment' be implemented where people are displaying violent or aggressive behaviour? Proponents of trauma-informed approaches would argue that being able to implement or model these principles may actually reduce some of these behaviours. For example, HMP Grendon, one of the United Kingdom's only therapeutic communities, has far lower incidents of violence than other establishments.

## 5. Is the physical, organisational and psychological environment of criminal justice settings conducive to a trauma-informed approach?

Trauma-informed approaches are environmental in their nature, rather than just focusing on the individual intervention. Professionals acknowledged that settings and spaces within the criminal justice system can be trauma inducing for both staff and people on probation. This is perhaps more obvious in secure settings such as prisons, some built in Victorian times before the principles of trauma-informed care were discussed. However, probation offices can also be deemed as 'safe' or 'unsafe' by those visiting them. This extends to the nature of disclosures being made in these spaces, the topics of conversations, the positioning of chairs, and the size and repair of rooms and waiting areas. Are people on probation going to be triggered by sights, smells and people (perhaps known associates) that are sharing these spaces with them? It is also relevant to consider the impact that imprisonment may have had on exacerbating someone's trauma by the time they attend their community appointments following release. Overall criminal justice settings such as police stations, courts, prison and probation can contribute to a sense of powerlessness which is also a key theme in trauma experiences.

Further, those we interviewed highlighted that the restrictions placed on people on probation can also be 'traumatising'; the examples given included seeking permission to have a specific partner, go abroad, and change address. Professionals indicated that if the wider environment is not following trauma-informed principles, it can actually be damaging or dangerous to acknowledge or work on trauma in these spaces. Further, work from Petrillo and Bradley (2022) noted that *'staff felt the professional culture in probation encourages work practices that can result in vicarious trauma, compassion fatigue, burnout, and that staff wellbeing is not prioritised'*. This poses questions about what changes are both realistic or possible within these settings to promote trauma-informed care, including how staff can be supported to provide such care to those they supervise.

## 6. What does good trauma-informed work look like, and how do we know it when we see it?

Participants in the scoping study discussed the challenges in defining trauma and ensuring a consistent understanding and use of the term 'trauma informed'. This can make it difficult to reach a consensus about what trauma informed should look and feel like in practice and the benchmark that people are striving to achieve. Using work from 'One Small Thing' and esteemed trauma researcher Stephanie Covington may support organisations to consider what 'good' trauma-informed work looks like and how to audit their own practices and

procedures. In particular, 'One Small Thing' offer a trauma quality mark – with the levels of gold, silver and bronze – with a view to provide a national benchmark for trauma-aware, trauma-informed, and trauma-responsive practice alongside a practical and accessible tool for organisations. Identifying and visting organisations operating at a 'gold' level could help other organisations and services understand what it has taken to get there, overcoming any strategic or operational challenges and how to appropriately refer to their own organisation and practice.

The work required to achieve a trauma-informed, or trauma-responsive, benchmark should not be underestimated. Good trauma-informed work is top-down, with strategic and operational buy-in that transcends all facets of an organisation and is embedded in its tapestry. For example, the Scottish Government has produced a toolkit to support organisations undertake their own audit to assess the level of trauma-informed practice (adapted from SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* document, 2014). It addresses the following ten domains, advocating for consideration of the five pillars of trauma-informed care across each:

- governance and leadership
- policy
- physical environment
- engagement and involvement
- cross-sector collaboration
- screening, assessment and treatment services
- training and workforce development
- progress monitoring and quality assurance
- financing
- evaluation.

## 7. What would the expected outcomes of good trauma-informed work look like, and do we measure them?

Given the often-intangible nature of trauma-informed practice and its roots in relational dynamics, how can we build an evidence base about its value? What are the outcomes that we should be looking for and how can we measure 'success'? What can we learn from outcomes of 'trauma therapy', rather than trauma-informed environments and whole organisations? Importantly, whose role is it to define what 'success' looks like? Do the expected or anticipated outcomes differ from a professional perspective, where risk management may be at the forefront of the desired outcomes, relative to those with lived experience? Do we also need to consider the outcomes of *not* providing trauma-informed working environments. For example, the National Child Traumatic Stress Network (2011) reports that organisations that do not support their staff to take care of themselves run the risk of exposing them to secondary traumatic stress, vicarious trauma and burnout, all of which will inhibit their ability to provide high quality care.

Previous work has included outcomes such as:

- increased offender responsivity to evidence-based cognitive behavioural programmes that reduce criminal risk factors (Miller and Najavits, 2012)
- engagement with treatment

- reductions in substance misuse
- reduced trauma-related symptoms (Cocozza, et al., 2005; Chung, Domino and Morrissey, 2009; Gatz, et al., 2007).

Importantly, while we strive for consistency in terms such as 'trauma' and practice associated with trauma-informed care, shouldn't we also strive for symmetry in the measures and outcomes that indicate success? Will these be the same across health and justice, where multi-agency working is so important and across different cohorts such as young people, men and women? The Research & Analysis Bulletin 2022/02 by Petrillo and Bradley indicates that staff with responsibility for women felt they had made more progress implementing trauma-informed care than other areas of probation. This suggests an opportunity for learning from the female estate and probation practitioners supporting women and an adaptation and exploration of how outcomes may differ, if at all, for men by implementing trauma-informed practice.

## 8. Are senior staff and frontline staff ready for trauma-informed approaches?

The approach of the criminal justice practitioner is very much dependent upon organisational support and leadership buy-in. Trauma-informed practices can only be implemented with appropriate training but also within an environment that is supportive of the care and compassion that is required to deliver and sustain the therapeutic nature of the practice. There are prisons, for example, where the whole establishment ethos is therapeutic, where staff are trained to work with the complexities of trauma, and, indeed, report that trauma is almost an 'expectation' of the prisoner's history. For this to work, there needs to be compassionate leadership, and commitment and/or patience from practitioners, especially when working with people with sexual convictions who can take years to fully open-up about and address their own victimisation.

Probation offender managers and prison officers also need to be open to acknowledging the previous trauma of these types of offender, dispelling any pre-judgements and prejudices. This can be challenging and can only be achieved with specialised training and supervision. Burnout and/or resistance must be carefully supported; using colleagues to debrief is one method, and other external support services may need to be considered. Trauma can also occur in staff working within these environments. The regular and detailed supervision undertaken by the probation offender manager with those who have experienced and are recounting significant traumatic events, and then recounting the significant traumatic offences they have perpetrated, cannot be ignored as a possible cause of staff trauma.

## 9. Is the wider community supportive of trauma-informed approaches? What are the barriers?

One of the most difficult transitions for those on a custodial sentence is release back into the community. Where some may quickly resettle and integrate without too many challenges, people with sexual convictions are faced with a type of uncertainty that, for many, proves too difficult to overcome. In best practice, those who have had the opportunity to engage in trauma-informed programmes of work and therapeutic interventions, have had the benefit of a supportive network. In the community, this type of extended support or continuum in approach may not be available, especially once the nature of someone's offence is known. There are initiatives such as Circles of Support or the Safer Living Foundation that provide a stepping stone into the community, offering a continuation of the therapeutic environment, but placements are limited. Continued stigma, vigilantism

and for some, media coverage, make integration a high-risk problem for the individual and the professional supervising them.

As noted in relation to question 3, work with the public is required to change the narrative around the type of support needed by sexual offenders to reduce/prevent further harmful behaviours. This is particularly so with those prospective employers, educators and accommodation providers who are so important to the reduction of reoffending and recidivism but whose interaction with the offender is often limited and exclusive (Evans and Cubellis, 2015). The suggestion of a more balanced media approach with the necessary political backing is considered the starting point for this change, building understanding as to how supporting the sexual offender in addressing their own trauma will provide the community, and thus potential victims, long-term protection from further victimisation. How this can be achieved when the public is consumed with infotainment that vilifies such offenders (Kohm, 2009), with no recognition of past trauma, may prove the most difficult hurdle of all.

### 10. Are trauma-informed practices achievable and/or desirable?

There are many definitions of trauma that come in guises of trauma-informed practice, trauma care, and trauma awareness or responsiveness. With so many understandings of what trauma is and how to approach it, can we really achieve what it is we are setting out to do? Moreover, do those who have experienced trauma and gone on to commit offences, want to address their lived experience or view it as traumatic? If not, then what is it that we are trying to achieve? And do we need to look at a broader range of therapeutic environments or practitioner approaches? For those in prison establishments who engage in therapy, this is a choice, indicating that they are keen to address the trauma that has led to distorted thinking, attitudes and their offending behaviour, and suggesting that those with lived experience of trauma would want to undertake similar interventions in the community.

There is some resistance to move away from traditional accredited interventions and methods, despite the one-size-fits-all approach to any offending behaviour being widely contested. Not offering different methodologies can disadvantage those who have sexually offended if the 'tried and tested' programme has not worked for them. They could be seen as 'untreatable' and thus 'high risk', resulting in stricter, more restrictive measures in their management. If those with lived experience want to try a new method (such as EMDR), should this be an available option and, if so, who is best placed to deliver it, and how can we put the environmental measures in place to ensure a 'safe place' for their recovery? For trauma-informed practices to be successful, therefore, we need to think outside the box, adopt a systems wide commitment and approach and venture further afield to new ways of working.

# 3. Conclusion

This Academic Insights paper has presented ten critical questions and highlighted some of the key considerations for developing trauma-informed practice with people on probation.

It is argued that trauma-informed practice should be an inclusive, service user orientated approach that is rooted in the core working of the probation service, i.e. the bio-psycho-social approach, strengths-based approaches, and effective risk management. At the same time, it is recognised that there needs to be an improved evidence base to inform policy and practice, and to support the wider discourse regarding its desirability and value. Achieving effective trauma-informed practice is a journey, and therefore it needs to be constantly worked at, developed in line with the most recent and robust evidence, and reframed where necessary, embracing new methods and ways of working, with organisational buy-in at both the strategic and operational levels.

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This publication is available for download at:
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**Published by:**

HM Inspectorate of Probation
1st Floor Civil Justice Centre
1 Bridge Street West

Manchester
M3 3FX

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ISBN: 978-1-916621-05-3