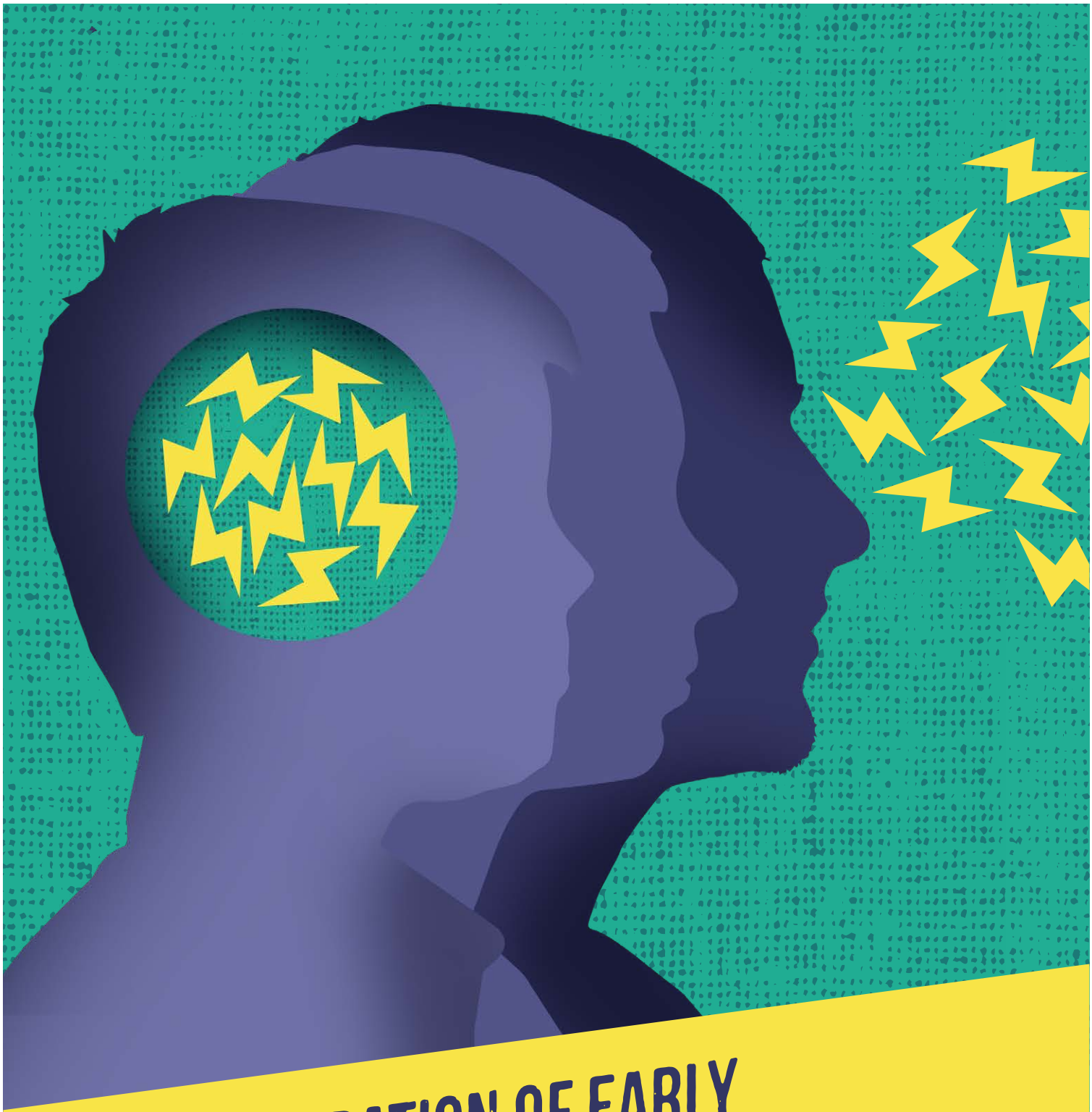

AN EXPLORATION OF EARLY LIFE TRAUMA AND IMPLICATIONS FOR GARDA YOUTH DIVERSION SERVICES

An Garda Síochána
Ireland's National Police and Security Service

YOUTH RISE

TO CITE THIS REPORT

Dermody A., Lambert S., Rackow, A., Garcia J., & Gardner C.: An Exploration of Early Life Trauma and its Implications for Garda Youth Diversion Projects Youthrise / Quality Matters, Dublin, 2020

Quality Matters
supporting improvement in social services

Thanks to Robert O'Donoghue (QM) and Mary Elizabeth O'Brien (UCC) for research support on this project

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FOREWORD

Youth RISE is proud to partner with the Garda Youth Diversion Bureau to co-fund this dynamic piece of research conducted by Quality Matters and University College Cork's School of Applied Psychology. This research considers trauma in the context of the Garda Youth Diversion Service- Ireland's long running youth diversion programme.

We would like to thank the Garda Youth Diversion Bureau (GYDB), Quality Matters, University College Cork's School of Applied Psychology and all Youth Services, Juvenile Liaison Officers and Youth Workers who participated in this research. In the GYDB, we give special thanks to Chief Superintendent Colette Quinn and Inspector Nuala Finn- without their support this would never have been possible. In Quality Matters, we would like to particularly thank Caroline Gardner, Aoife Dermody, Anne Rackow, Juliana Garcia and Robert O'Donoughue who took a central role in designing, planning and implementing this project. In UCC, we would like to particularly thank Dr. Sharon Lambert and Mary Elizabeth O'Brien.

Young people can experience a wide range of trauma through Adverse Childhood Experiences (ACEs) as a result of neglect, physical abuse, verbal abuse, sexual abuse and a range of other traumatic experiences. ACEs can cause profound negative effects on normal neurodevelopment including negatively affecting mood and emotional regulation, learning and the likelihood of engaging in a range of risk behaviours. They are associated with a wide range of negative physical health, mental health and social outcomes.

ACEs can be considered to be at the intersectional roots of many health, social and community safety issues which can adversely affect the wellbeing of young people and the communities in which they live. They are often caused by, or compounded by, poverty, stigma, discrimination and marginalisation.

This research finds that young people involved with the GYDP have high levels of ACEs with a majority experiencing four or more. Young people with a higher number of ACEs were also more likely to come from disadvantaged areas. This reaffirms our need as a society to develop pragmatic solutions which address socioeconomic inequality directly. Stigma and discrimination is also considered by this report which underlines the need to consider all intersectional groups young people may be part of which may experience stigma and discrimination including those living with HIV, using drugs, coming out of care and those who are members of ethnic minority and LGBTQIA+ communities.

Fundamentally, we believe this report will contribute to the conversation around the intersections between law enforcement and public health and the central role of trauma in this context. We hope this report will help move us to a happier, healthier and safer future by contributing to the body of work supporting the wide scale adoption of trauma-informed practices.

Kindly supported by funding from

An Garda Síochána
Ireland's National Police and Security Service

ROBERT CARR FUND For civil society networks

01 EXECUTIVE SUMMARY

1.1 About this report

This research explores the prevalence of adverse childhood experiences (ACEs) among a cohort of young people engaged in Garda Youth Diversion Programmes (GYDP), and the implications for Garda Youth Diversion Projects. The Gardaí and Youth RISE[1] commissioned research to answer the following questions:

1. What are the levels of adverse childhood experiences (ACEs) among young people formally engaged with Garda Youth Diversion Programmes?
2. Could trauma-informed approaches to service delivery be relevant to the Garda Youth Diversion Programme?

The research sought to answer these questions by:

- Holding focus groups with Youth Workers and Juvenile Liaison Officers (JLOs) to understand their perceptions of barriers to working effectively with young people who have experienced trauma and adversity.
- Youth Worker completion of anonymised ACEs questionnaires for a sample of young people in the Garda Youth Diversion Programme. This was based on a file analysis and team knowledge of the young people they work with.
- Facilitating a workshop with senior Gardaí to consider the implications of the research, and to co-develop a next step recommendation.

1.2 Why Study Trauma in the Context of Criminal Justice?

It is widely recognised that a great majority of young people involved with the criminal justice system have been exposed to multiple types of trauma to a larger extent than young people in the general population (1,2). Young people in contact with the criminal justice system have approximately three times more ACEs[2] than the average population and are four times more likely to have experienced four or more ACEs (4).

A high prevalence of ACEs is linked with increased chances of involvement with the criminal justice system and recidivism (4,7–9). In the United States, between 70 to 90 percent of juvenile offenders have had some degree of traumatic experience (6,10). Similar trends have been noted in the UK

1 Youth RISE is an international organisation that exists to mobilize youth to be engaged in full spectrum harm reduction and drug policy reform to promote health and human rights. https://youthrise.org/about/

2 Adverse Childhood Experience (ACES) are assessed through a 10-question survey which covers abuse, neglect and household dysfunction in childhood.

and Scotland, where findings show that young people with four or more ACEs were 15 times more likely to have perpetrated a violent act in the last 12 months and 20 times more likely to have been incarcerated in their lives, compared with the general population (11). It is likely that this pattern would be mirrored among Irish populations; reports on the profiles of young people in custody in Ireland include data on high levels of loss of parent, and young people referenced in these reports have profiles similar to higher childhood adversity experienced populations, including people with mental health difficulties, substance use difficulties, care experience, and/or disengagement from education (12).

For young people with trauma experiences, coming into contact with the criminal justice system can be challenging. Interactions with law enforcement and other actors of the criminal justice system can intensify fear, anxiety and negative feelings in young people, possibly leading to re-traumatisation (10). Branson et al. (2017), in a systematic review of trauma-informed juvenile systems, outlines the relationship between some policing practices, increased post-traumatic stress disorder symptoms and post-release criminal behaviour, all of which interferes with the rehabilitation of young people and their ability to desist from crime (6).

Research indicates that there are benefits to understanding trauma and then adapting systems to become trauma-informed. A trauma-informed justice system can enhance young people's resilience and well-being and help them to reduce aggressive behaviours and chances of recidivism (13–16). It can also lead staff to have a heightened sense of safety and self-efficacy, by decreasing the frequency of crisis situations (14).

1.3 Introduction to the Garda Youth Diversion Programme

The Garda Youth Diversion Programme, established by the Children's Act 2001, is a multi-agency initiative (17) designed to provide young people who have engaged in criminal activity under the age of 18, who accept responsibility for their actions, with the opportunity to receive a formal or informal caution and avoid entering into the criminal justice system (18). It is managed and implemented at the national level by the Garda Youth Diversion Office under the Garda Bureau of Community Engagement.

When required, Garda Juvenile Liaison Officers (JLOs) administer cautions to young people. This process involves contacting the young person and their family in order to facilitate a conference, through which responsibility for actions is encouraged and an opportunity for young people to apologise is provided (17). During this intervention, the young person is supported by a professional to develop an action plan to decrease the likelihood of re-offending in the future (17). This can include involvement in other support services, community projects or clubs and/or Garda Youth Diversion Projects (GYDP) (19). According to the Garda Bureau of Community Engagement, GYDP provide activities to facilitate personal development, promote civic responsibility and improve long-term employability (17). The overall goal is to support the young person to stay away from antisocial behaviour and improve both the community's quality of life and the young person's relationship with the Gardaí (20).

In 2018, an evaluation report; *Consultations with Young People Engaged in Garda Youth Diversion Projects*, pointed at a number of key factors young participants considered as effective and ineffective about the GYDP approach. The report's key findings shed light on the importance that building positive relationships with workers has for young participants. Young people indicated that the relationship with Youth Justice Workers was the best thing about the project, adding that

qualities such as being friendly and non-judgemental greatly contribute to them feeling supported and listened to, being able to establish trust and, ultimately, stay away from crime. In the same way, a negative relationship with the Youth Justice Worker was viewed as unhelpful when these qualities were not present. The report highlighted that a lack of comprehensive training for Youth Justice Workers to support them to work effectively with young people experiencing behavioural issues was a challenge for the service. Some young people identified relationships with Gardaí as an issue, wherein they reported experiencing negative interactions with Gardaí as a challenge to engagement (21). Positive factors in the programme were the education, training and employment supports provided, opportunities to socialise such as activities and trips as well as opportunities to develop skills (21). The report highlights a range of opportunities for improvement of the service. While the report does not contextualise these with a trauma-informed approach, many of these are in line with principles of trauma-informed care. Namely where the focus of improvements is on building the relationship and rapport between the young person and professionals to be safe, supportive, trusting and respectful.

1.4 Summary of Findings

ACE SCORES OF GYDP PARTICIPANTS

The study involved analysing the ACE scores and demographic profiles of 125 young people, which were gleaned from their case files and knowledge of youth workers working with them. The young people who were included in this research were predominantly from economically disadvantaged areas, with a significant minority (42%) out of work and education, and a majority being young men (75%).

The ACE scores of the population are as follows:

- **37% had three or fewer ACEs**
- **63% had four or more ACEs**
- **36% of the total had six or more ACEs**

The most frequent ACEs reported were the loss of a parent, emotional abuse and household substance use. The items where youth workers were least likely to know whether the young person experienced it, or knew they had not, were sexual abuse and domestic violence against the mother. More than five times the proportion of girls compared to boys were reported as having experienced sexual abuse in their lifetime[3]. Over 1.5 times the proportion of boys were reported to have experienced emotional neglect compared to girls. The difference in gender scores for all other ACE items were within a range of 10%. Young people attending GYDP in Ireland have significantly higher ACE profiles than the general population, for example 63% people in this study had four or more ACEs whereas in the general population approximately 12% of people have four or more ACEs (22).

The ACE profile of young people in this study mirror more closely that of populations accessing homeless, probation and substance use support services than the general population (23,24). This finding highlights high rates of trauma in this population, and the importance of effective intervention, engagement and diversion strategies.

3 However it is likely that this score is significantly lower than the reality – most young people who have been sexually abused in the home will not disclose this in childhood

THEMATIC ANALYSIS: TRAUMA THEORY AND POLICING / GYDPS

Findings from focus groups with JLOs and with Youth Workers found that:

- There was **unanimous support among the group for the validity of the case file analysis findings** – all professionals felt that most young people engaged with the Garda Youth Diversion Programmes are likely to have high trauma profiles.
- **JLOs engage already in a number of behaviours that are in line with principles of trauma-informed practice.** While it was felt that many JLOs are engaging in many different types of practices that could be considered trauma-informed, this is not taught or formalized, and in fact may be learned through making mistakes at the expense of relation-ship-building with young people in GYDPs. JLOs are commonly perceived to be currently engaging in more behaviours that are in line with trauma-informed care principles than general Gardaí.
- There are a number of practical considerations for using trauma theory in the delivery of criminal justice services:
  - The nature of policing work can be inflexible due to its statutory role. High-risk situations arise frequently for Gardaí where compassion-focussed or trauma-informed approaches may be harder to use.
  - There is also a need to ensure that trauma profiling (e.g. recognising a young person as having a high trauma load) does not have a negative impact on young people if, for example, the theory was used in a deterministic way to predict that the young person has no chance of successful diversion from criminality.
  - There are structural barriers in terms of the hierarchy of the organisation and perceived utility of the approach at higher levels that would need to be considered or managed.
  - Training and implementation at a whole organisation or even whole team level can be expensive.
- It was unanimously agreed that trauma training or trauma-informed approaches would be beneficial across the organisation for work not just with young people but generally. Any approach or training must be cognisant of, and relate practically to, the nature of policing work.

1.5 Summary and Recommendation

Young people engaged with Garda Youth Diversion Programmes have significantly higher levels of traumatic life experiences than people in the general population. Higher levels of trauma increase the likelihood of engagement with the criminal justice system. Traumatic experiences impact on behaviours in a range of ways that can negatively affect a young person's engagement with a programme such as the GYDP. This can include difficulties with emotional regulation, self-soothing, learning and social engagement, all of which can negatively impact on how the young person works with figures in authority, with community programmes, with workers and with their peers.

WHEN PRACTICES AND POLICIES ARE NOT ALIGNED WITH THE NEEDS OF TRAUMATISED POPULATIONS, TRAUMA SYMPTOMS DISPLAYED BY YOUNG PEOPLE CAN GO UNRECOGNISED OR BE MISUNDERSTOOD BY STAFF.

When practices and policies are not aligned with the needs of traumatised populations, trauma symptoms displayed by young people can go unrecognised or be misunderstood by staff. Where services such as social, criminal justice, community and health fail to recognise the symptoms of traumatic experience in a young person's behaviour, this can be misunderstood as 'challenging' behaviours. This mistaken labelling of such behaviours can impact on how workers treat young people and can compromise the continued engagement of a young person in a service, possibly resulting in the young person's needs going unmet and the objectives of the programme not being achieved. In environments that are not trauma-informed, service users are more likely to perceive the service or environment as unsafe or threatening and may be reluctant to trust staff, all of which can hinder their effective engagement with the service.

There was agreement from stakeholders involved in the research that a better understanding of trauma and good practice for working with people affected by it would be beneficial for those working in GYDPs. Understanding trauma, its effects on behaviour and its impact on the service provider-user interaction could help criminal justice professionals to avoid triggering traumatic reactions or re-traumatization, potentially aid in the recovery and healing process and, at the same time, promote a greater sense of safety among staff. It was recommended, based on the findings in this research and subsequent consultation with Garda management, that An Garda Síochána pilot a trauma-informed practice project that involves training and implementation supports.

This should consider:

- Pilot site/professionals e.g. Gardaí or JLOs, geographic areas etc.
- Engaging other key professionals working with young people e.g. residential care workers
- Evaluation to support exploration of roll out – this should measure indicators of success that could include engagement, perceptions of staff safety and others as relevant to trauma theory implementation.
- Considering trauma-informed policing projects in other jurisdictions to inform the model developed[4]

A BETTER UNDERSTANDING OF TRAUMA AND GOOD PRACTICE FOR WORKING WITH PEOPLE AFFECTED BY IT WOULD BE BENEFICIAL FOR THOSE WORKING IN GYDPS.

4 https://www.traumainformedmd.com/lawenforcement.html#/ https://www.scotland.police.uk/whats-happening/trauma-informed-policing/

02 INTRODUCTION TO THE RESEARCH

2.1 About this report

This research explores the prevalence of adverse childhood experiences (ACEs) among a cohort of young people engaged in Garda Youth Diversion Programmes (GYDP), and the implications for professionals working with these young people. The report begins with an overview of the relevant literature in relation to trauma experiences of people within the criminal justice system and professional responses to trauma, namely trauma-informed practice approaches. The literature review is followed by an outline of the methodology including how ethical concerns were mitigated through the research. Following this, is a profile of the young people in this research group, followed by the primary findings section which presents information on trauma type, prevalence and an analysis by various characteristics such as time in care, employment status and other demographic information. The final two chapters – a thematic analysis of focus groups undertaken with youth workers and Juvenile Liaison Officers, and the discussion section, explore implications of the research findings. The report ends with a recommendation endorsed by the various stakeholders engaged in the research process.

An Garda Síochána and YouthRise[5] commissioned research to answer the following questions:

1. What are the levels of adverse childhood experiences (ACEs) among young people formally engaged with Garda Youth Diversion Programmes?
2. Could trauma-informed approaches to service delivery be relevant to the Garda Youth Diversion Programme?

The research sought to answer these questions by:

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- Youth Worker completion of anonymised ACEs questionnaires for a sample of young people in the Garda Youth Diversion Programme. This was based on a file analysis and team knowledge of the young people they work with.
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5 Youthrise is an international organisation that exists to mobilize youth to be engaged in full spectrum harm reduction and drug policy reform to promote health and human rights. https://youthrise.org/about/

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The report highlighted that a lack of comprehensive training for Youth Justice Workers to support them to work effectively with young people experiencing behavioural issues was a challenge for the service. Some young people identified relationships with Gardaí as an issue, wherein they reported experiencing negative interactions with Gardaí as a challenge to engagement (21). Positive factors in the programme were the education, training and employment supports provided, opportunities to socialise such as activities and trips as well as opportunities to develop skills (21). The report highlights a range of opportunities for improvement of the service.

While the report does not contextualise these with a Trauma informed approach, many of these are in line with principles of trauma-informed care. The focus of improvements is on building the relationship and rapport between the young person and criminal justice professionals to be safer, more supportive, trusting and respectful.

THE REPORT'S KEY FINDINGS SHED LIGHT ON THE IMPORTANCE THAT BUILDING POSITIVE RELATIONSHIPS WITH WORKERS HAS FOR YOUNG PARTICIPANTS.

03 LITERATURE REVIEW

3.1 Introduction

This section details research in relation to trauma and its relevance for services within the juvenile justice system. Trauma has proven to have pervasive long-term effects for the physiological and neurobiological development of those who experience it. Trauma also increases the likelihood of behavioural issues, which, in turn, can affect the success of interventions offered by social services, particularly, when practices and policies are not aligned with the needs of traumatised populations.

This chapter briefly outlines the concept of trauma, its impact on behaviour and life outcomes, particularly when experienced in childhood, and its repercussions for the interaction between the juvenile justice system and young offenders. The chapter also contains a description of the core components of trauma-informed care approaches aiming to assist social services to better respond to the needs of trauma-affected populations.

3.2 The Theory of Trauma and Its Relevance to Social Services

TRAUMA RESEARCH AND WHAT THIS MEANS FOR SERVICES

Trauma is a widely researched topic in psychology and psychiatry. In the last two decades, new research has illuminated the pervasive effects of trauma, physiologically, neurobiologically and genetically. There is a growing body of evidence as to the strong relationship between early life trauma and long-term negative life outcomes (6,25).

Increased awareness of trauma's detrimental effects on development, as well as on behaviour and engagement, has compelled health, community and social services to aim towards providing trauma-related interventions and creating trauma-responsive environments, in order to better engage people who have survived trauma (6,26). It has been recognised that practices in social services can re-trigger trauma reactions, cause services to be perceived as unsafe and lead to re-traumatisation of service users (6,27,28). This places a burden on, and provides an opportunity for service providers to better consider the implications of this in practice.

Impacts of trauma survival on individuals, namely heightened service user perception (conscious or unconscious) that an environment or person is unsafe, can pose significant obstacles for effective delivery / receipt of services (28). It needs to be noted that trauma triggers that precede an individual feeling unsafe can be reduced however, due to the uniqueness and variety of these, can never be removed for all service users. If services wish to better serve their service users who have trauma experienced, there is a clear need to address trauma in terms of prevention, treatment and non-clinical responses. Positively, the literature also highlights that the healing of trauma can also take place in these non-clinical settings, when every interaction with a trauma-informed professionals can reduce the possibility of re-traumatization, create psychological safety, and be aligned with a recovery process (26,28).

TRAUMA: WHAT IT IS

> Trauma is defined by SAMHSA as an '*event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being*' (29).

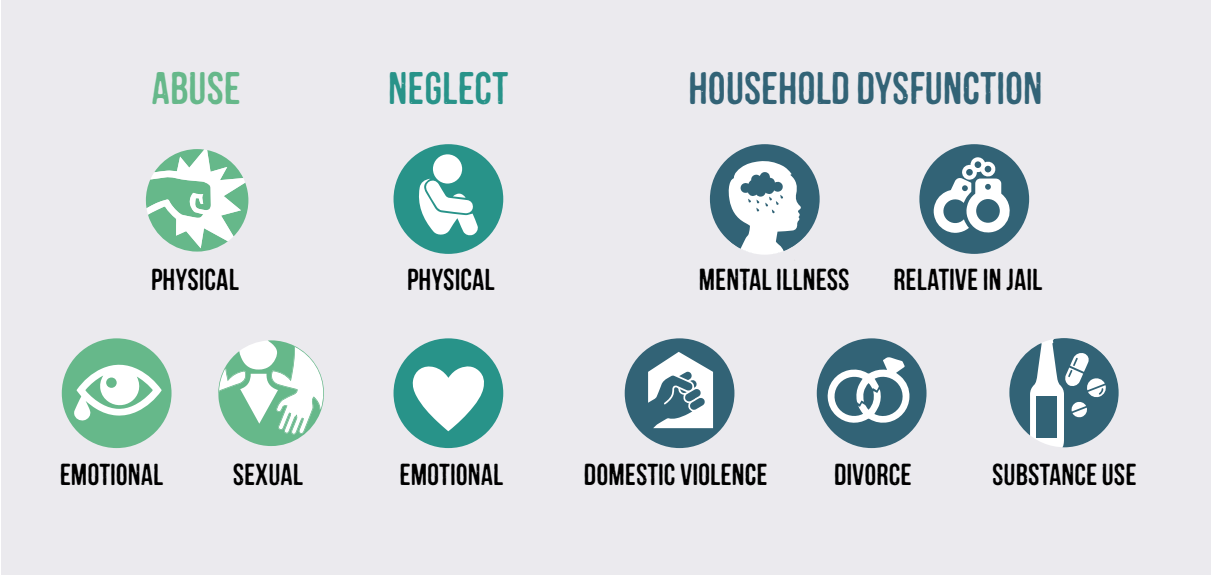
While many experiences such as interpersonal abuse and violence are common trauma causes, it is important to clarify that trauma remains a subjective experience. This means, that an event that can be traumatizing to one person may not be to another (1,30). Trauma arises from the event and the personal interpretation of an event. What connects all traumatic experiences is the perceived threat to the person's psychological, physical or emotional safety. Trauma overwhelms an individual's psychological responses making it difficult for them to integrate their experience (7,20).

The different types of trauma are commonly divided by the nature of the event and/or its frequency. Traumatic incidents can be experienced only once, as a single incident trauma, or can occur repeatedly across the life span, being a complex or repetitive trauma. It can occur in childhood i.e. developmental trauma, through to adulthood and can also be experienced individually or as a community or group (7). Furthermore, trauma can stem from either directly experiencing the event or being exposed to the details of others' traumatic experience which is often referred to as vicarious trauma (30). Causes of trauma can be natural disasters, accidents, catastrophes, societal inequality and discrimination, and/or intentional acts by others, namely abuse, neglect or omission of care (7). Trauma can produce long-term life impairments, since it implies the breakdown of self-regulatory functions (20) and a set of other effects related to diminished emotional and psychological states (30).

TRAUMA DURING CHILDHOOD AND ACEs

Adverse Childhood Experiences (ACEs) refer to a range of intensely stressful events that may be experienced during childhood. ACEs can be categorised into three types: 1. Physical, emotional and sexual abuse, such as domestic or community violence 2. Physical or emotional neglect, for example, parental abandonment through divorce or separation and 3. Household dysfunction which includes household members being in prison, experiencing substance use difficulties or mental health diseases (31–33). These ten experiences are outlined in the graph below:

FIGURE 1 TYPES OF ACES - SOURCE: UNITED WAY OF EASTERN CENTRAL IOWA - ADVERSE CHILDHOOD EXPERIENCES REPORT (23)



Research on ACEs, which began with Felitti *et al's*. 1998 large study into the effects of ten early childhood traumatic experiences on adult health and well-being (34), has provided an increasing body of work clarifying the effect of early trauma on later life experiences and outcomes. Two characteristics of ACEs are particularly important to highlight. First, they are characterised by a dose-response effect. This describes the phenomena that the more ACEs a person has the more likely it is that they will encounter negative experiences in life and will suffer from worse health and social outcomes (7,23,30). Second, ACEs do not tend to happen in isolation, meaning that the majority of people with one ACE are likely to have experienced more (7,23).

ACEs can have a greater long-term impact on an individual than trauma experienced in adulthood (7). The impact of trauma can be particularly detrimental for a person when it is suffered during childhood, since it can affect the early development of the brain, producing impairments in the neuro-regulatory system, generating neuro-behavioural changes and limiting cognitive and social abilities (7,20,35).

The experience of ACEs, particularly when there are four or more, have been found to have a strong relationship with negative life outcomes, such as chronic illness, homelessness, domestic violence, depression, suicide attempts and the adoption of health risk behaviours such as smoking, substance use, and multiple sexual partners (7,23).

Research by Oral et al. (2016) reports significantly higher rates of adopting high risk behaviours and experiencing mental health problems in people with four or more ACEs including increased rates of:

- smoking by 2.2 times,
- alcohol use disorder by 7.4 times,
- substance use difficulties by 4.2 times,
- injecting drug use by 11.3 times and
- sexual relationships with 50 partners or over by 3.2 times, as well as
- increased risk of depression by 4.5 times and suicide attempts by 12 to 15 times (36).

The Centre for Disease Control and Prevention highlights that people with experiences of child abuse and neglect are 25% more likely to be engaged in delinquency, teen pregnancy and/or poor academic performance, 59% more likely to be arrested as a juvenile, 28% more likely of engaging in criminal behaviours as adults and 30% more likely to be engaged in violent crime (37). While ACEs is the most common assessment used within this body of research, trauma is not limited to the ten experiences in this assessment. Other forms of childhood trauma include spending time in foster care, bullying or harassment at school, witnessing community or neighbourhood violence, loss or separation from a caregiver (e.g. deportation), extreme economic adversity, arrest, detention or incarceration and accidents or serious illness (36,38).

Research on childhood trauma emphasises the need not only to prioritise the prevention of ACEs, but more importantly for the cohort involved in this research, the reduction of its pervasive long-term effects across a wide range of social services, including the implementation of trauma interventions in diversion programmes and offender populations (36,39).

TRAUMA PREVALENCE IN IRISH AT-RISK POPULATIONS [6]

There is a limited number of studies on trauma prevalence in the Irish population. However, research conducted with service users of homeless, mental health, probation and addiction services shows a high proportion of these populations have experienced at least one or more traumatic experiences during their lifetime, with 95% of people having at least one ACE (24). Up to 42% had experienced childhood sexual abuse and up to 74% of people had experienced substance use difficulties in their family (23). This is in line with ACEs studies in other countries, which indicate that 47% (11,40) to 64% (33,36) of the general population have experienced at least one traumatic childhood event.

3.3 Impact of Trauma on Behaviour

HOW TRAUMA CAN IMPACT BEHAVIOUR

Trauma impact on behaviour and well-being can be explained, at its most basic level, in the way humans are biologically wired to cope with the environment and assure their survival. Human brains have a built-in system to respond to situations that are perceived as threatening to safety or well-being (41). This system triggers a set of automatic reactions both in brain and body that prepare a person to fight the threat or escape from it, which is commonly known as fight, flight or freeze response (42). It is an automatic process, which means it can activate before the individual can think about it or process it, and it is, initially, meant to help deal with dangerous situations in an effective way (42). People can become quicker and more instinctive in their reactions (automatically grabbing, ducking, running away etc.), experience senses in a more intense way, or have increased energy and strength in the short term (42).

In this process, the area of the brain, related to

6 This section of the literature review will be expanded to include more information on Irish literature.

cognitive abilities, known as the prefrontal cortex, shuts down (43), the alarm mechanism of the nervous system gets activated (41) and stress hormones get released (42) leading to a set of complex reactions in the body that can affect many functions, from breathing patterns and blood pressure to the ability to control impulses (44) or process information. Stress reactions put the body and brain under significant strain and are only meant to be temporary (42).

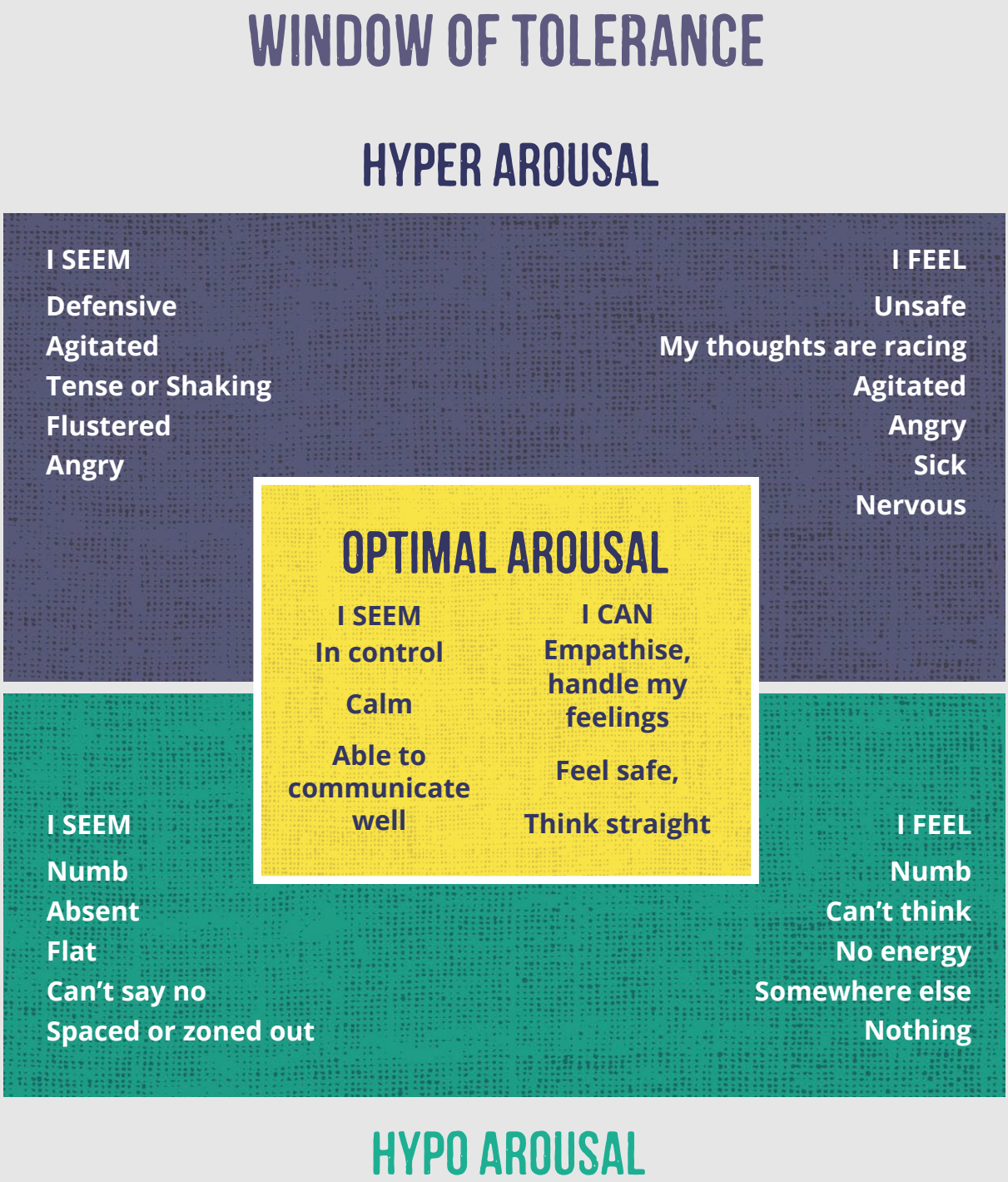
However, survivors of trauma, particularly those who have gone through traumatic events repetitively and in developmental stages, may experience stress responses in a consistent or regular way, operating in fight, flight or freeze most or all the time (45, 46) and experiencing extended states of fear (47), anger, despair or depression (41). This is explained by the fact that exposure to trauma can result in dysregulated nervous systems and problems with emotional modulation (41,44). Indeed, trauma survivors can become more sensitive to stimuli, with stress responses being triggered not only by threatening situations but also by their anticipation (41) and/or by cues in the environment relating to the traumatic experience (44).

A useful framework to understand trauma reactions and their long-term effects in emotional and behaviour regulation is the Window of Tolerance Model (41). This model is related to the functioning of the autonomic nervous system, which regulates certain body functions (i.e. blood pressure, breathing rates, body temperature, digestion etc.) according to received external stimuli and information. It is an automatic process that does not require conscious effort to happen (48).

The autonomic nervous system works through two main mechanisms, namely, the sympathetic and the parasympathetic, each of which produce an opposite reaction to each other (i.e. the sympathetic mechanism increases blood pressure, while the parasympathetic decreases it) (48). When stimuli are processed as threatening these mechanisms can trigger an extreme emotional and physiological response. The sympathetic system prepares the body for flight or fight response causing a **hyperarousal emotional state**, the parasympathetic prepares the body to conserve and restore energy or submit when there is a power imbalance causing a **hypo-arousal emotional state** (41,48). In between these extremes there is a window of optimal emotional arousal where emotions are tolerable, information and experiences can be processed and integrated, and learning can happen (41,49). Outside of this window, the individual enters in the hyper arousal or hypo arousal state. Figure 2, shows both reactions associated with each of these states:

WHEN STIMULI ARE PROCESSED AS THREATENING THESE MECHANISMS CAN TRIGGER AN EXTREME EMOTIONAL AND PHYSIOLOGICAL RESPONSE.

FIGURE 2 THE WINDOW OF TOLERANCE SOURCE:



Complex trauma can interfere or shorten the window of tolerance and affect the sensitivity of the autonomic system. In other words, trauma survivors can be triggered into these extreme emotional arousal states not only by threatening situations, but also by non-threatening cues (e.g. cues that are not threatening in an of themselves, but are a trigger for previously threatening situations) from the environment, and can also have difficulty trying to recover from it (41), leading to prolonged hyper or hypo arousal states (49) and continuous fluctuations from one to the other (41). Seen in this light, behaviours that appear to be dysfunctional are for the individual either expressions of the extreme emotional arousal state in which they are in (i.e. hypervigilance or aggressiveness) or ways of returning to the tolerable levels of emotional arousal (i.e. substance use difficulties, self-harm) (41,49).

TRAUMA, THINKING, AND MANAGING EMOTIONS

A history of trauma interrupts healthy structures and neural pathways in the brain and alters chemical activity (39) leading people to suffer from chronic feelings of lack of safety, fear and anxiety and to have over active stress responses specially when feeling under pressure, coerced, powerless or dominated (50). These heightened emotional states can affect the cognitive abilities[7] of trauma survivors, impairing their memory, concentration, decision-making skills and capacity to see and weigh consequences and set boundaries. It can also lead to poor self-regulatory functions affecting modulated emotional reactions, impulse and affect control, allocation of attention, self-awareness, and self-referential cognition (7,20). Therefore, a trauma survivor can engage in destructive behaviours or act in ways that might be judged by others as inappropriate or inadequate (7), such as, being aggressive against themselves or others, not paying attention or easily getting distracted, being impulsive and unpredictable, not openly communicating their feelings or needs, being distrusting of new places and experiences, and instead finding comfort with and returning to the known, even when it is harmful (1,7).

TRAUMA, TRUST, AND BUILDING RELATIONSHIPS

Trauma also impacts on people's ability to engage with others. It can produce feelings of distrust even with unthreatening people (1,7) and can cause problems with understanding personal boundaries, making it difficult to approach new people. It can also lead to an oppositional-defiant behaviour, which has negative repercussions in relationships with authority figures (1). All of these reactions can make it hard to establish healthy attachment bonds with family and friends and pose a challenge for service providers and agencies working with people with significant trauma experience.

TRAUMA AND THE CRIMINAL JUSTICE SYSTEM

Disrupted self-regulation mechanisms, heightened stress reactivity, aggression, dysfunctional coping mechanisms and distrust and disregard for adults and norms are all associated with trauma and with increased likelihood of young people engaging with delinquency and high risk behaviours (2,4,6,30).

Research shows that a significant majority of young people involved with the criminal justice system have been exposed to multiple types of traumatic victimization to a larger extent than youth in the general population (1–6). **It has been reported that young offenders have approximately three times more ACEs than the average population and are four times more likely to have experienced four or more ACEs (4), with each additional ACE potentially increasing the risk of being an offender by the age of 35 (52).**

7 Exposure to traumatic events related to violence in childhood, for instance, has been found to be associated with structural changes in the brain (i.e. volume of the pre-frontal cortex) which affect cognitive development and academic performance.(51)

A high prevalence of ACEs has been repeatedly shown to link with increased chances of involvement with the criminal justice system and recidivism (4,7–9).

It is estimated that in the United States between 70 to 90 percent of juvenile offenders have had some degree of traumatic experience (6,10). Similar trends have been noted in the UK and Scotland. The Welsh ACEs study showed that people with more than four ACEs were 15 times more likely to have perpetrated a violent act in the last 12 months and 20 times more likely to have been incarcerated in their lives, compared with the general population (11). **A similar study of ACEs in the offender population in Wales in 2018 (53) also found that 80% of prisoners reported at least one ACE with 46% reporting four or more.**

Furthermore, prisoners with four or more ACEs were:

- Four times more likely to have been involved with the youth criminal system than those with no ACEs
- Three times more likely to have been convicted of criminal damage, theft, violence against other person and drug offences
- Three and a half times more likely to be prolific offenders (53)

This same study found an association between number of ACEs and the number of times in prison. From the total of offenders who had been in prison seven or more times, 59% had four or more ACEs, a further 20% had two or three ACES, 8% had one ACE, leaving a remaining 13% with no ACEs (53). In the UK and Scotland, prison surveys have also reported high rates of childhood abuse, family violence, experience of being in care and school exclusion of people in prison (13).

3.4 Policing and Trauma

For young offenders with a trauma background, coming into contact with the criminal justice system can be particularly challenging. Interactions with law enforcement and other actors of the criminal justice system can intensify fear, anxiety and negative feelings in young offenders, possibly leading to re-traumatization (10). Indeed, coercive and harsh practices, such as: stop and frisk, physical seclusion or constraint, strip searches, pat-downs, abusive behaviour from staff, legal threats and criticism from officers can produce a perceived loss of power and be viewed as unfair treatment in young offenders that are likely to trigger trauma related reactions (1,6). Branson et al. (2017), who conducted a systematic review of trauma-informed juvenile systems, maintains that invasive and coercive practices are frequently a source of trauma, associated with increased post-traumatic stress disorder symptoms and post-release criminal behaviour, all of which interferes with the rehabilitation of young offenders and their ability to desist from crime (6).

It's not just the offenders who are likely to have experiences and symptoms of trauma. Criminal justice staff are at risk of suffering from vicarious or secondary trauma, which arises from being repeatedly exposed to others' traumatic events or being in continuous contact with trauma survivors, as well as having potential to experience primary trauma in high-risk work-related situations (1,3). Unmanaged trauma within the workforce has potential to affect the overall quality of the service provided and the ability of teams to be empathetic, engaged and motivated in their work (54).

ACEs research has brought up the importance of addressing trauma across all service systems (36). According to Miller & Najavits (2012), correctional environments are full of triggers that increase trauma related behaviours and symptoms, which can be difficult to manage for staff. A trauma-informed approach can help reduce triggers and avoid inadvertent re-traumatization (36,55).

A trauma-informed justice system can enhance young offender's resilience and well-being and help them find healthy ways of managing traumatic reactions, all of which could, potentially, reduce aggressive behaviours and chances of recidivism (13–16). Moreover, it can, also, lead staff developing a heightened sense of safety and self-efficacy, by decreasing the frequency of crisis situations, and staff ability to manage these when they do occur (14).

3.5 Trauma-Informed Care

Trauma-informed care is an approach that seeks to incorporate a deeper understanding of trauma and its impact on behaviour in service provision. It aims is to address service users' needs more comprehensively, increasing levels of engagement and avoiding re-traumatisation (7). It requires understanding behaviours not as "*challenging or difficult*" but adaptive coping mechanisms that people have developed in the face of trauma.

Trauma-informed care is a set of principles and practices that aim to create safe and accepting environments and ensure staff act with compassion and empathy (1,13). Since trauma is related to a violation of trust (1), creating a supporting environment can help to not only reduce triggers and resulting behaviours (i.e. avoidant or aggressive), can ameliorate the impact of trauma and can contribute to the healing and empowerment of service users (1,30). The core principles guiding trauma-informed care services include: safety, trustworthiness, choice, collaboration, empowerment and gender, cultural and historical issues (50,56).

Furthermore, Leitch (2017) proposes the inclusion of three further components in trauma-informed care interventions:

1. Helping people to manage heightened emotional states: neuroscience evidence-based practices that target directly the regulation of the nervous system, decreasing states of emotional arousal and reactivity
2. Helping people understand their own reactions: neuro-education that teaches service users the neurobiological roots of their reactions and behaviours, which in turn increase their level of self-awareness and their capacity to read signs of distress in their bodies, allowing them to put into practice self-regulation, and
3. Inclusion of strengths-based approach: being aware of not only the problematic events of service users but also of the protective factors that contributed to their resilience in the face of traumatic events. In this way, trauma-informed care interventions could also help to build up and amplify the already existing resilience and allow the service user to feel known beyond their traumatic events (39).

3.6 Trauma-informed Care in the Context of Criminal Justice and Youth Services

Trauma-informed care in the criminal justice system means taking a holistic approach to safety for both young offenders and service providers (54). The core practices of trauma-informed care in the juvenile crime system have been identified, across a range of research reports, as the following:

- Training staff on principles and practices of trauma-informed care, trauma effects on behaviour and development, and working with trauma survivors (4,6,13,57). Training makes it easier for staff to recognise trauma related behaviours and to adjust their interactions with youth offenders accordingly, contributing

in this way to their recovery process (1,6). This could mean, for example, staff being able to read warning signs of trauma symptoms, such as hyper-vigilance and reframing 'non-cooperative behaviours' of young people as coping behaviours, leading them to react with a support approach rather than a coercive one (30,39).

- Promoting physically and psychologically safe environments and creating a caring culture where conditions and practices are the least restrictive and harsh as is possible and interactions are based on respect and trust (6,10,13,30,57).
- Introducing screening and assessment for possible trauma (4,6,10,13,57), including referral to appropriate mental health services and the creation of individualised plans of intervention.
- Incorporating self-care for service providers to avoid staff burn out and treat vicarious or secondary trauma (3,6,57) with components of self- awareness and social support (3).

UNDERSTANDING TRAUMA, ITS EFFECTS ON BEHAVIOUR AND ITS IMPACT ON THE SERVICE PROVIDER-USER INTERACTION, COULD HELP TO AVOID TRIGGERING TRAUMATIC REACTIONS OR RE-TRAUMATIZATION

3.7 Summary

When practices and policies are not aligned with the needs of traumatised populations, trauma symptoms displayed by young people can go unrecognised or be misunderstood by staff. When staff respond to such behaviours as solely problematic, rather than adaptive and arising from trauma, service users may perceive the service or environment as unsafe or threatening and may be reluctant to trust staff. This can hinder effective client engagement and service delivery, possibly resulting in the client's needs going unmet and the objectives of the programme not being achieved.

There is an increased awareness of the importance of service providers incorporating trauma-informed approaches into their services. Understanding trauma, its effects on behaviour and its impact on the service provider-user interaction, could help to avoid triggering traumatic reactions or re-traumatization, potentially aid in the recovery and healing process and, at the same time, promote a greater sense of safety among staff.

Implementing trauma-informed approaches may be particularly beneficial to diversion programmes as research has repeatedly shown that many of the young people involved in the criminal or juvenile justice system have experienced multiple traumatic events. A trauma-informed care justice system can enhance young offender's resilience and well-being and help them find healthy ways of managing with traumatic reactions, all of which could, potentially, reduce aggressive behaviours and chances of recidivism.

04 METHODOLOGY

4.1 Approach to the Research

The research design for this project included focus groups with Youth Workers in GYDPs and JLOs, surveys with focus group participants, Youth Workers completing file reviews and completing ACEs questionnaires, Youth Workers administered ACEs questionnaires to young people 18+ with previous involvement with GYDP, and a facilitated workshop with senior level Gardai and Juvenile Liaison Officers. This facilitated the development of a professional-level perspective on the relevance of trauma-awareness and potential for trauma-informed care with JLOs.

4.2 Case File Analysis – Developing the ACEs Profile

Youth workers selected young people for whom they would anonymously complete an ACES assessment. The inclusion criteria for young people about whom Youth Workers could complete a survey were:

A. Youth Workers must have worked with the young person for at least one year with in the past three years

B. From those young people who met the criteria above, workers were asked to select the 15 young people they had most recently worked with. If fewer than 15 young people met the criteria, they were asked to complete the tool for all young people who did. Clear instructions were given on how to select their sample in order reduce selection bias.

The criteria for young people age 18 + who wished to complete the survey themselves was more flexible. Youth Workers were asked to invite all young people age 18 or older who were previously involved in the Garda Youth Diversion Programme and still engaged with the service to complete the form, although there was low uptake on this option.

Youth workers completed an online or paper survey for each young person. In order to have the information to input to the survey, they undertook a case file review, and supplemented the information gleaned from the file review with their own knowledge or that of their team members who had worked closely with this young person.

The survey developed for this the research included 10 questions on ACEs (as initially identified by Fellitti et al(22) as well as basic demographic information such as gender, age and other variables hypothesised by the research team to be related to the number of ACEs a person had. This included the total number of cautions received, or whether the young person had spent time in state care. The full two-page tool is included in the appendix of this report.

The ACEs questionnaire developed by Fellitti et al was used for this part of the research, as it is widely used in ACEs research and therefore allows for comparison to existing research, it does not require a psychologist to administer or score it, and it is short and easy to complete as the questions are 'yes or no' format. Although the tool itself has not been validated, it has been widely used in research in a broad variety of fields.

In total, 125 ACEs questionnaires were submitted across 13 GYDPs in the Cork or Dublin areas. Only five questionnaires were completed by young people over 18, so this information was included in the overall data set and was not analysed or reported on separately from the other questionnaires that were completed by staff.

4.3 Focus Groups

Focus groups were carried out with Youth Workers from GYDPs and JLOs in order to better understand their perception of barriers to providing effective services to young people who may have experienced adversity and to provide and introduction to trauma and trauma-informed care and the overall research project. Youth Workers were also given a training on how to complete the ACEs questionnaire and select a sample of young people, and JLOs were given a presentation on the initial findings from the ACEs data collected by the Youth Workers.

Two focus groups with Youth Workers from GYDPs were facilitated; one in Cork and one in Dublin. A convenience sampling methodology was used for selecting participants. To identify participants the Garda Youth Diversion Project Office contacted the GYDPs that they work with in those cities and the surrounding areas and invited them to participate. Once an initial list of interested organisations was developed by the Gardai, the research team sent follow up emails with more information on the research methodology and date, time, and location of the focus groups. Staff were put forward or self-selected from their own organisation to take part. The Cork focus group had four Youth Workers from four different GYDPs in the Cork area and the Dublin focus group had 13 Youth Workers from 11 GYDPs.

Two focus group with JLO were also held, one in Cork (6 people) and one in Dublin (8 people). A convenience sampling methodology was used for selecting participants. To identify participants, the Garda Youth Diversion Project Office contacted JLOs that they work with in those cities and the surrounding areas and invited them to participate. Once an initial list of interested JLOs was developed by the Gardaí, Quality Matters researchers sent follow up emails with more information on the research methodology and date, time, and location of the focus groups.

All focus groups included a presentation on trauma and trauma-informed care, a brief survey of participants, and a group discussion on barriers to providing effective services to young people who may have experienced adversity.

Information was recorded in the focus groups through paper-based surveys and notes typed by the facilitators (all workshops were co-facilitated to ensure effective note-keeping). Notes were reviewed by both facilitators prior to thematic analysis for accuracy and comprehensiveness.

Youth Workers in the focus groups were also provided with a research participation pack that included:

1. A research information sheet for all the staff
2. A research information sheet for young people 18+ who have been through the GDYP and would be interested in taking part
3. A consent form for young people 18+ who choose to participate and complete and ACES questionnaire
4. Instructions for Youth Workers for selecting their sample and completing the ACEs questionnaire based on file reviews and team discussions
5. Instructions for Youth Workers to administer the ACEs questionnaire to young people who are over 18
6. The ACEs questionnaire that could be printed and completed on paper and a link to the online version of the tool
7. Template for making unique identifying codes for all young people to protect their identity while ensuring there were no duplicates – this was only held within the youthwork team, on site, to ensure two staff members did not enter data for the same person. This information was not provided to the research team, to protect anonymity of the young people.

4.4 Collaborative Development of Recommendations Workshop

A brief information session was held with senior Gardaí to present the findings of the research and gain an understanding of the perspective of Gardaí in more senior levels in relation to whether and how TIC could support developments within the Gardaí Youth Diversion Programme. The outcome from this session was an agreed recommendation.

4.5 Data Analysis

ACES

All paper copies of the survey that were submitted by participants were entered into the online platform, SogoSurvey. Once the data collection was completed, survey data was exported from Sogo into MS excel and Tableau for analysis and reporting. Data was reported using descriptive statistics, and reporting frequency distributions of answer choices.

The ACEs questionnaire included some basic background and demographic information about the participants, followed by ten questions that ask about adverse childhood experiences. These questions are typically "yes or no". The option of 'don't' know' was added for the purposes of this study and Youth Workers were asked to mark any of the ACEs they were unsure about as 'don't know'. In addition, when an item was left blank, it was analysed as a 'don't know'.

In total, 73 of the 125 questionnaires had at least one of the 10 ACE items marked as 'don't know'. Of these, 29 had more than three ACE items marked 'don't know'. In order to test whether the missing data would impact on the overall results, analyses on frequency of ACE scores (e.g. how many people had each score) as well as frequency in cross-tabulated analyses (e.g. how many people with 'x' characteristic had each score) was undertaken, with the following results:

- Removal of the results of people who had 3 or more 'don't knows' from the overall frequency distribution of scores has a very low effect on the distribution of scores – e.g. the same or similar proportion of people had 1,2,3,4 etc ACEs whether the data was complete, or had more than 3 items marked 'don't know'.
- However, when analysis on smaller numbers is done (e.g. in cross-tabs or on individual items) the 'don't knows' had more of an impact so entries with 3 or more 'don't knows' were excluded from those analyses.

FIGURE 3 IMPACT ON FREQUENCY WHERE ENTRIES WITH MORE THAN 3 'DON'T KNOW' WERE EXCLUDED

A) All entries Frequency of total ACEs scores			B) Entries that have 3 or more items marked 'don't know' excluded			Difference between A) and B)	
Ace Score	**# of people**	**% of people**	**Ace Score**	**# of people**	**% of people**	**Ace Score**	**% Diff**
0	5	4%	0	5	5%	0	-1%
1	6	5%	1	4	4%	1	1%
2	12	10%	2	11	11%	2	-2%
3	23	18%	3	17	18%	3	1%
4	13	10%	4	8	8%	4	2%
5	21	17%	5	12	13%	5	4%
6	18	14%	6	14	15%	6	0%
7	17	14%	7	15	16%	7	-2%
8	7	6%	8	7	7%	8	-2%
9	3	2%	9	3	3%	9	-1%
Total	**125**	**100%**	**Total**	**96**	**100%**		

The ACEs questions that were most often answered "don't know" were:

- **Physical abuse** - 22% answered 'don't know' to "Did a parent or other adult in the household often push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?"
- **Sexual abuse** - 30% answered 'don't know' to "Did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way? OR Attempt to actually have oral, anal, or vaginal intercourse with you?"
- **Domestic violence against the mother** - 29% answered 'don't know' to 'Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?"
- **Household mental illness** - 24% answered don't know to "Was a household member depressed or mentally ill, or did a household member attempt suicide?"

THEMATIC ANALYSIS

The purpose of analysing the focus groups was to identify patterns from the insights of the Youth Workers and JLOs on overarching themes (9), discussed below. Initial themes were identified prior to undertaking the focus groups, in line with good qualitative research practice(10). Specifically, it was anticipated that focus groups would focus on two overarching themes:

- The relevance of trauma theory and its impact on behaviour for young people participating in GYDPs
- The potential utility or impact of this theory for work in the context of GYDP with young people

As the focus groups were few in number, manual analysis using MS excel was a more appropriate method to using analysis software. The analysis of the focus group content involved a quasi-statistical approach, where words or phrase frequencies and inter-correlations helped to determine the relative importance of terms and concepts(10). So, for example, participants were invited to discuss what they felt were barriers to effective work with young people. Concepts such as the power imbalance in the relationship between Gardaí and young people were identified and the frequency of concepts were counted, categorised and then after review, recategorized in line with other emerging themes.

The thematic analysis was reviewed by two other members of the research team to promote objectivity and increase validity of the analysis.

4.6 Ethical Considerations

ANONYMITY

To ensure anonymity, no identifying details were recorded or passed to the research team about the young people reported on in the ACEs questionnaires. Youth Workers were given clear instructions not to write names, dates of birth or any other identifying information on the questionnaire. Participants were provided with a template and instruction on creating unique identifiers to use on the questionnaire in order to protect anonymity and prevent duplication of data.

Young people who took part in the ACEs survey were assured of their anonymity prior to beginning of the survey. No names of youth workers or JLOs attending focus groups were recorded as attending the focus group, and none of these workers are identifiable in the report.

All data was kept, anonymised, in a password protected secure cloud-based system and was stored in line with GDPR requirements.

NEGATIVE EMOTIONAL STATES FOR PARTICIPANTS

While this project was relatively low risk for harm to research participants, the fact that those engaging in completing surveys were being invited to think about adverse childhood experiences meant that there was a risk the person could become distressed at the time of completing the survey or some time afterwards. Youth Workers were given instructions to ensure that a staff member checked in with any young people who participated in the research after they completed the form to ask how they were feeling and to remind them of the Samaritans phone number (116 123) if they were to get distressed later on. The following message was included at the end of the online survey:

> **"Thank you very much for completing this survey. If you would like to talk to someone about any of the information covered in the survey or about how you are feeling, please let a youth worker know so that they can support you. You can also call Samaritans (116 123) anytime for additional support."**

ETHICS APPROVAL

Ethics approval was granted for this research by the Ethics Committee in Applied Psychology, University College Cork. Specifically, the ethics approval covered the following:

- Administering ACEs and hosting focus groups with young people 18+
- Interviewing JLOs and Senior Gardai
- Interviewing youth workers who have been purposively selected based on their ability to provide information on the prevalence of young people

YOUNG PEOPLE AND INFORMED CONSENT

Young people 18+

Any young people 18+ who completed an ACEs questionnaire provided informed consent using the process and forms approved in the ethics approval. Participants were informed of the nature of the study, as well as the measures being employed, at the beginning of the study. It was made clear that all participants had the right to withdraw from participating in the research and having their responses removed from data analysis. Consent was given by young people 18+ by either completing a paper consent form or answering yes to a series of questions at the beginning of an online survey.

Young people under 18

The experiences of young people under 18 were estimated by youth workers, with no direct engagement with young people, and no identifying information was shared. As all data related to people under 18 was completed anonymously and collected from workers and not young people directly, consent forms for this step were not collected. The official website for the European Commission on the GDPR as well as the Irish Data Protection Commission explicitly say that anonymous data is not considered personal data for legal purposes.

4.7 Limitations to the Methodology

Selection bias in relation to young people:

Instructions were given to choose young people in line with stated criteria in order of recency. However as young people were not selected randomly, there was potential for human error and bias, for example Youth Workers could have unconsciously chosen young people who might have more 'relevant' data and thus may chose those at the higher end of the scale. Likewise, Youth Workers may have chosen young people who remained engaged with the project as they had a better understanding of the young person's profile, and in this case those who disengaged may have been more likely to have higher ACE scores.

Recall Bias

While the timeframe for, and recency of, the relationship with the young person was clearly stated as criteria for inclusion, there is still a possibility that Youth Workers who were completing the surveys about young people based on file assessment and familiarity with the young person meant there was some room for recall bias or omission. Where the worker was unsure, they were asked to tick 'don't know' which would have an overall impact of lowering or underestimating ACE scores.

Underreporting of ACEs, in particular Sexual Abuse

A vast majority (120/125) of the ACEs questionnaires included in this study were completed by Youth Workers based on case file reviews and their knowledge of the young people. This approach was necessary as administering the ACEs questionnaire directly to young people under the age of 18 presented ethical concerns, particularly if the information collected was only for research purposes and not to inform care-planning or service delivery. Therefore, the data presented in this report is an estimate of the level of ACEs among the sample. Youth Workers were only asked to mark 'yes' when they were confident this was something the young person had experienced. Since 73 of the 125 questionnaires had at least one of the 10 ACE items marked as 'don't know' it is possible that the actual rate of ACEs is higher than estimated in this report. In addition to this, research indicates that most children do not disclose sexual abuse during childhood (58). This means there may be an underreporting of some ACE items such as sexual abuse, as young people were not asked directly for the purposes of this research, the information was only included if known by the Youth Worker.

Limited Engagement of Young People 18+

The research also sought to collect primary data from young people over the age of 18 who had previously been involved in GYDP however, as GYDPs only serve young people under 18, this population was hard to access and only five questionnaires were completed.

Sample Size

In the case of the young people and the professionals, the sample size was not adequate to establish statistical significance for all young people engaged with the GYDP, but rather to identify patterns, emerging themes and information for further exploration.

Self-Selection: The Youth Workers and JLOs who put themselves forward for this research may have been more likely to see this topic, or trauma training, as more relevant than peers who did not put themselves forward for the research. This is particularly important considering the focus group findings, where participants were invited to discuss the relevance or importance of the research findings and of trauma training to their work.

Lack of Engagement with frontline Gardaí as participants

The research only engaged Juvenile Liaison Officers and did not engage front line Gardaí. The research was originally commissioned and envisioned to relate to the work of GYDPs only, but it became apparent throughout the research of the relevance of the topic for all Gardaí. Where any recommendation is implemented the Gardaí will consider the engagement of those in both roles.

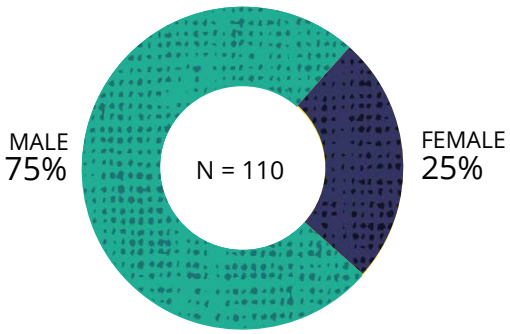
05 PROFILE OF YOUNG PEOPLE

This section contains a demographic profile of the 125 young people whose data was included in this research. As with all other information about the young people, this was gleaned from workers in GYDP providing information on young people, based on a file analysis and from their own knowledge and that of the team in relation to the experiences young people in their care.

5.1 Gender

Three quarters of the young people included were male and one quarter were female.

FIGURE 4: GENDER OF YOUNG PEOPLE



5.2 Age

Almost two-thirds of young people were 14 or 15 years old (63%). Marginally less than a quarter of respondents were aged 12 and 13 years old (22%) and 15% of respondents were aged 16 and 17 years.

FIGURE 5: AGE WHEN IN GYDP (E.G. WHEN RESPONDENT FIRST SAW THE JLO) (N=123)

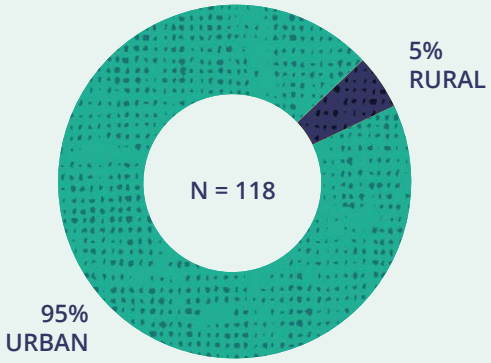
AGE OF PARTICIPANTS

5.3 Area of Residence

URBAN OR RURAL

The overwhelming majority of young people were from an urban area, with a small proportion from a rural area.

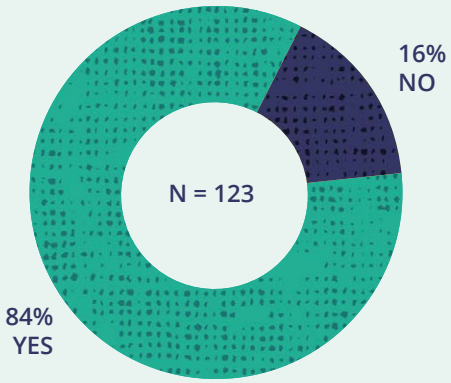
FIGURE 6: YOUNG PEOPLE FROM AN URBAN/RURAL AREA



AREA OF DISADVANTAGE

More than eight in ten young people were identified as being from a disadvantaged community[8] while 16% were not.

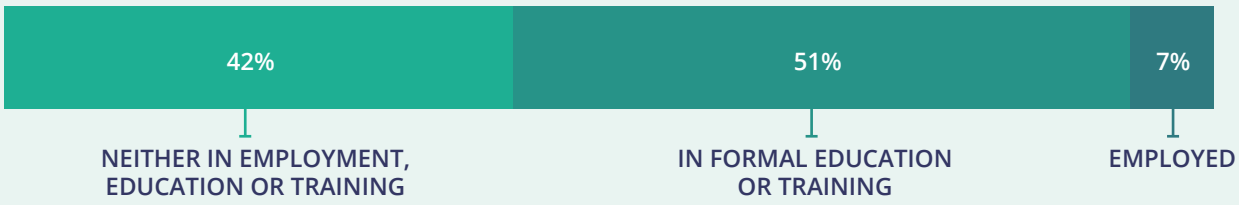
FIGURE 7: YOUNG PEOPLE FROM A DISADVANTAGED COMMUNITY



5.4 Employment or Education Status

Half of the young people were in formal education or training. Less than one in ten were employed. Four in ten young people were neither in employment, education or training.

FIGURE 8: YOUNG PEOPLE'S EMPLOYMENT STATUS (N=123)



8 Youth workers or young people completing the survey were invited to identify if young people were from an area with high levels of crime, drugs, poverty etc. rather than mapping exact addresses against national deprivation indices

5.5 Time in Prison or Care

TIME SPENT IN PRISON OR CARE

The vast majority of respondents had not spent time in prison – only 3% had. 15% of the young people had ever spent time in foster care or in a group home.

FIGURE 9: HAD SPENT TIME IN PRISON

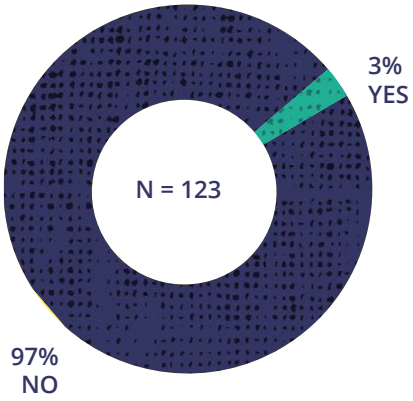
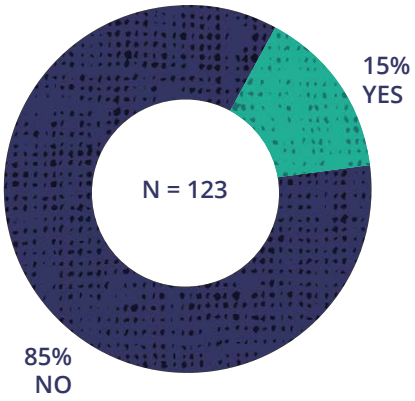


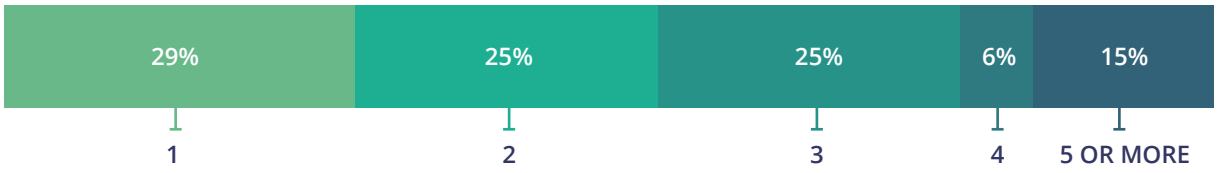
FIGURE 10: HAD SPENT TIME IN CARE



NUMBER OF CAUTIONS THE YOUNG PERSON HAD RECEIVED

In terms of the number of cautions[9] the young person had ever received, 54% had received two or fewer, and 20% had received four or more. A quarter of participants (25%) had received three cautions.

FIGURE 11: NUMBER OF CAUTIONS RECEIVED WHILE ON DIVERSION



5.6 Summary

This section presents a profile of the young people who were included in this research; predominantly young people from economically disadvantaged areas, with a significant minority neither in education nor training, and a majority being young men.

9 A caution is an official warning by a Garda against a certain type of behaviour

06 FINDINGS
ADVERSE CHILDHOOD EXPERIENCES

6.1 Overview

The following section details the prevalence of Adverse Childhood Experiences (ACEs) among the young people in the sample, as well as an analysis of the distribution of ACEs by type and number, and cross-referenced with some of the demographic information detailed in the previous section. The ACEs were identified through a file analysis by Youth Workers, as well as drawing on worker and team knowledge of the young people and their experiences. The limitations and presumptions that informed this process are detailed in the methodology and discussion sections.

6.2 ACE Scores

The tool used for this research, the most widely used to study ACEs, is called the Adverse Childhood Experiences questionnaire. This tool contains ten countable experiences labelled as 'Adverse Childhood Experiences'[10]. A person can have experienced between 0 and 10 types of Adverse Childhood Experiences. In this study, the 125 young people had scores ranging from 0 to 9, meaning that no individual was reported as experiencing all 10 ACE items. The image below depicts the percentage of respondents who had each ACE score between 0 – 9 (a score of 10 was not identified in the data).

10 Please see the literature or Appendix A for a full list of ACE items

FIGURE 12 FREQUENCY DISTRIBUTION OF ACE SCORES (N=125)

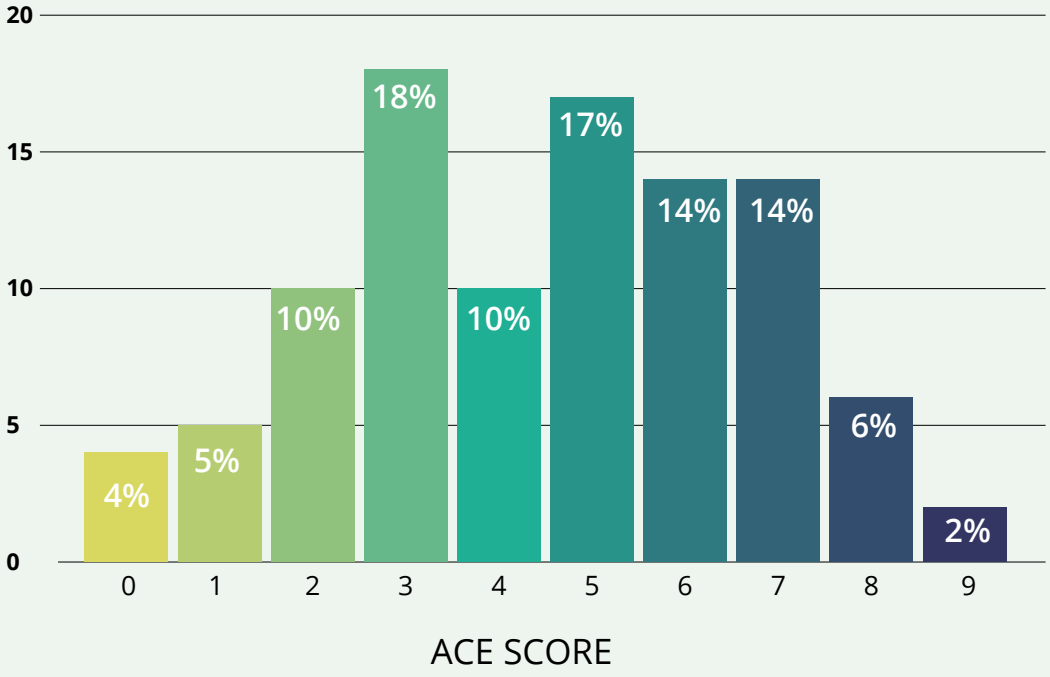
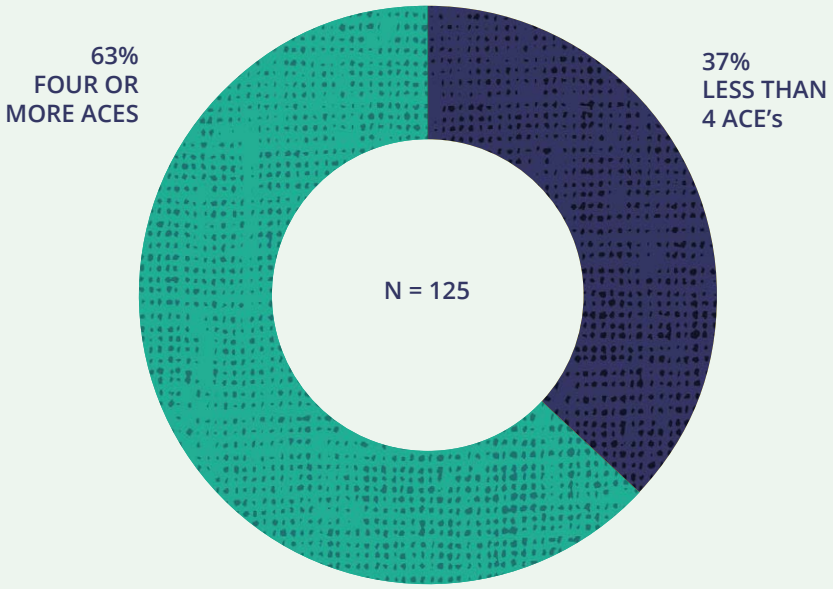


FIGURE 13: YOUNG PEOPLE WITH FOUR OR MORE ACES



Key Finding: almost two thirds of young people in this research had four or more ACEs, and fewer than 10% had no ACEs or one ACE. It is important to note, due to the methodology used, that this is likely to be an underestimation of the prevalence of ACEs specifically, and trauma in general, among the wider population of young people in GYDP. Firstly, a lot of the young people included in this research are under 15 and there is potential that they could experience more adversity in the period up until their 18th birthdays. In addition, as previously detailed, the rate of sexual abuse is likely significantly under reported as it is rarely disclosed in childhood, and so without directly asking the question it is less likely that workers would be aware of this experience among the young people they work with, than for other experiences. Finally, workers will have imperfect knowledge of the history of young people, which is likely to result in underreporting rather than overreporting.

RATES OF ACE BY ITEM

The table below shows the frequency of ACEs reported by individual items. The column on the right details the percentage of young people reported to have experienced an ACE. The most frequent ACEs reported were the loss of a parent, emotional abuse and household substance use. The items where youth workers were least likely to know whether the young person experienced it, or knew they had not, were sexual abuse and domestic violence against the mother.

FIGURE 14 FREQUENCY OF ACE BY INDIVIDUAL ITEM

ACE	% Yes
Loss of parent	**74%**
Emotional abuse	**68%**
Household substance use difficulties	**66%**
Household mental illness	**54%**
Emotional neglect	**52%**
Incarcerated family member	**40%**
Physical abuse	**38%**
Physical neglect	**34%**
Domestic violence against mother	**20%**
Sexual abuse	**8%**

Key Finding: the most common Adverse Childhood Experiences identified through the research were loss of a parent, emotional abuse and household substance use difficulties.

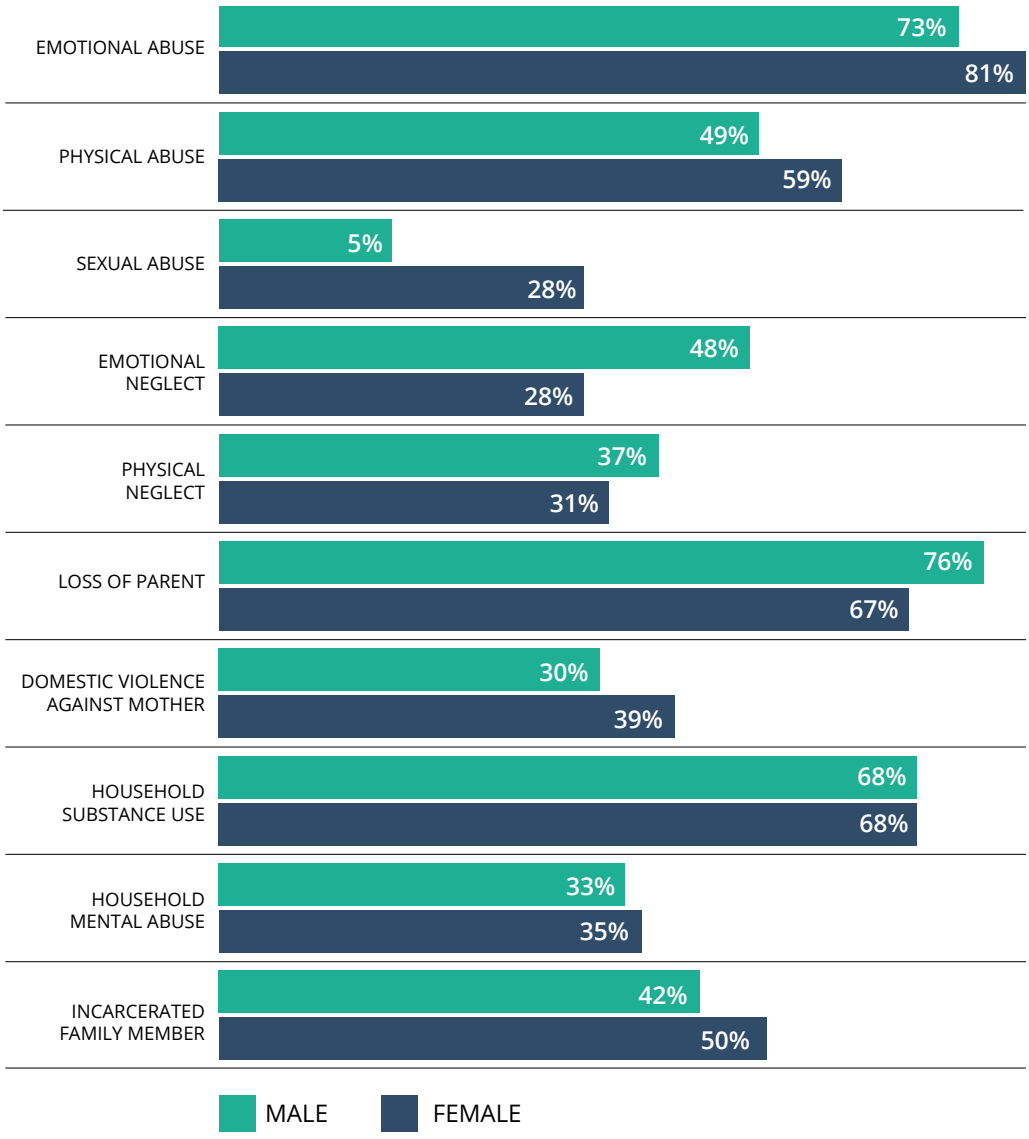
FREQUENCY DISTRIBUTION OF EACH ACE ITEM BY GENDER

There was no notable gender difference for most ACE items, except in relation to sexual abuse and emotional neglect. More than five times the proportion of girls compared to boys were reported as having experienced sexual abuse in their lifetime. Over 1.5 times the proportion of boys were reported to have experienced emotional neglect as compared to girls. The difference in gender scores for all other ACE items were within a range of 10%.

Boys were reported to have had higher incidence of experiencing three[11] of the individual ACE items, girls were reported to have had higher incidence of experiencing six[12] of the individual ACE items and one[13] ACE item was reported as experienced equally between the two genders.

11 Emotional neglect, physical neglect and loss of parent
12 Emotional abuse, physical abuse, sexual abuse, domestic abuse against mother, household mental illness and incarcerated family member
13 Household substance use difficulties

FIGURE 15 ACE ITEMS EXPERIENCED BY GENDER



Key Finding: More than five times the proportion of girls compared to boys were reported as having experienced sexual abuse in their lifetime. Over 1.5 times the proportion of boys were reported to have experienced emotional neglect compared to girls. The difference in gender scores for all other ACE items were within a range of 10%.

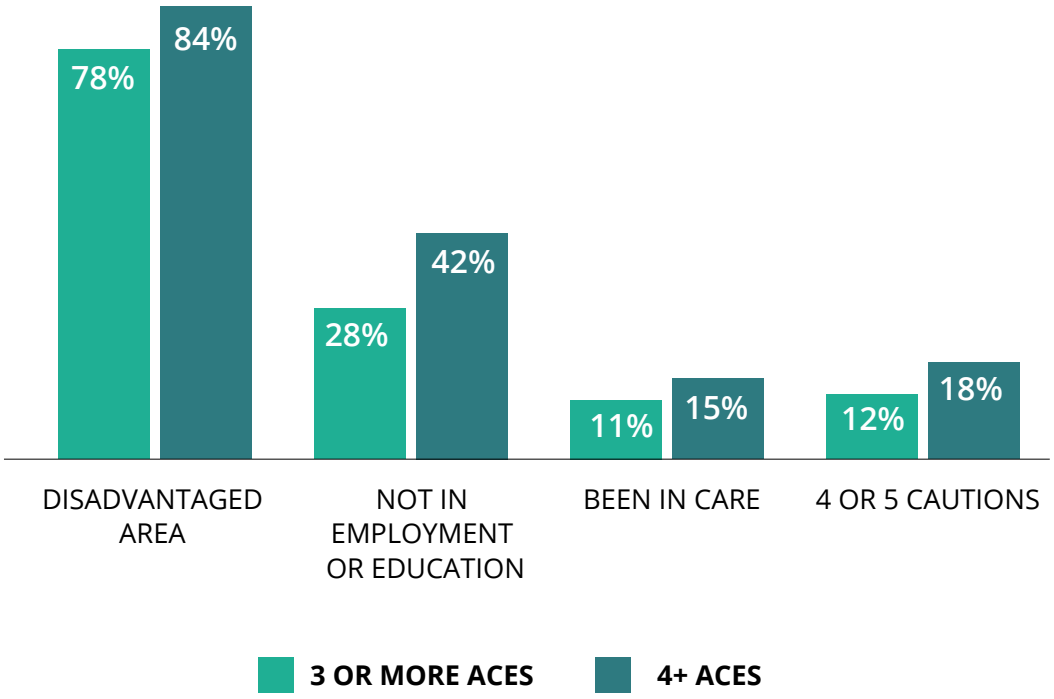
SUMMARY

Almost two thirds of respondents were identified as having four or more ACES, with over one third having six or more ACEs. There was some gender variance in experiences of certain ACE types, with girls being significantly more likely to have experienced sexual abuse, and boys being more likely to have experienced emotional neglect or physical abuse.

6.3 Cautions, Time in Care and Education/Employment Status and ACEs

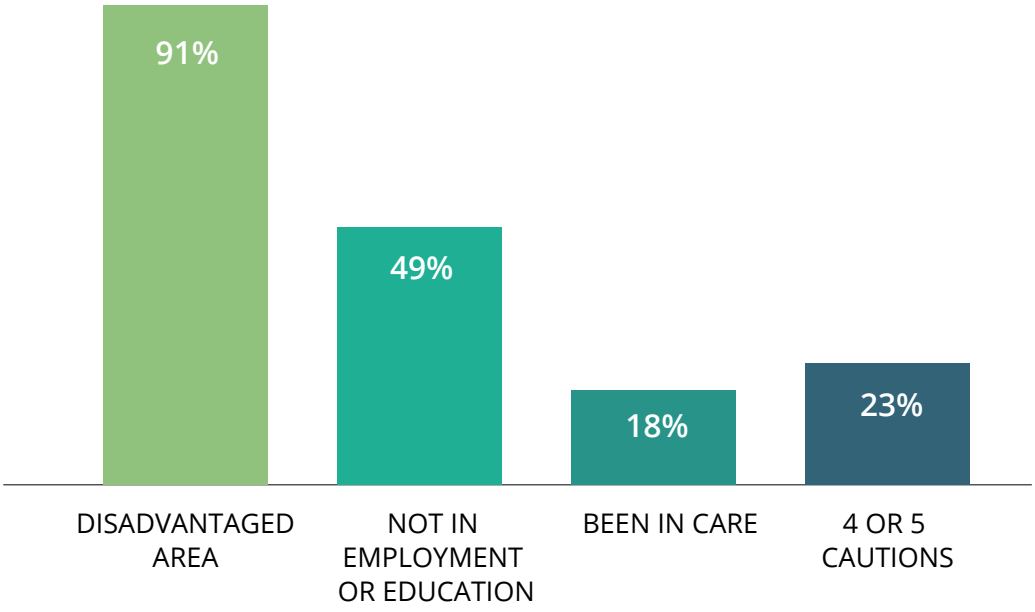
The image below illustrates a comparison of ACE scores compared to key life experiences. The chart compares the experience between two groups, those who had three ACEs or fewer (37% of the total population) and those who had four ACEs or more (63% of the total population). The bars in the chart below represent the percentage of the total population in that score group.

FIGURE 16 ACE SCORES AND KEY EXPERIENCES



The image below further illustrates the experiences of young people with high ACE scores – six or more- in relation to these issues. In total 36% of the overall population had 6 or more ACEs. The bars in the chart below represent the percentage of the total population in that score group.

FIGURE 17: KEY EXPERIENCES WITH SIX OR MORE ACES



There was a positive relationship between the number of ACEs and the four challenging life experiences. This means that young people who had four or more ACEs were more likely to have had these challenging life experiences, namely, to have come from a disadvantaged area, to not be in employment or education, and/or to have had experience of being in care. This group also received a higher number of cautions from An Garda Síochána. This relationship is even more marked for young people who had six or more ACEs. It is important to note that given the numbers of young people involved when the categories are broken down in this way, this information is intended only to demonstrate that this is an area that is in line with other research, and would benefit from further inquiry through research, rather to infer any statistical significance or causality.

6.4 ACE Scores: Comparison with Other Studies

In order to understand the relevance of the scores, Figure 18, below, compares ACE scores from this study to other studies. It compares important points of data such as the percentage of people who had no ACEs, the percentage of people who had four or more, and the scoring of individual items.

FIGURE 18 COMPARISON OF ACE SCORES TO OTHER RESEARCH AND COHORTS

	This study	UNITED STATES		IRELAND	
		General population[14] (22)	Washington: Youth Justice [15] (59)	Homeless[16] (60)	Women in services[17] (61)
0 Aces	4%	36.1%		0%	4%
One ACE	5%	26.0%	31%	2%	4%
Four or more ACEs	63%	12.5%	69.1%	77.7%	71%
Emotional abuse/ verbal abuse	68%	10.6%	52.3%	75.5%	56%
Physical abuse	38%	28.3%	40.2%	67%	39%
Sexual abuse	8%	20.7%	21%	35%	42%
Emotional neglect	52%	14.8%	34.8%	67%	63%
Physical neglect	34%	9.9%	25.9%	26.5%	29%
Loss of parent	74%	23.3%	83.8%	49%	22%
Domestic violence against mother	20%	12.7%	72.5	43%	57%
Household substance use difficulties	66%	26.9%	40.8	71.4%	74%
Household mental illness	54%	19.4%	17.8%	59%	52%
Incarcerated family member	40%	4.7%	67%	30.6%	52%

Key Finding: Young people attending GYDP in Ireland **have significantly higher ACE profiles than the general population**, and mirror more closely high need populations accessing homeless, probation and substance use support services than the general population. This finding is highlights the importance of effective intervention, engagement and diversion strategies to ensure that these young people do not face such challenging circumstances in adulthood and can life safe and fulfilling lives.

14 Data from the original ACE study conducted at Kaiser Permanente from 1995 to 1997 with a sample of 17,337 people from the general population in Southern California USA.

15 Data gathered from a sample of 50,862 justice-involved youth in Washington State in a study conducted from December 2003 to June 2017. ACEs score were created from the PACT tool (Positive Achievement Change Tool) (Data included information on youth characteristics, their responses to the Positive Achievement Change Tool (PACT), programming completion, and recidivism outcomes. The primary predictors involve ACE scores, which were created from PACT items. For instance, physical neglect was identified through a PACT item from the mental health domain— "history of being a victim of neglect." If youth reported that they were a victim, then they would receive a score of one.)

16 Data from a collaborative study between Cork Simon, UCC's School of Applied Psychology and HSE's Adult Homeless Integrated team looking at the prevalence of ACEs in Cork Simon Service Users. There was a total of 50 participants.

17 Data from a research commissioned by the PALLS project - a probation service working with adults involved in the criminal justice system in the Mid-West region. Participants were 23 women accessing local drug, homeless and criminal justice services in Limerick.

6.5 Implications of High ACE Scores Among GYDP Participants

The purpose of this section is to consider the implications for GYDP based on findings from trauma-theory as detailed in the literature review, and the prevalence of ACEs among young people engaged with GYDP.

Humans have an in-built system for anticipating, preventing and responding to events where their safety or well-being is threatened. An event that threatens a person's sense of safety, such as those in the list of ACEs, initiates a highly complex set of responses in the brain and the body to direct the body's response to this threat. This reaction is commonly known as the fight, flight or freeze response, known as 'fight or flight'. In fight or flight, a number of functions automatically kick in (47). These functions are vital for getting people safely through highly threatening situations. These automated responses provide the body with as many resources as it can provide to counter or escape the threat, which includes increased strength, energy and the minimization of all non-essential functions. The pre-frontal cortex, the newest and most evolved part of our brain shuts down and cedes control to the limbic system. In response to danger signals originating in the amygdala, the sympathetic nervous system kicks in, ordering the release of hormones such as epinephrine, nor-epinephrine, adrenaline and cortisol (42).

When children are exposed to repeated trauma, the repeated firing of the fight of flight response frequently results in an overdeveloped stress-response system. Children who spend much more time in fight or flight are then spending far more time operating from the 'old brain' and limbic system as opposed to the higher brain function of the neo cortex. This has implications for young people's engagement with institutions, such as schools, as well as their interpersonal relationships. So, while young people should be learning, processing new experiences, daydreaming, planning they are instead scanning for danger, preparing for action. This has a negative impact on memory and learning (62), on their cognitive development including impulse control and self-management. The implications of complex childhood trauma on learning, cognitive development, impulse control and self-management are manifold (63) and can include problems with learning, social development and relationships:

- Lack of sense of self
- Poorly modulated emotional reactions and impulse control
- Aggression against self and others
- Distrust and suspicion of others, leading to isolation
- Distrust of novelty, comfort in the known, even if that is harmful
- Difficulty negotiating relationships with caregivers and friends, and later partners
- Distorted memories (amnesia or hypermnesia – enhancement of memories)
- Flashbacks and nightmares
- Difficulties in attention regulation
- Being 'out of touch' with feelings and lacking internal language to describe this – which can result in people showing rather than speaking feelings
- Diagnoses of separation anxiety disorder, oppositional defiance disorder, phobic disorders, PTSD and ADHD

In addition to impacts on behaviour, cognition and learning, young people who have been exposed to trauma may be easily 'triggered' back into a trauma reaction. When a young person is harmed in the first instance, the amygdala will store the emotional and physical experience from all senses in case the danger should arise again. This means storing memories of what you smelt, heard, saw, how you felt or even what you tasted during the danger experience, for future reference to serve as a warning of danger. What this may mean is that at a later time, seemingly innocuous details relating to the experience, or behaviours by others that mimic the behaviours of a perpetrator of harm, can cause the amygdala to trigger a fight or flight response. The young person may then begin to act like they are in danger, going into fight or flight mode, being unable to reason or think but rather behaving as if their survival is under threat.

GARDAÍ, BY VIRTUE OF THEIR POSITION AND POWER, MAY BE A TRIGGER FOR YOUNG PEOPLE TO GO INTO A 'FIGHT OR FLIGHT' REACTION

In summary, this means that:

- Young people engaged with GYDP are more likely to have problems with emotional regulation, learning, making decisions, planning etc.
- Young people engaged with GYDP are more likely to experience being in 'fight or flight' on a regular basis and either disengage or become 'reactive' very easily
- Gardaí, by virtue of their position and power, may be a trigger for young people to go into a 'fight or flight' reaction
- Certain Garda behaviours that may mimic the behaviour of abusers can act as triggers (e.g. if the Garda is disrespectful, overly controlling, does not 'see' or humanize the young person, does not explain things fully to them, or otherwise makes them feel psychologically unsafe)

07 FINDINGS
PERSPECTIVES OF JLOS AND YOUTH WORKERS

7.1 Overview

This section is a qualitative analysis of four focus group discussions facilitated with Youth Workers and Juvenile Liaison Officers (JLOs) on the implications of trauma and relevance of trauma-awareness and trauma-informed care for Garda Youth Diversion Programmes and Gardaí. It also includes comparative statistics on the perceptions of Youth Workers and JLOs in relation to the ability of Gardaí and JLOs to be trauma-informed.

7.2 Young people's trauma is prevalent and relevant

JLOs participating in focus groups were presented with an overview of trauma theory, adverse childhood experiences, and the key components of trauma-informed care. In addition, participants were presented with the ACE scores identified through file analysis for young people engaged in Garda Youth Diversion Programmes.

In both focus groups in Cork and Dublin, there was unanimous agreement that the ACE profile revealed by the research matched their own experience and knowledge of the young people engaged. In both focus groups in Cork and Dublin, participants agreed that the experiences the research explored (e.g. Adverse Childhood Experiences) were, in their experiences, prevalent among GYDP participants, and that trauma theory gave the participants in the focus group a language to describe something they already knew:

> We knew there were issues, but we didn't have the language for it.
>
> JLO, CORK

> We would assume that a majority of young people from inner city that we see are traumatized... its very rare that that is not the case and we can get a sense of that with their history or their family.
>
> JLO, DUBLIN

SUMMARY

There was unanimous support among the group for the validity of the case file analysis findings – both youth workers and JLOs felt that most young people engaged with the Garda Youth Diversion Programmes are likely to have high trauma profiles.

7.3 Trauma-informed practices are common but informal

OVERVIEW

Despite a lack of trauma specific training, JLOs engage in some practices that would be considered trauma-informed. JLOs identified examples of good practice that promoted relationship building, psychological safety, trust and other key features of trauma-informed relationships. These practices or behaviours were not formally taught to the JLOs and were more often developed through informal learning from colleagues, and their own experience.

This learning was therefore dependent on the individual.

JLOS IMPLEMENT GOOD PRACTICE THAT COULD BE CONSIDERED TRAUMA-INFORMED

In the focus groups, as the theory and principles of trauma-informed care were discussed, JLOs and Youth Workers alike identified practices that JLOs are undertaking that would be considered trauma-informed. In these examples, illustrated below, the practices that JLOs or Youth Workers discussed were not identified by the workers as 'trauma-informed' behaviours, rather, JLOs discussed their way of working which was able to be reframed by facilitators as being in line with good-practice in trauma-informed care.

Trauma-Informed care highlights the importance of relationship building. JLOs and Youth Workers gave examples of how the importance of the relationship informs the work of JLOs – these quotes illustrate the importance of building rapport, and of recognising where a relationship may not be useful to the young person:

Young people feel that JLOs have their best interest at heart and that they are seen by JLOs as an individual, and not just their offence.

YOUTH WORKER, CORK

If I think I am not the best person to work with them because I have a history with their family I try to swap with another person.

JLO, DUBLIN

The theory of trauma-informed care also emphasises the importance of being trauma-aware as a precursor to having empathy for the people being worked with. JLOs discussed what they felt the importance of understanding someone's background was:

You look up their history and you see them on PULSE because of domestics when they were younger. If you see there's been sexual abuse or anything, you know they'll probably be off the wall. You can prepare yourself for that'

JLO, DUBLIN

Providing information and being transparent is also a key component of trauma-informed care:

A Garda cautioning two Young People (YP) for cycling on the footpath. They threatened to fine the YP and confiscate their bikes. One of the YP said, "oh for fuck sake" and was told he'd be cautioned for that after. When the YP were later told by the JLO that the ban on cycling on footpaths was an order coming from higher up they immediately felt better about the situation when they knew it was something being applied to everyone, and that they weren't just being targeted for being young or for their family etc. Again, this information could have been delivered by the Gardaí and the situation could have been more positive for all involved. It could have diluted the YP's feeling of injustice.

YOUTH WORKER, CORK

Finally, one of the six key principles of trauma-informed care is offering choices whenever possible. There were examples of this given, one of which is illustrated here:

I always ask young person when / where do you want to meet?

JLO, DUBLIN

TRAUMA-INFORMED PRACTICES BY JLOS ARE NOT FRAMED OR TAUGHT AS SUCH, AND ARE LEARNED FROM EXPERIENCE RATHER THAN FORMAL TRAINING

In both Cork and Dublin focus groups, JLO participants discussed the fact that their approach is often in line with trauma-informed approaches, and while there are some common approaches or values underpinning the work, these are not taught and are not necessarily the norm:

> We know a lot of this stuff unscientifically, if you get me - from experience
>
> JLO, CORK

> JLOs are mostly doing this most of the time but it's based on personalities or experience. You often have to learn about this stuff from your mistakes.
>
> JLO, DUBLIN

In both JLO focus groups, the fact that these behaviours were sometimes learned from making mistakes with young people and families was emphasized by some participants:

> JLOs who have been doing it a while will be very different than a new one. You modify your practice based on your experiences you have come across rather than a model you're taught. Like, remembering to check someone's file to see what's been happening for them, their history, that's not taught. Not everyone does that.
>
> JLO, DUBLIN

One JLO focus group participant gave an example of learning from a mistake, where in the first instance the young person disengaged completely, but later worked with them:

> I went to a particular young fella's house in uniform and he basically f**ked me out of it, wouldn't talk to me or engage at all. Two months later I called to him again in the same house, this time in plain clothes and it was a completely different reaction. He sat down and he spoke to me. He interacted no bother at all. He didn't even remember me from the time previous.
>
> JLO CORK

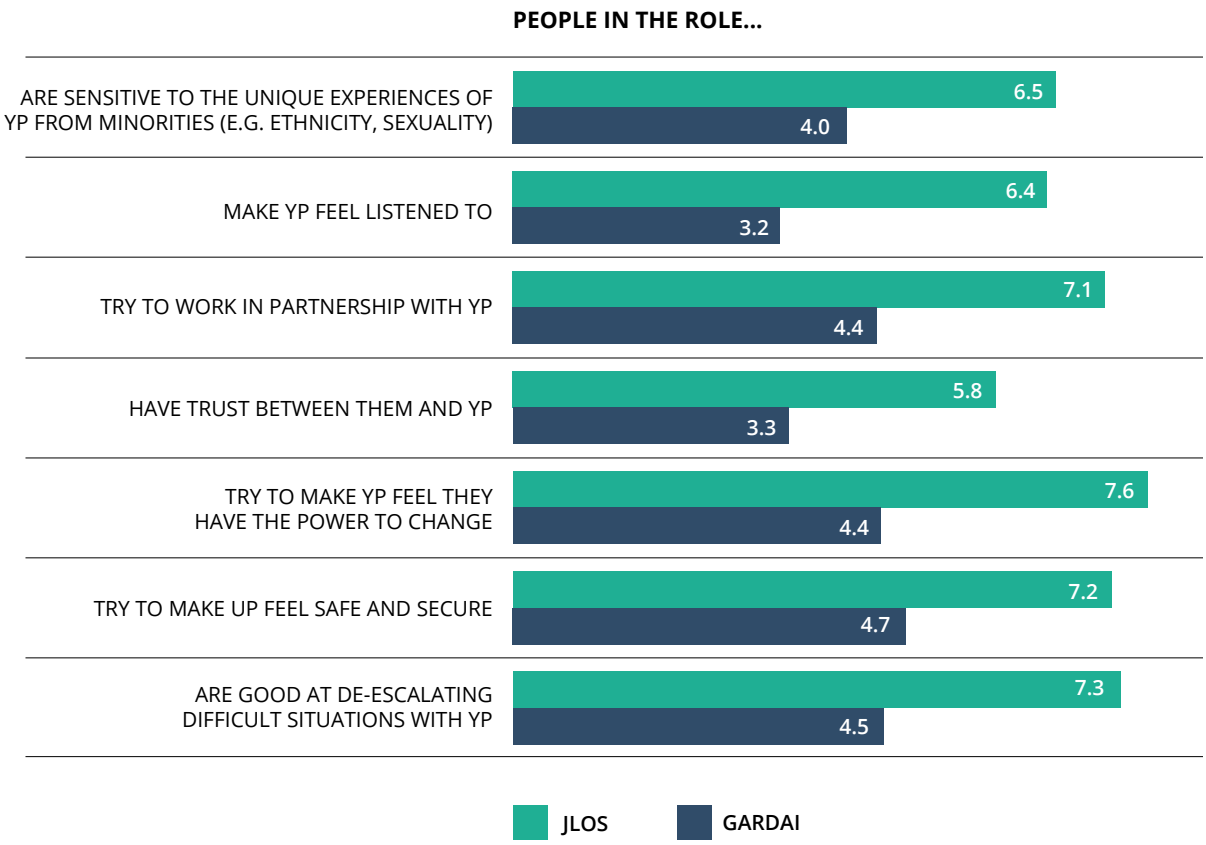
That particular quote reflects a discussion that came up in both JLO focus groups; certain behaviours or actions triggering young people, and the JLOs recognizing this and trying to change their behaviour.v

JLOS PERCEIVE THEMSELVES TO BE MORE TRAUMA-INFORMED THAN YOUTH WORKERS DO

In their respective focus groups, JLOs and Youth Workers were asked to score, on a scale between 1 and 10, how much Gardaí and JLOs work behaviours align with good practice in trauma-informed care. The reason for asking about both general Gardaí and JLOs is that there was a presumption that JLOs, by the design of their work, may be more likely to be working in line with trauma-informed good practice than those in general Garda roles. This hypothesis is borne out by the results of the survey and the exploration of this issue in focus groups.

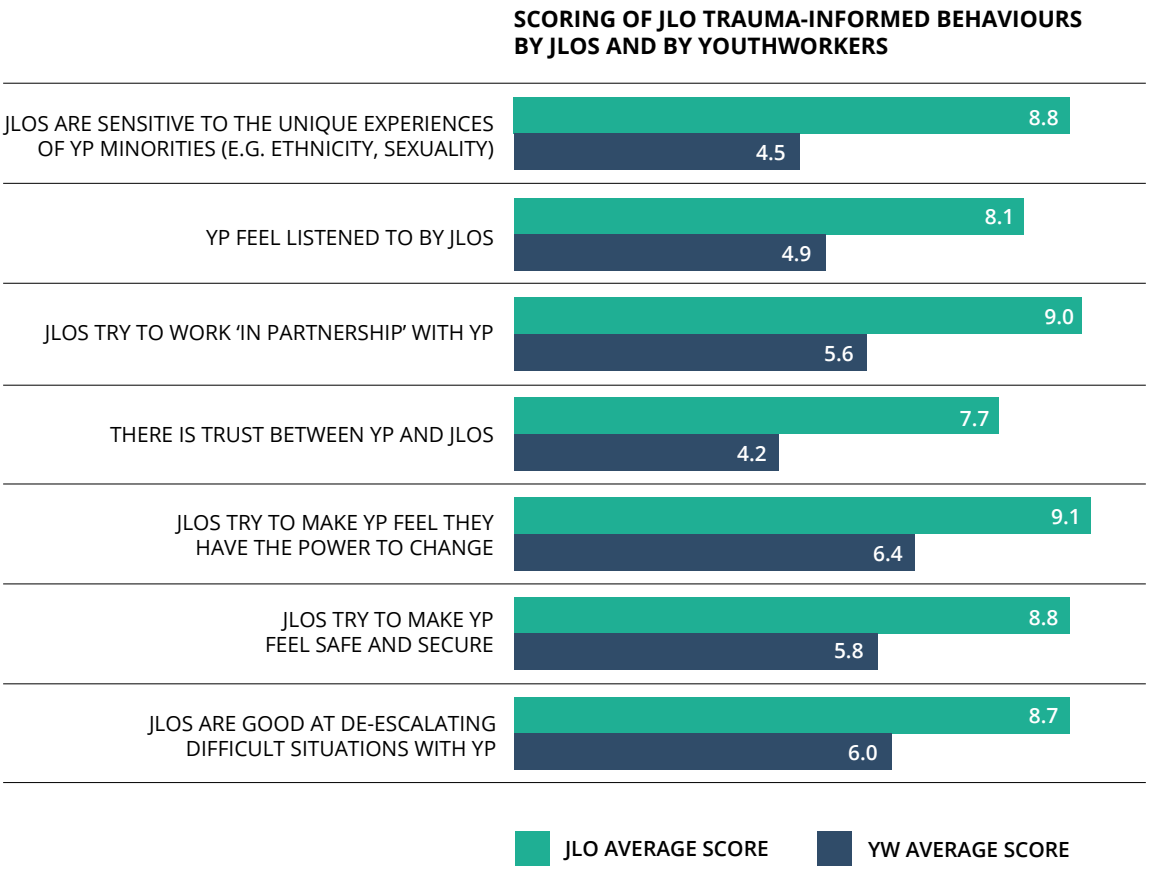
The results of the questions regarding perceptions of behaviours in line with trauma-informed good practice are presented in the following two graphs. The first graph shows that the work of JLOs is perceived to be conducted in a way that is considered more trauma-informed than uniformed Gardaí. This perception was shared by JLOs and Youth Workers.

FIGURE 19 RATING OF TRAUMA-INFORMED BEHAVIOURS OF JLOS COMPARED TO GARDAÍ AS RATED BY BOTH JLOS AND YOUTH WORKERS



The graph below compares the rating by Youth Workers of JLO behaviours compared to JLO rating of their own behaviours. This graph reveals a disparity, in that youth workers scored JLOs lower than they scored themselves on trauma-informed behaviours.

FIGURE 20 YOUTH WORKER AND JLO RATING OF JLO TRAUMA-INFORMED BEHAVIOURS



In interpreting these findings, it is important to note the following limitations:

- These are generalised perceptions and did not involve any robust methodological approach such as direct observation
- The perceptions of JLO behaviours by youth workers, and Garda behaviours by youth workers and JLOs are second hand and do not hold the same weight as if young people had been directly asked these questions
- The report does not do an in-depth exploration of the differing work cultures between youth services and the Gardaí but this issue and the reasons for difference in perception is discussed further in the report

SUMMARY

JLOs engage already in a number of behaviours that would be in line with principles of trauma-informed care. While it was felt by all participants that many JLOs are engaging in many different types of practices that could be considered trauma-informed, this is not taught or formalized, and in fact may be learned through making mistakes at the expense of relationship-building with young people in GYDPs. JLOs are commonly perceived to be currently engaging in more behaviours that are in line with trauma-informed care principles than Gardaí, but there remains disparity between their perception of their own work as trauma-informed, and the perceptions of youth workers regarding the same.

7.4 There are Barriers to JLOs and Gardaí Implementing Good Practice in Working with Trauma Survivors

OVERVIEW

In all focus groups, participants were invited to identify what the challenges would be for Gardaí and JLOs to use trauma theory to better inform their work. Barriers were identified in relation to policing work, organisational culture and the organisation of JLO work and their relationships with young people.

INTERACTIONS BETWEEN GARDAÍ AND YOUNG PEOPLE CAN BE DIFFICULT

As illustrated previously, literature on trauma highlights the importance of relationship building and safety within a relationship to more effective working with trauma survivors. In all focus groups, the often-challenging nature of the relationship between young people and Gardaí was discussed:

> **Gardaí can easily be sent into automatic suspicion when seeing young people walking down the street, which in turn can influence young people's behaviour. This was further supported by another youth worker who stated that Gardaí can arrive to a situation with a negative perception even before 'getting out of the car', something that even though understandable given their role in the community, can be picked up by the young person who adopts a similar attitude, resulting in both parties being negatively primed.**
>
> **YOUTH WORKER, DUBLIN**

Both Dublin and Cork Youth Worker focus groups discussed how these negative experiences could impact on young people's engagement with the GYDP:

> **He was brought into a cell, told to empty his pockets. He refused and three big Gardai came into his cell. He told us he was terrified. In all interactions that police have with young people, the young people can be triggered. We say, 'sorry to hear you had that bad experience' and we hope he doesn't carry that forward but with how scared he was, it's likely he'll carry that into any interaction with the Gardaí or JLOs from now on.**
>
> **YOUTH WORKER, CORK**

The difference in how Gardaí interact with young people and how JLOs interact with young people was identified as arising from difference in culture between the roles, which is further discussed in the next section.

GARDAÍ WORK IN HIGHER RISK SITUATIONS

The primary difference between Gardaí and JLOs in terms of the potential to implement trauma-informed practice was the environment or context in which Gardaí encounter young people. It was noted that Gardai are likely to meet young people in high risk / high conflict environments, while JLOs can engage with young people in more calm environments:

> **When you're a Garda, you're meeting those young people in a completely different environment than a JLO. JLO's are meeting them in as calm a place as they'll ever be, while the guard on the street is meeting them at the highest level of conflict. At that stage you're not saying, 'well that fella has been emotionally abused that's why he's doing it', you still have to do your job on the street.**
>
> **JLO, CORK**

They are at the scene where all hell is breaking loose – everyone calms down after. Two weeks later, when we are dealing with them, we have the time to assess it and appraise it and get to know them a bit

JLO, DUBLIN

It was mentioned in both JLO focus groups that not only are Gardaí working in higher-risk situations, but often they are also working under significant time pressure and don't always have time to better understand the 'why' of someone's behaviour. Gardaí may be in fight or flight themselves and have to prioritise their own safety or that of their colleagues over implementing considered approaches that focus on the safety or well-being of the people they are encountering, or on developing a positive connection with them.

POLICING BY ITS NATURE CAN BE INFLEXIBLE AND INVOLVES POWER DYNAMICS

Both Youth Workers and JLOs identified power dynamic between officers and young people, including implementation of the law, as a barrier to being trauma-informed:

With the law, we are dealing with black and white

JLO, DUBLIN

Interaction between the Gardaí and young people is greatly determined by power dynamics, with young people often feeling 'powerless' and Gardaí being 'reactive'.

YOUTH WORKER, DUBLIN

One focus group highlighted that directives around work can increase the likelihood of this power dynamic playing out, or can reduce the ability of Gardaí to work in a trauma-informed way.

For example, sometimes Gardaí are monitored individually as to who is doing more checks, stops and arrests, which can create pressure for them to be more aggressive in their engagements with young people, and a disincentive to being trauma-informed.

ACE PROFILES OR TRAUMA PROFILES COULD BE USED AS A BARRIER TO GYDP ACCESS

In the Dublin JLO focus group, the risk of certain young people being excluded from GYDP because they are 'too traumatised' was discussed as a potential unintended negative outcome. It was felt that this approach could create another category into which 'challenging' young people could be placed. In the worst-case hypothetical scenario one focus group discussed how young people could be diverted straight into the court system if things like ACE scores were considered to be deterministic of future behaviour.

You could have people saying 'I can't deal with this kid he needs to go to court and using the trauma language to back them up

JLO, DUBLIN

ORGANISATIONAL STRUCTURE AND CULTURE WOULD MAKE IT DIFFICULT TO IMPLEMENT

The issue of organisational culture in An Garda Síochána was identified as a potential challenge to implementing a trauma-informed approach. The types of comments on this ranged from a belief that it could never be successful in frontline policing:

A cultural shift in frontline policing isn't possible, not a hope, unless you start from the start [and introduce this in Templemore]

JLO, CORK

> Our unit [GYDP] of the organisation would be considered a softly softly approach. You have other cultures within our job, their culture is to strike hard and fast and get a result... they just wouldn't engage
>
> JLO, CORK

To comments about the need for buy-in at a higher up level in order to make it successful:

> I'm not sure our structure is very appropriate. We're very hierarchal and stratified. If there isn't the desire from the top then...
>
> JLO, CORK

PARTICULAR ASPECTS OF GYPD PROGRAMMES CURRENTLY DON'T FOCUS ON RELATIONSHIP-BUILDING

JLOs mentioned a number of aspects of the GYDP programme that could make it difficult to be trauma-informed. The fact that engagement is usually not voluntary, and that often JLOs don't see young people beyond giving them the caution, as well as the fact that some methods of communication are not ideal was highlighted:

> There's a letter we're supposed to send out (before calling to family home), and by and large it looks fairly intimidating if you were to receive it in the post. It's very legal, it's very harsh, the last thing it says is I'm here to help you. I don't think I'd ever take that message from it anyway.
>
> JLO, CORK

Only 4 out of 13 Youth Workers in the Dublin focus group noted service users were having follow-up interaction with the JLO past the initial caution without a new offense, with the remaining nine stating that more often than not the young person only interacts with their JLO when a new offense has been committed.

This means that JLOs have limited opportunities to build trust with young people on their caseload, and that the initial (and perhaps only) interaction they have is potentially starting off with the strong tone set by the preceding letter.

RESOURCE CONSTRAINTS

The impact of resource constraints means that both training itself would be expensive to run across the organisation, and that front-line workers are so constrained that they may not have time to implement it.

> "you haven't much time to be delving into what's going on at home. you know you have another two calls waiting"
>
> JLO, DUBLIN

JLOs in focus groups noted that many of the changes required to implement trauma-informed approaches would not take any more time in terms of an intervention with a young person, but rather may be a different way of communicating or interpreting the behaviour of young people.

SUMMARY

There are a number of issues to consider that would impact on the practical implications of using trauma theory in the delivery of criminal justice services. The nature of policing work can be inflexible due to its statutory role, and high-risk situations arising where compassion focussed or trauma-informed approaches may be harder to use are more common in the work of a Garda than in other professions, or indeed more common than in the JLO role. There is also a need to ensure that trauma profiling (e.g. recognising a young person as having a high trauma load) does not have a negative impact on young people if, for example, the theory was used in a deterministic way to predict that the young person has no chance of successful diversion from criminality. There are structural barriers in terms of the hierarchy of the organisation and perceived utility of the approach at higher levels. Finally, there are significant resource constraints that should be overcome in order to ensure the approach could be introduced.

7.5 Understanding Trauma Theory and Good Practice in Working with Trauma Survivors would be Beneficial to JLOs and Gardaí

OVERVIEW

It was agreed by participants at all four focus groups that trauma-informed approaches would relevant and useful to JLOs and Gardaí, with potential to make the work safer and more effective if implemented. There were no Gardaí present in the focus groups, so these were observations were made by JLOs and Youth Workers, and did not include the perspectives of other departments in An Garda Síochána.

UNDERSTANDING TRAUMA AND GOOD PRACTICE IN WORKING WITH TRAUMA COULD HELP TO MAKE GARDA AND JLO WORK SAFER AND MORE EFFECTIVE

All fourteen officers agreed that trauma-informed care training would be worthwhile for, or is needed by, general Gardaí and by JLOs, as did Youth Workers. One person commented on how even a basic understanding of the theory could be beneficial – this quote is in reference to the brief introduction on trauma, ACEs and trauma-informed care provided at the beginning of the focus group:

> **Even the first couple slides that you shared alone would have an impact**
>
> **JLO, DUBLIN**

It was noted that it may help Gardaí to better understand certain situations, and potentially take a different approach or communicate in a way that might have a better outcome in relation to safety or youth outcomes:

> **I can't see any negatives to it at all, and even for frontline Gardaí, it might not stop things from happening but might be safer for them as they experience it**
>
> **JLO, DUBLIN**

> **We have a young Traveller who never makes his appointments and when he does, he's looking out the window. It's very difficult for that Gard to handle it but there is a possibility that being a bit more trauma-informed could help to manage that difficult situation. It may not change it but it's a different tack that could be tried.**
>
> **YOUTH WORKER, CORK**

Participants highlighted that while the fundamental nature of the work would not change, it could support the 'how' of necessary legal interventions:

> **We still have to do our jobs and caution them and help them to change or whatever, but you might adapt the way you do that. You know, like they say, it's not what you say, it's how you say it**
>
> **JLO, CORK**

It was felt that improved understanding could make work safer and more effective. It was discussed that understanding and considering people's traumatic experiences could better prepare Gardaí or JLOs going to people's homes:

> **It makes our job easier if we know before we go into the house their history. We can be better prepared, more understanding**
>
> **JLO, DUBLIN**

In the Dublin focus group, it was identified that a better understanding of the psychology of challenging behaviour would be helpful to interpreting higher-risk situations with young people:

When a kid is smashing something up, he is telling you something that he can't say so having a better understanding of the psychology around that would be great

JLO, DUBLIN

In one group, participants discussed how implementing trauma-informed interventions could prevent difficulties at a later point:

Understanding that what we say now could have a bearing on what happens down the road with that young person... that's important

JLO, CORK

In one group it was discussed how having a common understanding of this area could improve communication between JLOs and others in the Criminal Justice System:

It might be easier to explain to the investigating guard why the same young people keep getting into trouble. It makes it easier because it's scientific

JLO, CORK

TRAUMA TRAINING SHOULD BE INCLUDED IN CORE TRAINING ALONG WITH EXISTING PSYCHO-SOCIAL MODELS

In both focus groups, the JLOs felt that trauma training should be part of core Garda training:

These type of talks need to be incorporated into training in Templemore so that everybody has an understanding of it before you have your Garda hat on or your JLO hat

JLO, CORK

This should be a whole system approach. They should be doing this kind of thing in Templemore. Its impact would be limited by only being for JLOs

YOUTH WORKER, DUBLIN

It was pointed out that trainees and officers already receive training in similar psycho-social models, and so this type of training would not be unprecedented, naming interventions such as motivational interviewing, SafeTalk and ASIST.

ANY TRAINING ON TRAUMA SHOULD BE TAILORED TO THE UNIQUE WORKING CULTURE OF THE ORGANISATION

It was highlighted in both groups that undertaking a model like this would need to consider the unique nature of the work of both Gardaí and JLOs:

Any training would have to be considerate of how Gardaí interact with people during fight or flight

JLO, DUBLIN

With one group discussing the need for the person delivering the training to have the nuanced understanding required to deliver it in a way that will be heard and respected:

A Gard should give the training

JLO, DUBLIN

SUMMARY

It was unanimously agreed that trauma training or trauma-informed approaches would be beneficial across the organisation for work not just with young people but generally. Any approach or training must be cognisant of, and relate practically to, the nature of policing work.

08 CONCLUSION

Young people engaged with Garda Youth Diversion Programmes have significantly higher levels of traumatic life experiences than people in the general population. Higher levels of trauma increase the likelihood of engagement with the criminal justice system. Traumatic experiences impact on behaviours in a range of ways that can affect engagement with a programme such as the GYDP.

Traumatic experiences increase the likelihood of challenges relating to emotional regulation, self-soothing, learning and social engagement, all of which can inhibit a young person's capacity to successfully engage with figures in authority, with community programmes and with workers and their peers.

Where social service, criminal justice, community and health services fail to recognise the symptoms of traumatic experience in a young person's behaviour, this can be misunderstood. Social services working with traumatised populations encounter significant obstacles to effective engagement of service users, possibly resulting in the client's needs continuing to go unmet and the objectives of the programme not being achieved.

When practices and policies are not aligned with the needs of traumatised populations, trauma symptoms displayed by young people can go unrecognised or be misunderstood by staff. In environments that are not Trauma informed service users are more likely to perceive the service or environment as unsafe or threatening and may be reluctant to trust staff, all of which can hinder effective client engagement and service delivery.

There was agreement from stakeholders involved in the research that a better understanding of trauma and good practice for working with people affected by it would be beneficial for those working in GYDPs. Understanding trauma, its effects on behaviour and its impact on the service provider-user interaction could help to avoid triggering traumatic reactions or re-traumatization, potentially aid in the recovery and healing process and, at the same time, promote a greater sense of safety among staff.

A BETTER UNDERSTANDING OF TRAUMA AND GOOD PRACTICE FOR WORKING WITH PEOPLE AFFECTED BY IT WOULD BE BENEFICIAL FOR THOSE WORKING IN GYDPS.

09 RECOMMENDATION

Based on the findings from the literature review, ACEs research and focus groups with Youth Workers and JLOs, it is recommended that An Garda Síochána pilot a trau-ma-informed care project that involves training and implementation vsupports. This should consider:

–

- **Pilot site/professionals e.g. Gardaí or JLOs, geographic areas etc.**
- **Engaging other key professionals working with young people e.g. residential care workers**
- **Evaluation to support exploration of roll out – this should measure indicators of success that could include engagement, perceptions of staff safety and others as relevant to trauma-informed care.**
- **Considering trauma-informed policing projects in other jurisdictions to inform the model developed[18] (examples included as foot notes)**

10 APPENDICES

9.1 Adverse Childhood Experience (ACEs) Questionnaire

Please complete to the best of your knowledge

Anonymous unique ID (to be filled in by staff):

_____

(Staff make up a unique number or code to put on each form - this is to avoid the questionnaire being completed twice for the same person – see information sheet)

Gender:

M / F

Age when in GYDP
(e.g. when you had to see the JLO)

(approximately): _____

Are you from an urban (city or town) or rural area (countryside)
(Circle one):

Urban / Rural

Are you from a disadvantaged community (e.g. with high crime, drugs etc.)?
(Circle one)

Yes / No

Highest level of education attained (please circle):
Didn't finish primary
Finished primary
Finished Junior Cert
Finished Leaving Cert
Went on to post- secondary or third level

What is your current employment/ education status (Circle relevant)?
Employed

In formal education or training

Neither in employment nor in education or training

Have you ever spent time in prison?

Yes / No

Have you ever spent time in care?

Yes / No

What is the approximate number of cautions you received while in the diversion programme?
One
Two
Three
Four
Five or more
Don't know

Please read the statement below and then circle Yes, No, or Don't Know, to the best of your knowledge. Please note the person's Unique ID here: _____

While you were growing up, before your 18th birthday....		Please Circle
	1. Did a parent or other adult in the household **often** swear at you, insult you, put you down, or humiliate you? **OR** Act in a way that made you afraid that you might be physically hurt?	Yes No Don't Know
	2. Did a parent or other adult in the household **often** push, grab, slap, or throw something at you? **OR** Ever hit you so hard that you had marks or were injured?	Yes No Don't Know
	3. Did an adult or person at least five years older than you **ever** touch or fondle you or have you touch their body in a sexual way? **OR** Attempt to actually have oral, anal, or vaginal intercourse with you?	Yes No Don't Know
	4. Did you **often or very often** feel that... No one in your family loved you or thought you were important or special? **OR** Your family didn't look out for each other, feel close to each other, or support each other?	Yes No Don't Know
	5. Did you **often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **OR** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	Yes No Don't Know
	6. Was a biological parent ever lost to you through divorce, abandonment, or other reason?	Yes No Don't Know
	7. Was your mother or stepmother: **Often or very often** pushed, grabbed, slapped, or had something thrown at her? **OR Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **OR Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?	Yes No Don't Know
	8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	Yes No Don't Know
	9. Was a household member depressed or mentally ill, or did a household member attempt suicide?	Yes No Don't Know
	10. Did a household member go to prison?	Yes No Don't Know

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