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3<sup>rd</sup> March, 2017

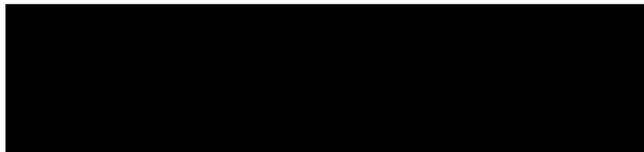
The Secretary  
Victorian Parliament Legal and Social Issues Committee  
Parliament House  
YouthJusticeVic@parliament.vic.gov.au

Dear Secretary

We are submitting this literature review to the Legal and Social Issues Committee to assist in informing the inquiry into Youth Justice. The literature review was developed as part of an evaluation of the Trauma Informed Pilot program at Parkville in 2013. This particular program was not continued and a different trauma informed program was developed and tendered out before the finalisation of the Pilot.

We believe there were lessons which can be learnt from the literature review and from the evaluation. An influencing factor of the outcome of the pilot program was that the full resources required for the pilot program as originally sourced in the tender could not be fully funded by the Department during the pilot.

We hope that this submission is useful for the Committee's deliberations.



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***Legal and Social Issues Committee, Victorian  
Parliament:***

***INQUIRY INTO YOUTH JUSTICE CENTRES IN  
VICTORIA***

***Submission from:***

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***March, 2017***



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## **LITERATURE REVIEW SUBMITTED TO THE INQUIRY INTO YOUTH JUSTICE CENTRES IN VICTORIA**

This review focused on literature considered useful to inform the evaluation of the trauma-informed pilot program implemented by Berry Street Take Two. It is submitted to inform future efforts to extend trauma-informed practice in Victorian Youth Justice Custodial Services.

### ***Rationale for a trauma-informed program***

The literature highlights how many young people in custodial settings have backgrounds of significant trauma particularly in relation to abuse and neglect (Bloom & Covington, 2001; Stewart & Tattersall, 2000; Day, Howells, & Rickwood, 2003) and that the custodial experience may itself be experienced as traumatic (Ariga, Uehara, Takeuchi, Ishige, Nakano, & Mikuni, 2008; Bailey, 2003).

Youth justice custodial services are inevitably involved with both victims and perpetrators of violent behaviour and often the same young person is, has been, or may in the future be both. There is substantial evidence of links between trauma and mental health, trauma and violence, trauma and self-harming behaviour and various other psychosocial problems which contribute to entry to the youth justice system. These also account for incidents within the custodial system and are a major part of the criminogenic concerns the youth justice system is expected to address to prevent further offending (DHS, 2013).

*...youth justice in Victoria is guided by policy to divert young people from entering or progressing further into the criminal justice system, to provide better rehabilitation of high risk offenders, and to deliver pre-release, transition and post release support programs to reduce their risk of re-offending.* (DHS, 2013)

With this policy the impetus for attending to trauma factors in youth justice custodial environments has gained momentum through research over recent decades. There is evidence about the impact of trauma on brain development, brain functioning and related neurophysiological and endocrine systems (Winter, 2004; Perry, 2009). Brain imaging technologies have been used to map mechanisms for the reactions of stress and emotional regulation, fight, flight and fright responses and learned responses for humans to attach to others differentially and tendencies to collaborate with the 'in group' and to justify treating 'others' with suspicion, avoidance, rejection or more punitive action (Perry, 2009; Eller, 2006; Roach Anleu, 2006).

Research has documented the impact of witnessing and experiencing violence in families and in the community and the cumulative effects of child abuse and neglect (Teague, Mazerolle, Legosz, & Sanderson, 2008; Miller, 2009 (Aldunate, 2009)). It has highlighted the physical and psychological impact of violence fuelled by substance abuse, prejudice, and violence inspired by cultural or subcultural factors, political or religious affiliation, social roles and instinctive reactions to threat and stress (Eller, 2006; Rosenberg, Vance, Rosenberg, Wolford, Ashley, & Howard, 2013).

Some behaviour management strategies with young people that are commonly used in youth justice custodial settings such as the use of physical, mechanical and chemical restraints have been found to re-traumatise the young person (Nunno & Holden, 2010). This can trigger an

escalation of negative behaviours and exacerbate mental health symptoms. There is also an acknowledgement of human rights including children's rights obligations flowing from UN Conventions and local law (Chui, 2009; Ife, 2012; Nipperess & Briskman, 2009) that need to

be considered when using restrictive practices, such as these types of interventions, with young people.

Kerig (2012) summarised the impact of trauma-informed intervention stating the message was one of hope:

*the findings reported here regarding the effectiveness of a number of innovative interventions, as well as the voices of youth expressing their own buoyant spirits in the face of the despair all around them, teach us that resilience can be fostered. Beneath their bristling armor of aggression, defiance, and callousness, traumatised delinquent youth challenge us to be brave enough to see them, and their life experiences, as they really are.* (Kerig 2012, p.189)

Hema (2014) reviewed the literature on trauma and trauma-informed interventions within Youth Justice. She noted the high correlation between factors associated with trauma or cumulative harm with factors relating to youth offending. Hema's review sets out a prescription for effective therapeutic residential care drawing on material from the National Therapeutic Care Working Group and other reviews of therapeutic models of care. Hema (2014, p. 3) provides a succinct statement of the contemporary challenge for youth justice systems to develop a philosophy of care which "*should encompass the impacts of trauma, encourage age and developmentally appropriate responses to behaviours, focuses on rehabilitation and is not seen as 'going soft on crime'.*"

### ***Literature which underpinned the model proposed vi***

The model developed for the ITU and ITO is underpinned by some key reviews of literature:

- The three *Evaluations of Take Two* provided a coherent trauma-informed framework for the development of the ITS model that had been researched and trialled since 2003 (Frederico et al., 2005; 2006; 2010).
- Projects and evaluations initiated by DHHS. These were the Victorian *Juvenile Justice Rehabilitation Review* (Day et al 2003), the *Cullity project: Report on the development of The Just Care Model* (Jackson et al., 2009) and *The VERSO Evaluation Report on Therapeutic Residential Care* (VERSO Consulting, 2011).
- The Berry Street *Take Two Submission for Parkville Youth Justice Precinct Intensive Therapeutic Unit* (ITU) (2013) detailed the research of how trauma can affect brain development and functioning including emotional regulation. The Berry Street submission was informed by a report by Baim and Guthrie (2012) which was commissioned by Berry Street and focused on young men and violence. The work of Dr Bruce Perry and Dr Gene Griffin and others also influenced the design of the ITS.

Each of these bodies of work or documents identified a set of theories to understand causes of violence in young people and the context in which violence occurs.

- *Trauma theory* — Being overwhelmed when under threat and developing responses as a form of adaptation or survival even when the actual threat no longer exists or a non-threatening situation is perceived as threatening.
- *Attachment theory* — Understanding the way we learn to trust in others and ourselves in early childhood and how that translates in our confidence in other relationships and when under threat, including in adolescence and adulthood.

- *Developmental theories* — Including a neurobiological understanding of typical adolescence and when the young person has experienced adverse experiences.
- *Ecological systems perspective* — Understanding not only the multiple contexts and systems but the way these systems interact with each other as well as with the individual.
- *Social learning theory* — The way we learn and influence others in a social context, including peer group, family, community.
- *Resilience theory* — Understanding the impact of the presence or absence of protective factors on the individual withstanding adverse situations.
- *Attribution theory* — Ways we explain causes of behaviour and events.

Griffin et al (2012) argued that greater benefit overall flows from adopting a trauma-informed model to guide and develop the custodial environment rather than a punitive model or a mental health model. The trauma-informed model emphasises the significance of interpersonal events and relationships especially with those spending most time in proximity to each other. Thus major emphasis as ‘agents of change’ is given to the role of custodial staff.

Taking an ecological perspective facilitates the understanding of the two-way impacts between individuals and those who make up their psycho-socio-cultural environment. The work of Bronfenbrenner (1979), Garbarino (1999; 2002; 2008) and others have been influential in a number of the models already discussed such as TCI and in Anglin’s (2002) work on effective residential environments. The ecological perspective is one of the foundation theories underpinning the work of Take Two and the ITS model. It is embedded in some Victorian studies of work with challenging adolescents in the out of home care system (Clark, 2000; Morton, Clark, & Peard, 1999) and challenging young people at the interface of various service systems including youth justice (Owen 2007).

### ***Characteristics of young people in youth justice custodial settings***

The youth justice custodial population are predominantly adolescents, although there are some as young as 10 years of age. Adolescence represents a major developmental transition from a biological, cognitive, social, familial, sexual and emotional perspective (Jackson et al., 2009). Adolescents of a similar age can vary significantly from a developmental perspective (Day et al., 2003; Roush, 1996). Research regarding young offenders including those in custody is rarely placed within a developmental context (Jackson et al., 2009).

Young people in custody are overwhelmingly likely to be young men. However, concerns have been raised that this has led to a gender-specific service, i.e. custodial services and related policies are oriented towards young men and are largely silent about issues for young women (e.g. Day et al., 2003; Jackson et al., 2009).

Young people in custody are, by definition, charged (not yet sentenced) or sentenced. In Victoria, two-thirds of young people in the custodial settings had been sentenced after being convicted by a court of a crime (AIHW, 2014). Sentencing a young person to custody reflects that the crime/s is usually one considered by society to be sufficiently serious to incarcerate an adolescent and/or that the pattern of offending warrants a sentence.

It should be noted that Victoria has the lowest rates of young people in custody who have not been sentenced, the lowest rates of young people in custodial settings per population and

the lowest rates of Aboriginal young people in custody. Nonetheless, Aboriginal young people are still over-represented in custody (AIHW, 2014).

Another common characteristic of most young people in custodial settings is the high proportion who have experienced abuse and neglect, particularly neglect and been involved in the child protection system (Australian Law Reform Commission & NSW Law Reform Commission, 2010). There is also a significant proportion who have been placed in out-of-home care prior to entering custody. This is even higher for young women and for Aboriginal young people in custody (Indig et al., 2011). A history of parental imprisonment is also common (Indig et al., 2011). This can be understood from a number of angles including intergenerational patterns of criminal behaviour, intergenerational trauma, and the impact of absentee parents.

As evidenced by a number of studies published in the June 2012 issue of *Criminal Justice and Behaviour*, young people in youth justice custodial settings are more likely than the general youth population to have experienced a high level of trauma exposure and to present with a number of symptoms associated with posttraumatic stress. There was also clear evidence of mental health concerns, alcohol and other drug involvement, disability, family problems and cultural conflict. Despite this commonality, there was also the need to recognise the heterogeneity of the youth justice population. Some specific findings reported in that issue regarding adolescents and violence include:

1. Complex trauma exposure was associated with higher risk of both mental health and psychosocial problems (Ford, Chapman, Connor, & Cruise, 2012). These problems included different types of aggression.
2. ADHD was considered a factor in relation to reactive and instrumental aggression (Connor et al., 2012).
3. There was commonality of risk factors between substance use, mental health and youth justice system involvement and aggression (Doran, Luczak, Bekman, Koutsenok, & Brown 2012).
4. The impact of Conduct Disorder and Foetal Alcohol Syndrome disorder was described along with the adverse effect of alcohol exposure on executive functioning and self-regulation (Brown, Connor, & Adler, 2012). Emphasis was given to more attention to screening and diagnosis of mental health problems as well as key case management roles needed to ensure connection with community-based services prior to discharge from the setting.
5. The link between the concept of callous unemotional traits and severe patterns of anti-social behaviour and instrumental aggression (Munoz & Frick, 2012).
6. Munoz and Frick (2012) highlighted the need for a developmental model with tools for assessment and the need for comprehensive individualised treatment considerations for this population. Ford and colleagues (2012) outlined the importance of screening and assessment tools, as well as training staff to teach and model key health targets such as self-regulation skills.

In a different special issue by the *Journal of Child and Adolescent Trauma*, Kerig (2012) discussed the links between trauma and youth criminal activity, stating that is important to recognise diversity

*... among delinquent youth (boys vs girls, European Americans vs African American); diversity in traumatic experience (chronic vs acute, interpersonal vs noninterpersonal); diversity in trauma expression (complex vs classic PTSD, avoidance and numbing vs arousal and intrusion); and diversity in outcome (callousness vs non-callousness, internalising vs externalizing). As advances continue to be made that fine tune our understanding of the different forms of trauma and its sequelae, it is hoped that these lessons will help inform the development of theories and interventions for traumatised delinquent youth. (Kerig 2012, p.189)*

There are a number of common experiences and difficulties that characterize the experiences of many young people prior to or during their custodial experience. For example, many have disrupted or negligible experiences of positive schooling (Indig et al., 2011; Prichard & Payne, 2005). Walsh, Pepler and Levene (2002) cited studies which reported an association between childhood aggression, poor school motivation and early school leaving. Dodge and Pettit (2003) found that early school failure and even problems in pre-school was more predictive of later conduct problems in adolescence than intelligence.

Concerns have been raised regarding the general health of young people in custody, such as through the NSW health survey of young people in youth justice. These problems include asthma, being overweight, poor nutrition, ear infections, hearing problems, sleeping problems and fatigue (Indig et al., 2011). Of particular note in the NSW survey, a third of the young people reported having had a head injury leading to loss of consciousness (Indig et al., 2011). This is a potential indicator of acquired brain injury and problems with executive functioning. This in turn can have implications for impulsivity, problem solving and understanding cause and effect to name a few associated problems.

A relatively high proportion of young people in custody are found to have had substance abuse problems and mental health problems. They are also more likely than the general population to have an intellectual disability (Indig, 2011).

### ***Programs and models for responding to young people with violent behaviours***

Following are some examples of programs and models designed to either help young people learn alternative strategies to violence and/or to help staff respond to prevent or reduce the impact of violence. Links to websites for these and other programs dealing with challenging behaviours are listed in Appendix 1

#### **The BRAVE program**

An evaluation conducted by Monash University of the BRAVE (Be real about violence) program reviewed the literature related to violent offending, programs for responding to violent behaviour and the evidence for what works in youth justice therapeutic programs (Ogloff, Wood, & Daffern, 2012). This evaluation supported the consideration of trauma theory and its implications for this population. They described BRAVE as predominantly psycho-educational rather than psychotherapeutic. In other words it was focused on impacting information rather than assisting the young person to understand their own behaviours including use of violence.

Ogloff and colleagues (2012) made recommendations regarding the need for a form of a therapeutic unit within a custodial setting and a more sophisticated approach to screening for trauma, mental health and other risk-need-responsivity factors pointing to therapeutic responses to violence.

*A therapeutic unit in custody is required to ensure intensive treatment is provided in a supportive therapeutic environment to YJ clients in custody who have engaged in serious violence, have a moderate or high level of risk for violent offending, engage in ongoing or serious violent behaviour whilst in custody, or who have more complex needs. To be successful, such a program would need to be tailored to individual formulation of violence and it should address a broad range of criminogenic needs and responsivity issues, including those that relate to violent behaviour and offending.* (Ogloff et al., 2012, p.11)

Some specific elements they recommended for this intensive therapeutic unit included:

☑ A therapeutic culture in the unit with clear boundaries for behaviour

☑ *Intensive group-based program along with one on one sessions.*

☑ Selection of custodial staff based on experience and skills in helping to work in a positive, therapeutic manner, with youth justice clients.

☑ A specialist team to deliver violence treatment for youth justice clients with serious violent offending or those at high-risk for violent offending. This team would require expertise in violence interventions and receive regular, specialist clinical supervision and appropriate training.

They concluded that a psycho-educational approach, such as the BRAVE program, is insufficient for young people with this level of risk and need. They emphasised the need for a tiered approach.

*Of critical importance in designing a tiered approach is the need to structure interventions around restrictions to sentencing (e.g., lengthy remand periods, maximum sentence lengths, and where foreseeable, release/transfer decisions). Higher risk, higher need youth (with greater responsivity issues) also require higher levels of staff training, experience, and supervision to ensure greater treatment integrity and efficacy.* (Ogloff et al 2012, p.12)

### **Therapeutic Crisis Intervention (TCI)**

Therapeutic Crisis Intervention (TCI) is a training program developed initially for workers caring for children and young people in the residential care system. Cornell University USA was commissioned to study ways of reducing the number of deaths and injuries sustained by staff and residents occurring in the course of high risk interventions such as physical restraint. TCI is built on theories and principles relating to crisis management, prevention and de-escalation and with a particular focus on the role of adults to “respond in the most caring, therapeutic and developmentally appropriate manner possible” (Nunno, Holden, & Leidy, 2003, p.298).

The TCI system provides advice on establishing safer and respectful environments and programs, de-escalating mounting pressures with interpersonal communication and behaviour, dealing with increasing agitation and outburst, and defensive strategies for

keeping self and others safe. The TCI system recognises the inherent high risk of restraint and significant contraindications for its use in certain circumstances. It requires a specific training and train-the-trainer process for certification in the model.

Nunno, Holden and Leidy (2003) undertook an evaluation of TCI being implemented in a residential treatment centre and concluded that it was associated with a number of positive outcomes including reduced use of restraint, and a significant reduction in critical incidents associated with aggression. They concluded that the lessons included the importance of leadership, clinical oversight, supervision, training and critical incident monitoring.

### **Mandt system**

One system in use in the Victorian disability sector which seeks to reduce or eliminate the need for restraint is the Mandt system (Mandt, 2011). Originating in North America in 1975, it is one of the earliest programs seeking alternatives to restraint. It appears to have evolved largely in the disability sector but now is applied in over 2000 organisations in Canada and USA. It has extended into organisations in Education, Health Care Services, Youth Justice & Community Policing and Mental Health.

The Mandt system operates a training and trainer certification system similar to TCI. With a philosophy of “putting people first” and “supporting people, not just their behaviours” the approach is delivered by in-person competency based instruction, on-line testing options, professional consultations and a variety of interactive teaching techniques. The components of training are organised around relational skills, conceptual skills and technical skills. A program of *Corporate Culture Change* has also been developed and is a requirement for programs with more than 250 employees.

The organisation summarised its approach as being based primarily on prevention:

*...for every hour we teach restraint, we spend three hours on prevention, and two hours on de-escalation. Another way of conceptualizing our approach is that we want to:*

*Keep interactions between people going!*

*Prevent interactions from becoming incidents*

*De-escalate incidents so they do not become crisis events*

*If a crisis occurs, we want to use the least amount of external management to maintain the safety of all concerned. (Mandt, 2011)*

The extension of the Mandt system into the youth justice arena incorporates a restorative justice approach in contrast to a retribution approach.

### **US State of Florida Department of Juvenile Justice – a trauma-informed state-wide policy**

The US State of Florida Department of Juvenile Justice (FDJJ) adopted a trauma-informed state-wide policy across all program areas to reduce or eliminate the use of physical restraint. Olson and Baglivio (2013) suggest that the primary goal of any youth justice program is to provide effective treatment and rehabilitation, but that treatment will not be effective if the environment does not first ensure the safety and security of the young people. This requires developing relationships between custodial staff and young people based on mutual trust and

respect. When no such relationship exists, the young people are more likely to be focused on current problems they have with staff rather than on preparation for their future.

*“Failure to ensure a safe and secure correctional environment also exposes the agency to a significantly higher level of risk and liability. Civil litigation surrounding the operation of residential correctional facilities almost always involves issues directly related to the conditions of confinement. Creating a safe correctional environment is critical from both a treatment and risk-management perspective.”* (Olson & Baglivio, 2013, p.64).

Many factors can affect the sense of safety for young people in custody. Olson and Baglivio (2013) contend that use of physical restraint is one of the most significant contributors to adverse outcomes and a marker of other concerns about program safety and effectiveness. Restraint was seen to sometimes break down relationships between staff and young people, often compromising the program's ability to work effectively with the young people.

FDJJ developed an overall "strength-based" strategy for reducing the use of physical restraints in youth justice facilities. As part of this strategy they undertook an in-depth review of programs where there was significant reduction in the use of physical intervention and looked for the commonalities of success. These factors included:

- ☑ Leadership commitment to reducing restraint and being directly accessible to young people and modelling the positive culture.
- ☑ Positive staff culture where creative and effective alternate strategies are acknowledged and rewarded with unconditional empathy and respect to young people.
- ☑ Behaviour management based on positive reinforcement and meaningful behavioural incentives including a degree of tolerance for relatively minor misbehaviour.
- ☑ Staff selection based on attitudes and beliefs and commitment to the 'new' approach.
- ☑ Relationship approach based on demonstrable respect “without exception”
- ☑ Performance measures where outcomes data was used to guide program improvement.

In describing the behaviour management approach overall, they emphasise the trauma-informed foundation of the model.

*“Trauma-informed care is based on the principle that physical aggression is often a manifestation of adverse childhood experiences such as physical, sexual and emotional abuse. Managing those behaviors must be done in a manner that does not cause further trauma. Physical intervention with youths who have been victims of traumatic events may actually trigger a violent "self-protecting" response. Effective behavior management systems are unique to the individual program and the type of population served. They are always a work in progress.”* (Olson & Baglivio, 2013, p.66)

FDJJ recognises that continuing to move toward a restraint-free environment requires an ongoing commitment of time and effort. This includes a training strategy, and a clear implementation plan as well as access to technical support and assistance. This effort includes careful consideration of the effects of childhood trauma on adolescent behaviour as well as the implications for effective treatment and rehabilitation (Olson & Baglivio, 2013).

## Open climates and congruence

Souverein, Van der Helm and Stams (2013) reviewed the debate about the effectiveness of secure residential care for youth. They dispute the view that “nothing works” in secure residential care and found some positive effects in outcomes for young people. They noted that there are benefits for society by the use of secure settings for young people, such as protecting society. According to Souverein and colleagues, factors that can lead to negative outcomes include increasing coercion and repression leading to an increase in antisocial behaviours. In contrast, an “open group climate” which fosters equality, mutual respect, autonomy and responsibility improves outcomes with higher internal locus of control and greater treatment motivation toward successful reintegration with society. They note that paying attention to congruence of structure and positive culture can counteract the pattern of young people learning problematic behaviours from other young people.

Anglin (2002) explored what makes a good residential care environment and also emphasised the importance of congruence at every level of the organisation. He discusses how pain-based behaviours can be responded to along with creating a positive culture requiring a level of agreement between stakeholders about how things should be done. This is reinforced by Souverein and colleagues (2013) who note the importance of “institutional working climate” including organisational structure, leadership style, workload, team functioning and motivation, commitment and satisfaction of the staff.

Tandy (2012) highlights the impact of the punitive use of seclusion, time-out and related measures. For example, isolation and conditions in solitary confinement can exacerbate a young person’s underlying mental health issues. Young people without a pre-existing mental health diagnosis may also experience psychological harm. In addition, young people placed in isolation may not receive adequate education, recreation or necessary services.

## Trotters principles of effective practice with involuntary clients

Trotter’s (2010) prosocial approach in working with involuntary clients had its origin in the Victorian correctional and child protection systems.

At the individual case level Trotter’s “Principles of effective practice” are:

☐ Role Clarification: Role Clarification involves frequent open and honest discussions about role, for example: the purpose of intervention; dual role of worker as helper/investigator; the client’s expectations of the workers; worker’s authority and how it can be used; negotiable and non-negotiable areas; confidentiality (or who can know).

☐ Pro-Social Modelling and Reinforcement: This entails, identifying behaviours/comments the worker wishes to promote; rewarding/encouraging the comments/behaviours the worker wishes to promote; modelling the behaviour/comments to be promoted; identifying and discouraging or confronting comments, behaviours that need to change; aiming for four positives or rewards to every negative or confrontational comment.

☐ Problem Solving: This entails, doing a problem survey; problem ranking; problem exploration; setting goals; developing a contract; developing strategies; ongoing monitoring.

☐ Relationship development: To develop and work in a relationship, the worker should: be open and honest; use empathy; challenge rationalisations, not minimise; be non-

blaming; be optimistic; articulate client and family members' feelings and problems; use appropriate self-disclosure; use appropriate humour (Trotter, 2006).

These approaches would favour a balanced and restorative approach to Youth Justice (Chui, 2009; Baldry & Sotiri, 2009).

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