

Serious youth violence and its relationship with adverse childhood experiences

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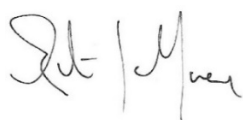
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Foreword

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

This report was kindly produced by Paul Gray, Hannah Smithson and Deborah Jump, summarising findings from recent research in Manchester which explored adverse childhood experiences (ACEs), serious youth violence, trauma-informed practice, and youth participation. The children in the study typically had multiple ACEs, and it is highlighted how knowledge and understanding of these ACEs should be used to co-develop with children, personalised approaches to addressing their involvement in serious youth violence which consider both socio-cultural and psycho-social factors. The importance of building trusting relationships between individual children and practitioners is also emphasised. Further recommendations are set out in relation to training, clinical support for children, clinical supervision for staff, and the development of a wider systemic approach to trauma-informed practice so that children receive the necessary support at the point required.



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

1. Introduction

While crime has fallen rapidly over the last 20 years, serious youth violence (hereafter referred to as SYV) – defined by the Youth Justice Board (YJB) as ‘any drug, robbery or violence against the person offence that has a gravity score¹ of five or more’ – is a growing concern in England and Wales (Home Office, 2018). Despite a substantial reduction in violent crime since the mid-1990s, levels of SYV remain ‘stubbornly high’ (Irwin-Rogers et al., 2020: 16). Alongside this, research has consistently found that justice-involved children have childhoods characterised by disproportionate adverse childhood experiences (hereafter referred to as ACEs) (see, for example, Baglivio et al., 2014; Boswell, 1996; Dierkhising et al., 2013; Jacobson et al., 2010). ACEs are potentially traumatic events that occur in childhood. They include, for example: experiencing violence, abuse, or neglect; witnessing domestic violence; bereavement; substance misuse within the family; mental health problems within the family; parental separation; or having a family member in prison (Centers for Disease Control and Prevention, n.d.). ACEs have been shown to have lasting, negative effects on health, wellbeing, and opportunity. They have also been shown to have an impact on the likelihood of both future violence perpetration and victimisation (Fox et al., 2014).

There has been a growing awareness in recent years of the importance of being trauma-informed when dealing with children who have a history of ACEs. This is especially the case with those agencies who work with justice-involved children (Glendinning et al., 2021; Liddle et al., 2016). Being trauma-informed means recognising and acknowledging the impact that ACEs can have on an individual and providing appropriate support to that person. In essence, a trauma-informed approach necessitates a change of perspective from ‘What’s wrong with you?’ to ‘What happened to you?’ (see the earlier [Academic Insights paper 2020/05](#) by McCartan). Alongside the current emphasis on trauma-informed practice, is the growing call for the participation of justice-involved children in the development of youth justice policy and practice (Ministry of Justice and Youth Justice Board, 2019; Youth Justice Board, 2016; see also [Academic Insights paper 2021/10](#)). Participatory working is fundamental to the principle of Child First. Indeed, in *Positive Youth Justice: Child First, Offenders Second*, ‘children are part of the solution, not part of the problem’ (Haines and Case, 2015: 45). Research evidence indicates that when participation, engagement and inclusion processes are co-created between children and practitioners, this can produce effective practice relationships (Case and Haines, 2015; Smithson et al., 2020; Smithson and Jones, 2021).

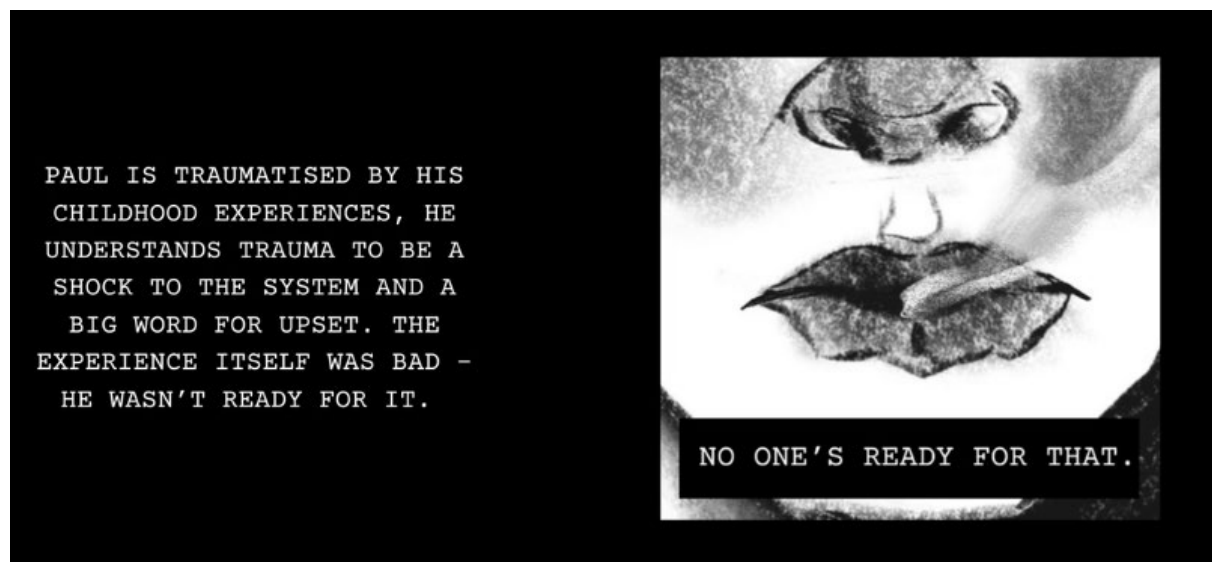
This *Academic Insight* presents the findings from a research study that was commissioned by Manchester City Council’s Youth Justice Service and funded through the YJB’s *Reducing Serious Youth Violence (Reference Group) Pathfinder* programme. Through the SYV pathfinder projects, the YJB aims to develop understanding around the drivers of SYV. To this end, this research brought together the four areas outlined above – SYV, ACEs, trauma-informed practice, and youth participation – to investigate the complex relationship between SYV and ACEs. By working in close collaboration with justice-involved children and youth justice workers in Manchester, the research had the following objectives:

- to gauge the nature and prevalence of ACEs among justice-involved children in Manchester
- to explore children’s own articulations of the causes and drivers of SYV

¹ The gravity score relates to the seriousness of the offence and ranges from 1 (for more minor offences) through to 8 (for more serious offences).

- to develop a more in-depth understanding of the relationship between SYV and ACEs
- to explore children's experiences of current youth justice practice, in particular their experiences of trauma-informed practice
- to co-create a resource to be used by youth justice professionals.

To meet these objectives, a mixed-methods approach incorporating quantitative, qualitative, and participatory elements was adopted. The quantitative element of the research was a bespoke ACEs assessment tool, based largely on the 10-point scale used in the original ACEs study conducted in the US in the 1990s (Felitti et al., 1998). The qualitative element had two strands: semi-structured interviews with youth justice workers and drama therapists commissioned by Manchester Youth Justice Service; and narrative interviews – using the McAdams Life Story Interview method (Bauer and McAdams, 2004) – with justice-involved children. The participatory element of the research was a series of workshops involving justice-involved children, the research team, drama therapists from One Education (www.oneeducation.co.uk), and a professional sports coach. Given the sensitive nature of the research topic, the decision was made to use storytelling techniques in the workshops to elicit further discussion around SYV and ACEs: specifically the 6-Part Story Method (Dent-Brown and Wang, 2006). This method was particularly appropriate as it allowed the children to create fictional, third-person accounts and provide metaphors rather than a description of actual lived events (Dwivedi, 1997).



(Image taken from the short co-created animation – [Trauma City: A tale of SYV](#) – that resulted from the workshops)

2. Research findings

This section summarises some of the key findings from the research study. It will focus on: the level of SYV in Manchester, along with some of the reasons given for children carrying knives; the nature and prevalence of ACEs among the sample of children in the study; the relationship between SYV and ACEs; and youth justice workers' experiences of delivering trauma-informed practice.

The mixed-methods approach adopted for the study generated a large amount of very rich data. Due to the constraints on length, only a selection of the research findings are presented in this *Academic Insight*. Further findings are set out in the full [Serious Youth Violence Report](#).

2.1 Serious youth violence

In July 2019, the YJB released a SYV toolkit that presented data on all proven offences² committed by children. The toolkit presented data for the 13 youth justice service teams that form the SYV Reference Group, of which Manchester is one³. The provisional data for Manchester showed that the number of SYV offences in Manchester had risen by over 200 per cent between 2016/17 and 2018/19. Alongside this, the rate of SYV (per 10,000 10- to 17-year-olds in the general population) had risen dramatically, with Manchester having the highest rate of SYV within the Reference Group in 2018/19. Indeed, a fifth of all Manchester offences in 2018/19 were SYV; most common being robbery, followed by violence, and then drugs.

The issue of territoriality was highlighted by a number of workers as a key reason for SYV in the city. These 'postcode rivalries' appeared to come to the fore when children had to travel across the city.

One of my young people was passing [through an area] on a bus. He knew he shouldn't have been going through that route, so he was sat on the top deck with his hood on, [but] three people from that area got on the bus and stabbed him. They said 'You're in the wrong area. You shouldn't be here'. (Youth justice worker 4)

Nearly all of the workers interviewed reported children on their caseload carrying knives because they were scared and wanted to be able to protect themselves. This is supported by recent research that found children often start carrying knives to avoid becoming a victim (Traynor, 2016). Other research has found that children view knife-carrying as a legitimate response to potential threats (Brennan and Moore, 2009). In this instance, carrying a knife is constructed as harm prevention and being streetwise. Indeed, to *not* carry a knife is deemed irresponsible (Riggs and Palasinski, 2011).

I do get a lot of them carrying knives. ... They say 'Everybody's doing it, ... so therefore I'm doing it. If I have a fight with somebody at least I'm tooled. At least I can defend myself'. (Youth justice worker 5)

Unfortunately, justice-involved children do not appear to fully appreciate the risks associated with carrying a knife. Not only in terms of becoming an unintended perpetrator or victim of a stabbing, as the situation/confrontation they might find themselves in quickly escalates,

² Proven offences are those for which a youth caution or sentence was received.

³ The other Youth Justice Service teams in the Reference Group include: Brent, Croydon, Greenwich, Haringey, Islington, Lambeth, Lewisham, Luton, Nottingham, Sandwell and Southampton.

but also the risk of being stopped and searched by the police and being found in possession of a weapon.

I've had a few young people through that have been carrying knives. ... They've had the knife for protection, but they haven't recognised ... the implications of carrying a knife and the risk that it carries for them. (Youth justice worker 10)

2.2 Adverse childhood experiences

All of the youth justice workers interviewed for this research noted the high prevalence of ACEs among the children they work with.

I think I've had one [child] with two [ACEs], but that's it. The rest of them are quite high, sixes and sevens. (Youth justice worker 5)

All my young people ... have experienced ACEs. All of them have had at least eight or more. (Youth justice worker 10)

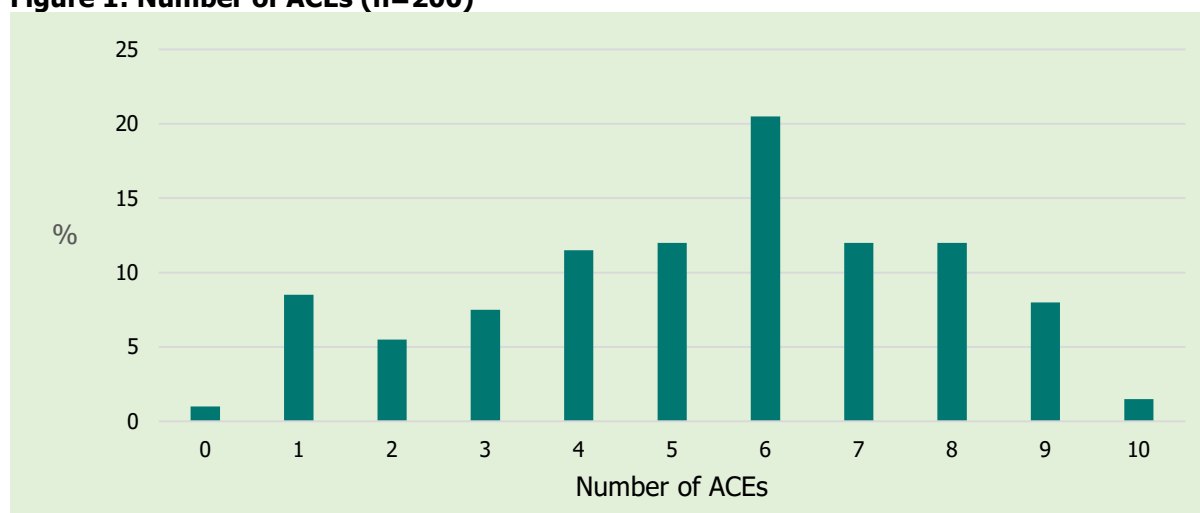
The interview findings were supported by the data from the ACEs assessment tool⁴. As can be seen in Figure 1 overleaf, two thirds (66 per cent, n=132) of the 200 children who were assessed had five or more ACEs. Indeed, over a fifth (22 per cent, n=43) had eight or more ACEs, and three children had all 10 ACEs. Only two children had no recorded ACEs. When considering the findings from the ACEs assessment tool, it is important to consider the cumulative effect of ACEs. A study of over 100,000 secondary school pupils in the US found that each additional ACE was significantly associated with an increased risk of violence perpetration (Duke et al., 2010).

Despite the high prevalence of ACEs identified among this cohort of justice-involved children, a number of workers felt that this was still an underestimate of the actual number of ACEs that the children had lived through. This was largely due to the worry that what children disclosed was just the '*tip of the iceberg*' (Youth justice worker 2) and actually there were many adverse experiences that children chose not to disclose.

The sad thing is, ... what we know of [in terms of ACEs] we know from records ... or even what the young person might be telling us. [But] it's the tip of the iceberg. There's so much buried down that they're not going to talk to us about, that we don't know about, that might have gone on hidden before services became involved. (Youth justice worker 2)

⁴ Between 11/01/2020 and 10/01/2021, 200 children (out of a possible 424 'open' cases) were assessed using the ACEs assessment tool. The assessments were undertaken by youth justice workers on behalf of the children on their caseload. The workers used the information routinely collected for AssetPlus to complete the ACEs tool. Crucially, the ACEs tool was a 'live' document that could be updated as and when a youth justice worker found out more information about a child. This was a particularly important feature as it allowed for a more accurate assessment of ACEs. It can often take a significant period of time to build a trusted enough relationship for a child to start to disclose ACEs. With this in mind, it was essential that the ACEs tool was not simply completed at the initial assessment point.

Figure 1: Number of ACEs (n=200)



Notwithstanding the potential issue of under-reporting of ACEs by children, when it comes to the types of ACEs that were identified using the assessment tool, Figure 2 overleaf shows that the most commonly identified ACE was 'parental separation/loss'. This ACE, evident in over four fifths of the children (84 per cent, n=167), was highlighted by both the workers and children.

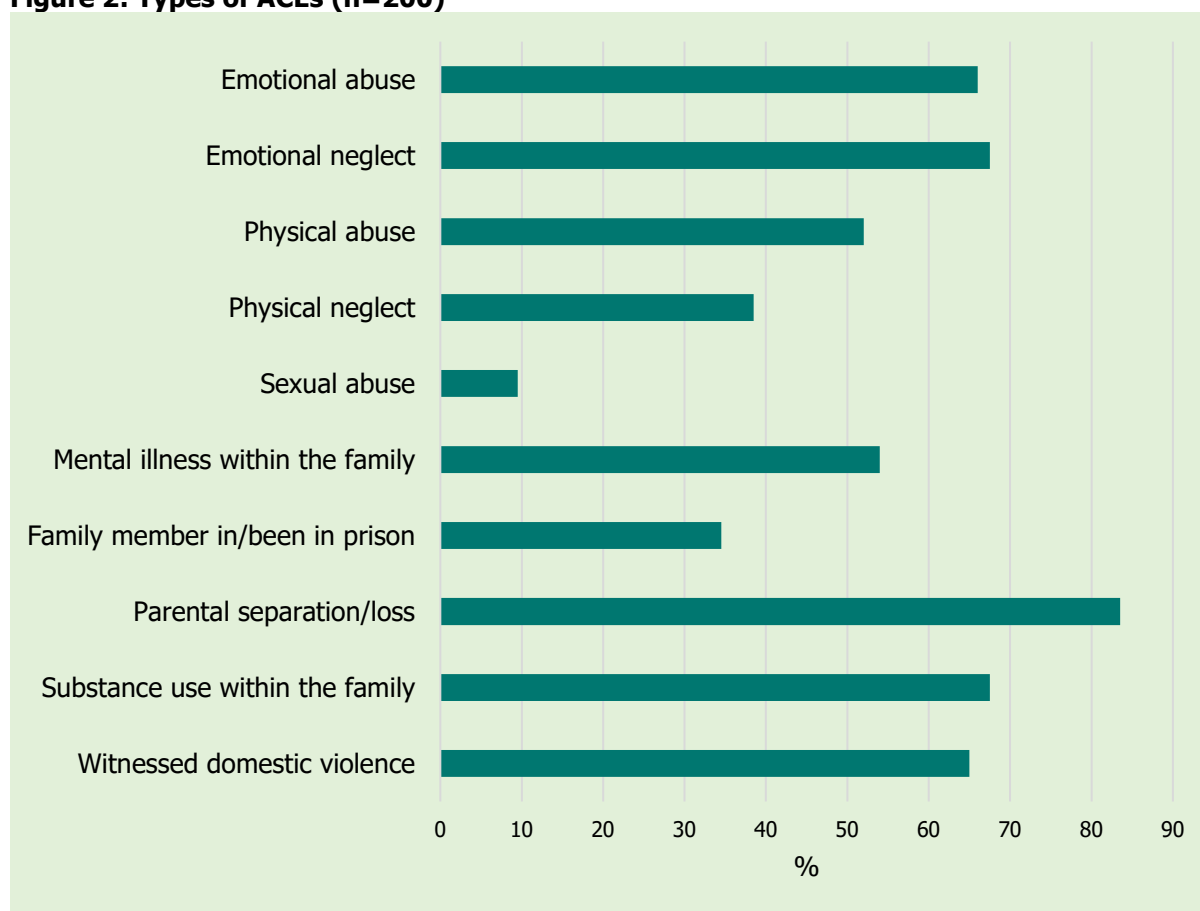
[I: Thinking back over your entire life, please identify a scene that stands out as a low point] *When my mum and dad split up when I was young, eight or nine. I didn't understand. It happened so fast. I didn't have a choice who I was going to live with. They didn't sit me down and talk about it. We just moved ... [and] I was in a new house with my mum and her new partner. I found it hard to sleep at night because I was thinking about it.* (Child 9)

'Substance use within the family' was identified in around two thirds of the assessed children (68 per cent, n=135). As one worker noted, '*substance misuse amongst the family is massive*' (Youth justice worker 4), while one of the children talked of their step-dad's drinking being problematic.

[I: Can you think of a single person or a group or an organisation that's had the greatest negative influence on your life?] *My step-dad. ... Growing up he started being a problem because he was always drinking and that. ... I'd come home from school and he was sat there drunk, ... doing my head in [and] saying stuff to me that really got under my skin.* (Child 3)

Exactly three quarters of the assessed children (75 per cent, n=150) had experienced some form of abuse (either emotional, physical and/or sexual) and 71 per cent (n=142) of the cases had experienced some form of neglect (either emotional and/or physical). Shockingly, three fifths (60 per cent, n=121) of the cases had experienced both abuse *and* neglect, and just over half (55 per cent, n=109) had experienced the 'double childhood trauma' (Boswell, 1996: 91) of abuse/neglect and loss.

Figure 2: Types of ACEs (n=200)



The other ACE that was identified in nearly two thirds of assessed children (65 per cent, n=130) was 'witnessed domestic violence'. This particular ACE was often identified alongside 'physical abuse'. Indeed, nearly two thirds (65 per cent, n=85) of those children who had 'witnessed domestic violence' had also been victims of 'physical abuse'. This is significant when one bears in mind that research has shown that witnessing or experiencing domestic violence can have long lasting effects on young people's predisposition to engage in violence (Weaver et al., 2008). The high prevalence of domestic violence among justice-involved children was identified by all of the workers that were interviewed.

Witnessing domestic violence ... [and] being exposed to violence themselves ... are probably the most common ones [ACEs] that I come across. (Youth justice worker 6)

Before moving on to look at the relationship between serious youth violence and ACEs, it is important to note that a number of the workers felt that poverty and deprivation played a key role in some of the children's offending behaviour. Manchester has one of the highest rates of child poverty by local authority area, with over a third of children (under 16) living in poverty (GMCVO, 2020). While not one of the ACEs on the assessment tool, the relationship between ACEs and socio-economic deprivation has been noted in other research (Walsh et al., 2019). Growing up in poverty can lead to children feeling rejected by society (Irwin-Rogers et al., 2020), and this rejection can elicit feelings of shame and humiliation, which in turn elicit feelings of anger; anger which can often manifest itself as violence (Gilligan, 2003; Thomas, 1995).

One young man, ... mum lost her job, they had no money, and she couldn't wash their clothes because she had no money to get washing up stuff, and she just broke down. I remember him saying, 'My mum broke down because we had no money,

and I'd never seen my mum break down before. And something clicked in me and I said, "This is enough". I just got so angry at why this was happening to us and I just went out and I stole a phone off somebody, and it was really easy, and that was it, it just snowballed, and I just stole loads of stuff'. (Drama therapist 2)

2.3 The relationship between serious youth violence and ACEs

Before investigating the complex relationship between SYV and ACEs, it is important to note that not everyone who experiences ACEs has a negative outcome (McCartan, 2020). Nonetheless, ACEs have been found to be strongly associated with a range of 'problematic behaviours' including aggression, violence, and criminal behaviour (Liddle et al., 2016).

In line with other research (see, for example, Fox et al., 2014), all of the youth justice workers that were interviewed felt that ACEs have a detrimental impact on the thought processes and emotional wellbeing of the children they work with. It was also noted how an individual child struggling to handle their emotions can impact upon those around them, in terms of how they might respond to various social interactions and/or situations they find themselves in.

Their emotions are so blurred. They're all confused, and it all seems to come out as anger or aggression because they can't recognise what it is that they're feeling. (Drama therapist 2)

This increased tendency to respond to situations through anger and/or aggression appeared to be exacerbated by the domestic violence that many of the children had witnessed and/or experienced as victims. As outlined above, experiencing ACEs can affect how children respond to the situations in which they find themselves. However, as the quotes below highlight, with domestic violence, the effect is a tendency to react to confrontational situations with violence. Either through children socially learning to use violence, or violence becoming normalised for them (see Fox et al., 2015 for a further discussion).

[Young] people that have witnessed severe domestic violence at home, ... we find that they're more inclined to go out and act out that behaviour in society. (Youth justice worker 1)

So many of them have been around so much violence ... they're desensitised to it. It's normalised isn't it. (Youth justice worker 2)

Neurodevelopmental research has shown that ACEs can result in children being on constant alert for danger and quick to react to threats via the fight, flight, freeze survival responses, even when there are no threats present (Bath, 2008; Perry and Szalavitz, 2007; Teicher, 2002). In line with this, a number of the workers and drama therapists talked of the children they work with being predominantly in the fight response to keep themselves safe/feeling safe, both in the home and on the streets. Indeed, a number of the workers felt that the need to feel safe was directly linked to children carrying knives or other weapons.

If violence has been dominant in your childhood, then you can completely understand why people feel like they need to protect themselves. (Youth justice worker 2)

The workers also talked of ACEs resulting in children seeking out opportunities, or behaving in particular ways, that gained them praise and/or acceptance from their peers. Not only because this might have been largely absent in their home lives, but also as a direct response to the negative feelings and emotions that ACEs can engender.

If you're suffering trauma, loss, rejection, fear, [then] you're going to want to find a group that's going to accept you, and you're also going to want to do stuff ... which will make you be more accepted by that group. (Youth justice worker 10)

However, it is important to note that praise and/or acceptance is not just sought from peers. Nearly all of the workers that were interviewed felt that the need to feel belonging and acceptance can make children with multiple ACEs particularly susceptible to becoming victims of CCE. Indeed, research on belongingness has shown that those who are socially deprived are more easily 'pressured to commit violent acts ... to be accepted by and to demonstrate commitment to the group' (Baumeister and Leary, 1995: 521).

These kids ... haven't got the family support. ... They're seeking that family dynamic and they [the exploiters] are there: 'We'll embrace you; we'll take you in. But go and do this first'. And the kids will just do it. (Drama therapist 2)

2.4 Trauma-informed practice

Since the mid-2010s, there has been a growing awareness of the importance of delivering trauma-informed practice with justice-involved children (Cordis Bright, 2017; Glendinning et al., 2021; Liddle et al., 2016). However, the actual delivery of a trauma-informed approach in a youth justice context can be challenging. For example, research has shown that ACEs can lead to high rates of non-engagement because they tend to blunt children's 'cognitive readiness' (Skuse and Matthew, 2015: 22). ACEs can also result in a general lack of trust of adults (Welfare and Hollin, 2012; Wright et al., 2016). Alongside this, it has been found that children simply want to avoid thinking about, or discussing, painful experiences and events (see APA Criterion C, 2013; Gray, 2015; Welfare and Hollin, 2012), with justice-involved boys often wanting to present themselves as 'super-masculine' and invulnerable (Goff et al., 2007: 156).

I said I was fine and just denied everything. [I: Why did you deny everything?] I just didn't want to speak about everything. (Child 5)

There have been a lot of challenges, not just one, [but] I don't talk about things like this. I usually keep them to myself. I would rather not say. I don't want to talk about the past. ... I can't go there. (Child 6)

There is also the simple fact that children are often not able to see any link or connection between their ACEs and their offending behaviour. As a result, they do not see the relevance or value in talking about ACEs. Added to this is the stark realisation that many justice-involved children are simply not aware that they have been exposed to any ACEs during their lives.

I was trying to explain to this young lad that all this [his ACEs] was trauma [and] he was like 'No, it's not. That's just life. Everybody has that'. (Youth justice worker 8)

An additional barrier is the time it takes to build a trusting relationship between a child and their youth justice worker. For many years, research has highlighted the importance of building an effective working relationship when it comes to helping children to desist from crime (Batchelor and McNeill, 2005). Indeed, historically, the essence of much youth justice work has been to 'provide a supportive relationship, based on the assumption that this relationship would be influential and would facilitate change' (Burnett, 2004: 181). This is especially the case when it comes to discussing ACEs. As one of the workers noted, 'if you're going to talk about trauma, ... you [need to] build a trusted relationship' (Youth justice worker 7). This view was supported by all of the workers that were interviewed. However,

they were also acutely aware that building a trusted relationship takes time and is not something that can be rushed; especially if the discussion is around ACEs.

Young people find the conversations [about ACEs] very difficult. ... They need time to be able to trust the person they're talking to. ... It could take a young person a long time to be able to trust their officer [enough] to have those actual conversations.
(Youth justice worker 1)

The time required to build a trusted enough relationship to start broaching the issue of ACEs is a key factor when it comes to the logistics of implementing trauma-informed practice. While some of the workers felt that three months might be a sufficient period of time for a child to feel comfortable enough to disclose/discuss ACEs with their worker, others felt that you needed at least six months. This is particularly problematic if a child is on a short order.

It has been acknowledged that the delivery of trauma-informed practice within the justice system involves equipping youth justice workers with knowledge about ACEs and their effects, while also supporting them in their work with potentially traumatised young people (Liddle et al., 2016). During their interviews, workers highlighted a range of support/training needs that they felt need to be addressed if they are to deliver effective trauma-informed practice. While workers acknowledged that they had received training on trauma-informed practice, thus giving them an awareness of the prevalence and effect of ACEs on justice-involved children, what they felt was lacking is specific training in how to actually work through a child's ACEs in a more therapeutic way.

We've had a lot of training on it [trauma-informed practice], but I think what's missing is how we respond to that [ACEs] with the kids. ... Because I'm always conscious that I'm going to say something that's going to trigger some kind of horrible memory for the young person and make them ... go home feeling worse than when they came in. (Youth justice worker 4)

It is clear that, despite having an awareness of ACEs and trauma-informed practice, feeling confident adopting a more therapeutic approach was an area in which many of the workers wanted additional training. Indeed, due to the issues around trusted relationships and disclosing ACEs outlined above, it would make sense to train youth justice workers to deliver more therapeutic work with those children with whom they already have a trusted relationship.

They've got Eclipse, CAMHS, drama therapy involved [but] a lot of my young people will turn around to me and say, 'I don't want to go to those individuals, but I'll come to you'. (Youth justice worker 8)

Using therapy to support children to acknowledge their emotional needs and talk about their ACEs has been identified as a key stage on the therapeutic journey towards recovery (Bailey, 1996). For the last three years, two drama therapists from the emotional trauma support team at One Education have been commissioned (part-time) by Manchester Youth Justice Service to deliver clinical interventions to justice-involved children in Manchester. Having skilled therapists on hand to work through children's ACEs in a clinical way – as opposed to expecting youth justice workers to do it – means that the chances of workers unintentionally triggering any negative emotions when discussing ACEs are reduced. Moreover, the drama therapists are clinically trained to deal with emotional outbursts should they arise.

While the two drama therapists have been commissioned to deliver a service to those children with ACEs, the fact remains that some workers find working in a trauma-informed way 'emotionally hard' (Youth justice worker 6). Yet, if the expectation is that youth justice

workers are to deliver trauma-informed practice, it is clear that they should be 'assisted in building their own psychological resilience – mapping out their own vulnerabilities and strengths and protecting themselves against vicarious trauma' (Liddle et al., 2016: 52).

It's emotionally hard. When I think about some of my cases, I've gone home and cried because it's just so distressing, and you've got to be able to process that yourself haven't you, and my God that's hard. ... [Yet] we're putting people in this position and giving them no outlet. (Youth justice worker 6)

To directly address this issue, the two drama therapists have now also been commissioned to provide clinical supervision to any worker who feels they may need it.

With the increased awareness of the link between ACEs and offending behaviour (Cordis Bright, 2017; Glendinning et al., 2021; Liddle et al., 2016; Wright et al., 2016), the youth justice service has arguably '*got loads better at trauma-informed practice*' (Drama therapist 2) over the last five years. Nevertheless, all of the youth justice workers that were interviewed for this study felt that the same could not be said for the partner agencies that they work with. As one worker noted, '*youth justice are trauma-informed, but court aren't [and] Police aren't*' (Youth justice worker 8). If this is indeed the case, then it would indicate that some of the youth justice service's partner agencies require additional training around ACEs and trauma-informed practice. As recommended in the recently published evaluation of the enhanced case management project, to ensure a consistent delivery of trauma-informed practice, all agencies dealing with children who have a history of ACEs 'should consider training to improve their understanding of the impact of ACEs and trauma on the child's behaviour' (Glendinning et al., 2021: 81).

3. Conclusion

This concluding section presents some key recommendations from the research study. For the full recommendations and next steps, please see the research report: [Serious Youth Violence Report](#).

Avoid quantifying ACEs as a measure of risk. Simply quantifying ACEs and interpreting them as a measure of risk of becoming involved in SYV (either as a perpetrator or victim) is at odds with trauma-informed approaches to working with children. Instead, the advancement of high-quality trauma-informed policy and practice should rely on the identification of ACEs and an understanding of the impact ACEs might have on individual children. This knowledge and understanding should then be used to co-develop with children, personalised approaches to addressing their involvement in SYV which consider both socio-cultural and psycho-social factors.

Deliver training around implementing trauma-informed practice. While youth justice workers acknowledged that they had received some general training on ACEs and trauma-informed approaches, what they felt was lacking was more specific training on how to implement trauma-informed practice in a more therapeutic way. Training to address this need should be provided by qualified professionals.

Provide clinical support to those children who need it. Clinical support around trauma should be readily available to those children who may need it. The responsibility for the delivery of this support should not lie with youth justice workers. This has the potential to be harmful to both youth justice workers and children. Instead, clinical support should be delivered by qualified professionals based within youth justice services.

Offer clinical supervision to youth justice workers. To protect youth justice workers from vicarious trauma, the opportunity for clinical supervision with a qualified professional should be made available to all youth justice workers who are expected to work in a trauma-informed way. This provision should be in addition to any other existing supervision procedures that youth justice services currently offer.

Deliver training across the youth justice system. Funding should be made available for qualified professionals to deliver training on ACEs and trauma-informed practice to other bodies in the youth justice system, such as the courts, the police, and the secure estate. This will help to embed an awareness of ACEs and trauma-informed practice throughout the justice system. This systemic approach is necessary to ensure that children receive a consistent trauma-informed service, irrespective of which stage of the system they are at.

Develop a systemic approach to trauma-informed practice. The identification of ACEs and subsequent delivery of trauma-informed interventions should not be the sole responsibility of the youth justice system. Children should receive trauma-informed intervention/s at the point of the adverse experience/s. Schools, children's services, and health services should be adequately funded and equipped by central government to embed trauma-informed practice into their services and organisations. If offered at an earlier stage in a child's life, this could potentially reduce the number of children presenting to youth justice services for SYV offences and reduce the 'staggering' total economic and social cost of SYV (Irwin-Rogers et al., 2020: 11).

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