Trauma-Specific Therapies

Toolkit technical report

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This report is produced in collaboration with staff from the Campbell Collaboration Secretariat. It is a derivative product, which summarises information from Campbell systematic reviews, and other reviews, to support evidence-informed decision making'.

Trauma-specific therapies: YEF Technical Report

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Summary

The objective of this technical report is to review the evidence on the effect of trauma-specific therapies, referred to as trauma-focused interventions in this report, on children's involvement in crime and violence. The report is based on one systematic review and meta-analysis by Olaghere et al. (2021), which examined the effectiveness of trauma-focused interventions for at-risk and justice-involved youth.

The label "trauma-focused interventions", also known as "trauma-specific" interventions, is an umbrella term for a set of targeted programmes that are implemented for children and young people who have experienced trauma. These programmes often work with children who are either considered at-risk for involvement in crime and violence, or who have already been involved in crime and violence.

The most common trauma-focused interventions included in the Olaghere et al. (2021) review were Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Therapy (CBT), and Cognitive Processing Therapy (CPT). The next most common interventions evaluated were labelled as 'social work plus,' followed by Eye Movement Desensitization and Reprocessing (EMDR), multisystemic therapy (MST), and the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) programmes. Most of the participants included in the evaluations of trauma-focused interventions had a history of sexual abuse (35%), PTSD (29%), or unspecified trauma (25%).

Ultimately, the Olaghere et al. (2021) review found that trauma-focused interventions had a large and desirable impact on children and young people's involvement in crime and violence for at-risk youth but had no effect for justice-involved youth.

These effect sizes transform to an approximate 45% reduction in delinquency for at-risk children and young people and an approximate 3% increase in reoffending for justice-involved youth. However, high heterogeneity and the small number of studies means that the evidence rating for these estimates is 2, or low confidence.

There were also positive effects on the intermediate outcomes of both internalizing and externalizing behaviour.

Moderator analysis showed: (i) programmes that used cognitive restructuring techniques had larger effects in comparison to programmes that did not; (ii) programmes that did not incorporate coping skills training had a slightly larger overall mean effect than programmes that did incorporate coping skills training; (iii) creating a trauma narrative was associated with a larger overall effect for at-risk youth in comparison to treatment that did not; (iv) programmes that included 'psychoeducation' were associated with a smaller overall mean effect in comparison to programmes that did not; and (v) interventions that included 'planning for the future' were associated with a smaller overall mean effect in comparison to those that did not. All moderator analysis were based on a small number of studies.

Implementation evidence was taken from two evaluations from England. Implementation issues identified in these studies were that: (i) participants can be anxious about beginning the programme, which can be addressed by pre-engagement sessions to explain the intervention, and working with facilitators already known to the participant; (ii) the importance of creating a safe and welcoming space in which people feel they can speak freely, and which can help build camaraderie in the group; (iii) there is a risk of retraumatizing participant; (iv) allow participants some control over session content; and (v) the programme is of sufficient length, with opportunities for follow up for participants.

No cost data are available.

Objective and approach

The objective of this technical report is to review the evidence on the effect of trauma-informed intervention programmes on children's involvement in crime and violence.

This technical report is based on one systematic review and meta-analysis by Olaghere et al. (2021). This review examines the effectiveness of trauma-focused interventions for at-risk and justice-involved youth.

The following inclusion and exclusion criteria were used to inform selection of systematic reviews.

Inclusion criteria

To be included in this report, a review must include evaluations of trauma-focused interventions that were implemented with children and young people considered at risk for involvement in crime and violence, or those who have already come into contact with the criminal justice system. As such, Olaghere et al. (2021) was our preferred review. A separate technical report of the same meta-analysis published by Wilson et al. (2018) was also used to provide additional information for this technical report.

Exclusion criteria

Reviews were excluded for the following reasons:

- The review did not focus specifically on justice-involved or at-risk children and young people or did not report outcomes related to involvement in crime and violence (e.g., Han et al., 2021).
- The review was concerned with trauma-informed practice/trauma-informed care, of which trauma-focused interventions may have been one level of intervention, but no mean effect for trauma-informed interventions were reported (no examples of this were located in our search).
- The review did not include a meta-analysis (e.g., Branson et al., 2017).
- The review was concerned with the impact of interventions for trauma disorders, such as posttraumatic stress disorder (e.g., Heckman et al., 2007).

Outcomes

Olaghere et al. (2021) examined the effectiveness of trauma-focused interventions for at-risk and justice-involved youth on several outcomes, including delinquency. The review reported outcomes independently for children and young people that were labelled justice-involved and at-risk children and young people. For justice-involved youth, Olaghere et al. (2021) reported a mean effect for delinquency, affective outcomes (e.g., depression, anxiety, anger, and negative mood regulation), post-traumatic stress disorder (PTSD) symptoms and hope. In relation to at-risk children and young people, the outcomes were delinquency and externalising behaviours. [1]

Description of interventions

The label trauma-focused interventions is an umbrella term for a set of different interventions, all of which are trauma-informed. Some of these are well-known treatments

for different psychological disorders. For example, using cognitive-behavioural therapy (CBT) to treat depression and anxiety or externalising/internalising problems.

In the context of trauma-focused interventions, these therapies are implemented with the view that the experience of trauma is an essential precursor or explanatory factor in the behaviours being addressed. Therefore, instead of using traditional CBT, trauma-focused CBT (TF-CBT), is used. When used to treat trauma-related disorders, including PTSD, CBT and TF-CBT aim to modify the cognition, behaviours, and emotions associated with the trauma a child or young person has experienced (Olaghere et al., 2021). In a similar vein, cognitive processing therapy (CPT) is a specific from of CBT, where the purpose of the intervention is to help an individual to change their "unhelpful and faulty beliefs related to a traumatic event" (Olaghere et al., 2021, p. 1265).

Other interventions included under the umbrella of trauma-focused interventions were specifically developed to treat trauma symptoms or PTSD. Eye movement desensitisation and reprocessing (EMDR) is one such intervention. EMDR was first developed by Shapiro (2002) and is recommended by NICE guidelines in the United Kingdom as an individual treatment for PTSD[2]. The concept behind EMDR is that memories of traumatic events are not processed properly and thus cause distress, such as emotional and physical sensations associated with the trauma. During treatment, the therapist will lead the individual in using left-right eye movements and other rhythmic stimulation (e.g., tones and taps), whilst focusing on the memory of their trauma. This then reduces the vividness and the emotional response associated with the memory.[3]

Another trauma-focused intervention is Trauma Affect Regulation: Guide for Education and Therapy, or TARGET, which is an intervention designed specifically for children and young people who have experienced trauma (e.g. physical, sexual, psychological, and emotional trauma). The National Child Traumatic Stress Network, a US-based organisation, outlines that the aim of TARGET is to enable individuals who have experienced trauma to develop an understanding of, and control over, their behavioural responses to trauma-related triggers they may encounter in daily life.[4]

The most common intervention components included in the review by Olaghere et al. (2021) were: teaching coping skills, psychoeducation, creating a trauma narrative, cognitive restructuring and 'planning for the future,'

Targeted or universal

Trauma-focused interventions are targeted programmes that are implemented with children and young people who have experienced trauma and are either at-risk for involvement in crime and violence, or who have already been involved in crime and violence.

Implementation setting and personnel

Whilst it is unclear from the review by Olaghere et al. (2021), it is not unreasonable to make the assumption that trauma-focused interventions are most likely to take place in clinical settings with specially-trained professionals.

Duration and scale

The duration and scale of trauma-focused interventions will vary depending on the type of therapy and several other factors. For example, the American Psychological Association suggest that EMDR is implemented once to twice a week for at a total of at least 6 to 12 sessions.

Theory of change/presumed causal mechanisms

Olaghere et al. (2021) do not specifically articulate a theory of change or presumed causal mechanism in their review of trauma-focused interventions. The review does provide details of the presumed link between trauma and delinquency, so one can assume that the theory of change relates to this relationship. For example, untreated trauma may lead to poor decision-making which may make committing offences more likely. previous research has found that experiencing trauma is linked to involvement in crime and violence (e.g., Ford et al., 2014; 2016; Schauss et al., 2020), and as such the presumed causal mechanism in trauma-focused intervention is that by addressing the trauma (e.g., adverse childhood experiences like physical, emotional, or sexual abuse) and intervention can prevent and/or reduce involvement in crime and violence.

Evidence base

Descriptive overview

Olaghere et al. (2021) included 29 evaluations (30 treatment and control comparisons) of trauma-focused interventions in their meta-analysis. The vast majority of interventions were evaluated in the USA (70%). The remaining interventions were evaluated in Canada, the European Union, or 'other' countries (10% each). Evaluations were published between the 1990s and 2010s, mostly in the 2000s (50%). The majority of interventions were evaluated using a randomised controlled design (*n* = 20). Olaghere et al. (2021) also included quasi-experimental designs with and without statistical controls.

Twenty-four (81%) of the interventions were evaluated with children and young people considered at-risk for involvement in crime and violence, and only 6 interventions (19%) evaluated children and young people labelled as justice-involved. The majority of participants in both groups included in the evaluations were White, and in general the sample sizes were small; typically, between 21 and 30 youth (Olaghere et al., 2021). The children labelled at-risk were approximately 4 years younger (mean age = 12.44; SD = 3.25) than children labelled as justice-involved (mean age = 16.24, SD = 1.18). Olaghere et al. (2021) also stated that while most studies included both girls and boys, eight studies involved only girls. Information about the gender of participants was unavailable for eight studies.

The most common type of treatment in trauma-focused interventions were TF-CBT, CBT, or CPT interventions (*n* = 16; 51%). A further 10% of interventions were labelled as 'social work plus' and the rest were evaluations of EMDR, multisystemic therapy (MST), or the TARGET programmes. Olaghere et al. (2021) found that most of the participants included in the evaluations of trauma-focused interventions had a history of sexual abuse (35%), PTSD (29%), or unspecified trauma (25%).

Assessment of the strength of evidence

We have confidence that, at the time of writing, the review by Olaghere et al. (2021) is the best available evidence on the effectiveness of trauma-focused interventions for at-risk and justice-involved children and young people. Our decision rule for determining the evidence rating is summarised in the technical guide.

Two independent coders used a modified version of the AMSTAR2 critical appraisal tool which was used to appraise the review by Olaghere et al. (2021). According to this tool, the review was rated 'medium'. The results of this appraisal are summarised in Annex 1.
The systematic search methodology and meta-analytical methods used by Olaghere et al. (2021) are outlined in a separate report (i.e., Wilson et al., 2018).

The review adequately specified the research questions and the inclusion/exclusion criteria. The review included two types of studies that evaluated trauma-focused treatments for at-risk youth and justice-involved youth that included delinquency outcomes or an outcome considered a risk factor for later delinquency. Wilson et al. (2018) outline that only evaluations conducted with participants aged 12 to 18 years of age were included.

Olaghere et al. (2020) do not state that they created a review protocol before undertaking the review or whether the protocol was published, but there was a separate publication to include more information about the methods (i.e., Wilson et al., 2018).

The review reported a comprehensive literature search strategy including several different databases, designated keywords, and search strategies. No restrictions were placed on whether the report was published or unpublished, but only those reported in English were considered for inclusion.

All meta-analytical procedures and methods were fully described in Wilson et al. (2018).

Olaghere et al. (2021) clearly identify the sources of funding for their review and declared no conflict of interest.

Olaghere et al. (2021) provide two direct estimates of the effect of trauma-focused interventions for justice-involved youth (*n* = 9 effect sizes from two studies) and at-risk youth (*n* = 17 effect sizes from four studies) on delinquency outcomes. The results are heterogeneous for justice-involved youth (I^2 = 70%), but not so for at-risk youth (I^2 = 1.75%). The review rated 'medium' as per the AMSTAR tool, so the overall evidence rating for the impact is 2, or low, for both justice-involved youth and for at-risk youth. Due to the larger number of included studies, the effect size for at-risk youth is our preferred estimate for the Toolkit.

Olaghere et al. (2021) also provide an estimate of the effect of trauma-focused interventions on externalising behaviour outcomes for at-risk youth (*n* = 35 effect sizes from 19 studies). The results were highly heterogenous (I^2 = 76%). Externalising behaviour is an indirect estimate of children's involvement in crime and violence. The evidence rating for the impact on externalising behaviour is therefore 4, but the rating for the impact on crime and violence is 2 due to the indirect nature of the estimate.

Impact

Summary impact measure

Based on the meta-analyses by Olaghere et al. (2021) that informs the current technical report, the findings suggest that trauma-focused interventions have a large and desirable impact on children and young people's involvement in crime and violence for at risk youth, but have no effect for justice-involved youth. These mean effect sizes are summarised in Table 1.

Table 1

Mean effect sizes for crime and violence (i.e., delinquency) outcomes and problem behaviours

Review	ES (*g* and OR)	CI (ES)	*p*	% change	Evidence rating for crime and violence outcomes
Olaghere et al. (2021); justice-involved youth *crime and violence*	*g* = -0.03 OR = 0.947	-0.64, 0.58	0.924	2.72% increase	1
Olaghere et al. (2021); at-risk youth *crime and violence*	*g* = 0.41 OR = 2.103	0.09, 0.73	0.011	45.3% reduction	1
Olaghere et al. (2021); at-risk youth *problem behaviour*	*g = 0.39* OR = 2.015	0.14 – 0.64	0.002	43.24 reduction	4

Note: ES = the weighted mean effect size; CI = 95% confidence intervals for the mean ES; *p* = the statistical significance of the mean ES; n.s. = not significant; OR = odds ratio; g = Hedges' g

The review also reports the impact of trauma-focused interventions on externalising behaviour for at-risk youth. The mean effect size for these outcomes was *g* = 0.39 (95% CI 0.14, 0.64, *p* = .002; OR = 2.015, n=17). This suggests that overall, trauma-focused interventions are effective in reducing externalising behaviours for at-risk youth.

These effect sizes transform to an approximate 45% reduction in delinquency for at-risk children and young people based on a 25% recidivism base rate and an approximate 3% increase in reoffending for justice-involved youth based on a 50% recidivism base rate. The mean effect size for externalising behaviour outcomes for at-risk children and young people translates to a 43.24% relative reduction, assuming a base rate of 25%. See Annex 2 for an overview of these calculations.

Additional outcomes included for justice-involved youth showed that trauma-focused interventions had a desirable impact on internalising behaviour outcomes (*g* = 0.30, 95% CI -0.07, 0.68, *p* = 0.116); PTSD symptoms (*g* = 0.28, 95% CI -0.19, 0.74, *p* = 0.244); and hope (*g* = 0.45, 95% CI -0.98, 1.88, *p* = 0.535).

Moderators and mediators

In addition to reporting mean effect sizes separately for justice-involved youth and at-risk youth, Olaghere et al. (2021) also conducted a number of moderator analyses.

Olaghere et al. (2021) also reported the effectiveness of the different types of programmes included in their review. This was not possible for justice-involved youth due to the small number of studies, but it was conducted for at-risk children and young people. The most common types of trauma-focused interventions were CBT, TF-CBT, and CPT. These programs had an overall desirable effect on delinquency and problem behaviour outcomes (*g* = 0.28, 95% CI 0.09, 0.46, *p* < .001; 15 studies). Treatment programmes that were labelled 'social work plus' were also associated with a reduction in delinquency and problem behaviours (*g* = 0.24, 95% CI -0.17, 0.66, *p* = 0.26; 3 studies), as were MST programmes (*g* = 0.22, 95% CI -0.29, 0.72, *p* = 0.40; 2 studies).

For at-risk youth, there was only one study each for EMDR, child sexual abuse therapy, humanistic therapy, psychodynamic therapy, and 'seeking safety' therapy. Therefore, no

conclusions about the comparative effectiveness of these programmes can be made, but in general they were associated with reductions in delinquency and externalising behaviour.

Olaghere et al. (2021) also reported the mean effect sizes for specific intervention components for treatments implemented with at-risk youth. Due to the unequal numbers of effect sizes included in the subgroup analysis, the results should be interpreted with caution. A summary of these results is as follows:

- Programmes that used cognitive restructuring techniques were associated with a larger mean effect for at-risk youth (g = 0.66, n = 5) in comparison to programmes that did not (g = 0.33; n = 20; Q_B = 2.064, df = 1, p = .150). The difference between mean effects was large but not statistically significant and there was a large difference in the number of effect sizes.
- Programmes that did not incorporate coping skills training (g = 0.43, n = 12) gave a slightly larger overall mean effect than programmes that did incorporate coping skills training (g = 0.39; n = 13; Q_B = .041, df = 1, p = .838). The difference between the mean effects was marginal and not statistically significant, even given the almost equal number of effect sizes in each subgroup.
- Creating a trauma narrative was associated with a larger overall effect for at-risk youth (g = 0.51, n = 6) when included in a treatment programme in comparison to treatment that did not (g = 0.38; n = 19; Q_B = 0.339, df = 1, p = .56). The difference between the mean effects was quite large but so was the number of effect sizes in each subgroup. The difference between effects was not statistically significant.
- Programmes that included 'psychoeducation' (an approach that involves teaching individuals about mental health issues and educating them about ways to improve and get better) were associated with a smaller overall mean effect (g = 0.32, n = 8) in comparison to programmes that did not (g = 0.45; n = 17; Q_B = 0.383, df = 1, p = .535). The difference between mean effects was moderate and not statistically significant but there was a large difference in the number of effect sizes in each subgroup.
- Interventions that included 'planning for the future' were associated with a smaller overall mean effect (g = 0.32, n = 3) in comparison to those that did not include 'planning for the future' (g = 0.42; n = 22; Q_B = 0.119, df = 1, p = .729). The difference was large but not statistically significant and there was a huge difference in the number of effect sizes in each subgroup.

Implementation and cost analysis

Implementation evidence was taken from two evaluations: (i) the Informed Group Work Programme of the Lewisham Youth Offending Service, whose aim is to reduce morbidity and mortality in under-18s due to violent assaults by increasing knowledge and awareness and improving social skills (Whittaker et al., no date), and (ii) Healing Trauma, a branded programme from the US, which is a trauma-informed programme intervention for criminal justice-involved women. Although Healing Trauma is for women, not children and young people, it is included because of the lack of other studies. The program comprises six, ninety-minute sessions for groups of up to ten women (Petrillo et al., 2019). Both these interventions are group-based sessions to address feelings of insecurity, unconscious bias, and managing their own behaviour. A summary table is included in Annex 3.

Implementation issues identified in these studies are that:

- Participants can be anxious about beginning the programme, which can be addressed by pre-engagement sessions to explain the intervention and working with facilitators already known to the participant.
- The importance of creating a safe and welcoming space in which people feel they can speak freely, and which can help build camaraderie in the group.
- There is a risk of retraumatizing participants, which requires skilled facilitation, and avoiding sanctions that create feelings of shame.
- Allow participants some control over session content.
- The programme is long enough, with opportunities for follow up for participants.

There was no cost data available.

Findings from UK/Ireland

None of the studies included in the review by Olaghere et al. (2021) were conducted in the United Kingdom or Ireland.

What do we need to know? What don't we know?

There are many different types of interventions which fall under the heading of trauma-focused interventions. There are few evaluations of each intervention type. There are no effectiveness studies from the United Kingdom. Therefore, priorities for future research should include more primary studies conducted in the UK. This would increase our

confidence in the study findings. More process evaluations on trauma-focused interventions for young people would also improve evidence on implementation.

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Annex 1: AMSTAR Rating

	Modified AMSTAR item	Scoring guide	Olaghere et al. (2021)
1	Did the research questions and inclusion criteria for the review include the components of the PICOS?	To score 'Yes' appraisers should be confident that the 5 elements of PICO are described somewhere in the report	Yes
2	Did the review authors use a comprehensive literature search strategy?	At least two bibliographic databases should be searched (partial yes) plus at least one of website searches or snowballing (yes).	Yes
3	Did the review authors perform study selection in duplicate?	Score yes if double screening or single screening with independent check on at least 5-10%	No
4	Did the review authors perform data extraction in duplicate?	Score yes if double coding	Yes
5	Did the review authors describe the included studies in adequate detail?	Score yes if a tabular or narrative summary of included studies is provided.	Yes
6	Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?	Score yes if there is any discussion of any source of bias such as attrition, and including publication bias.	Yes
7	Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?	Yes if the authors report heterogeneity statistic. Partial yes if there is some discussion of heterogeneity.	Yes
8	Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?	Yes if authors report funding and mention any conflict of interest	Yes
			Medium

Annex 2: Effect size calculations

This annex shows the calculations based on the results and assumptions given in the text. We assume 200 youth, evenly divided between treatment and comparison groups. That means there are 100 youth in the control group and 100 youth in the treatment group. Assuming that 50% of justice-involved youth in the control group reported reoffended and that 25% of the at-risk youth in the control group reported delinquency, the mean effect sizes for both reviews can be easily transformed to a percentage reduction in the relevant outcome.

If the odds ratio for delinquency is 0.947 for justice-involved children and young people (Olaghere et al., 2021), then using the table below and the formula for an OR, we can estimate the value of X. The odds ratio is estimated as: A*D/B*C, where A is the number of non-delinquents in the treatment group, B is the number of delinquents in the treatment group, C is the number of non-delinquents in the control group, and D is the number of delinquents in the control group. Therefore, the value of X is 51.36 in the case of justice-involved children and young people.

	Don't reoffend	Reoffend	Total
Treatment	100-x	x	100
Control	50	50	100

Therefore, the relative increase in delinquency is (50 – 51.36)/50 = 2.72%.

In relation to at-risk children and young people the table looks as follows and the value of X is 13.68 (OR = 2.103) and the relative reduction is 45.3%.

	Non-delinquent	Delinquent	Total
Treatment	100-x	x	100
Control	75	25	100

The prevalence of delinquency and reoffending is likely to vary between different studies and can be influenced greatly by the type of report (e.g., self-report or parent-report), the survey used, the questions asked (e.g., frequency of delinquency in the past couple of months versus the frequency of delinquency in the past year, or ever), etc. If we were to adjust our assumptions about the prevalence of reoffending and delinquency in the control group for justice-involved and at-risk youth, the relative reduction in the treatment group is not greatly affected.

For example, if we assume that 10% of the control group are delinquent, the 2x2 table would be as follows and the value of X would 5.025 for the at-risk youth on delinquency outcomes. Therefore, the relative reduction is 49.75% (i.e., (10 – 5.025)/10]*100). Table 3 shows the variation in the relative reduction in delinquency outcomes for the at-risk youth further. Table 4 shows how the relative increase in reoffending would vary for the justice-involved youth if the assumed prevalence of reoffending was altered.

	Non-delinquent	Delinquent	Total
Treatment	100-x	x	100
Control	90	10	100

Table 3
Variation of the relative reduction in delinquency for at-risk youth included in Olaghere et al. (2021) review.

	At-risk youth; delinquency OR = 2.1	At-risk youth; externalising behaviour OR = 2.015
Assumed prevalence	Relative reduction	
10%	49.75%	47.74%
25%	45.3%	43.24%
40%	39.76%	37.85%

Table 4

Variation of the relative increase in reoffending for justice-involved youth included in Olaghere et al. (2021) review.

	Justice-involved youth, reoffending OR = 0.947
Assumed prevalence	Relative increase
40%	3.28%
50%	2.72%
60%	2.17%

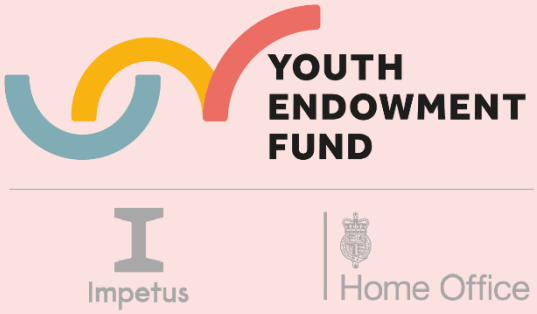
Annex 3: Implementation analysis

Intervention	Success factors	Challenges	What children and programme staff say
Informed Group Work Programme, Lewisham Youth Offending Service: reduce morbidity and mortality in under-18s due to violent assaults by increasing knowledge and awareness and improving social skills. Whittaker et al. (no date)	Providing a safe space (right physical environment) with clear ground rules and a clear structure for sessions Explicit attention to changing perceptions and unconscious bias so feel safe. Group facilitators need to have a good understanding of the emotional issues faced by young people Participants should have relationship with one of the facilitators beforehand Group facilitators should avoid sanctions that create feelings of shame Give participants some control over the programme content		*'I do think that creating the safe spaces is really key to the trauma recovery model… this room gets transformed… you feel the difference when you walk in, it's tangible, you know, and that's creating a space which is different and works on the senses to enable the mind to work more effectively'* *'We went around, said who we was, introduction, had a little fruit juice… That was, like, the little thing that kept everyone coming back... the juices were good'* *'the smoothie session was the best session'* *'…halfway through it, everyone's, like, kind of opening up a bit because they just eased into the programme, isn't it? They didn't just shit at us straight on and say, 'Right, start talking about yourselves'* *'The reason why we brought in the breathing exercises was young people said to us when we was preparing the group or starting to develop the group that coming into a group work setting they feel very anxious about it; one, because they don't know who's going to be there, they feel stressed leaving, so we thought of that, and some of the topics that we discuss as well could raise a bit of anxiety as well, so we thought that starting a session doing some breathing techniques brings the heart rate down, starts making young people feel very relaxed'* *'One of my parents on a home visit, she said that, with the breathing techniques, she's noticed that he's been doing that, and just how that helps him to kind of remain calm..'* *'It's made me think bigger. Obviously, I was thinking my faults already before, obviously how I'm going to react to people or how to present myself to people and stuff like that, but obviously they show you different sides. So, it's like you can't really just judge them without giving them a little chance, you know what I mean, like*

			sometimes you need to give them a little chance to actually see the person for who they are *One of the main sessions that I thought was very good was when they was talking about our unconscious biases and stuff like that, like how people judge you and stuff like that, and it was like how people will look at us because of the way we dress and that and judge, and it's not a good thing but obviously everybody has it, so it's like you have to kind of counteract it… that's what I feel like was one of the best sessions that we've had* *'It did change a lot because I can now see that these people [official figures such as police] don't just have malicious intentions…'* *'I thought 'Oh yes, it's just going to be one of them programmes where you're just going to chat a load of rubbish, saying the same thing they say to a lot of kids'… Went there and it was different, it was basically our programme, if you get what I mean, like they made it into us, so we basically controlled the programme in a way'*
Healing Trauma (branded programme from US): trauma-informed programme intervention for criminal justice-involved women [not CYP] designed for delivery in settings in which a short-term intervention is needed. It comprises six, ninety minute sessions in closed groups of up to ten women. The programme is peer-facilitated; specially trained prison staff train serving prison residents to deliver the intervention (Petrillo et al., 2019).	Providing a safe space for women to speak freely Building camaraderie in the group	Women are anxious on entering the programme, and having to be in such a session with people they don't know (c.f. pre-engagement in the Lewisham project). Programme seen as too short by many participants Risk of re-traumatizing participants	*'Personally, I've opened up quite a lot over this programme and got… I've spoke about things that I needed to open up about really. That's helped me.'* *Once you have opened up you realise we're not judging anybody. You know, we've all been through some kind of trauma. And a lot of them are very similar, although we do think we're the only ones. At that time when it's happening to you, you feel that you're the only person it's ever happened to* *And it's a brave first step as well, because I know some people there which definitely hadn't shared or said anything and never felt like they could or should, and the shame that comes with a lot of things silences you. And then to hear one person be brave enough, then it was like a domino effect, all of a sudden everyone felt that empowered and that brave. So yeah, I thought the course made a massive difference really, it's changed the way that I feel now – I still find it difficult to be able*

			to speak about feelings, but I know that you can and the silence only breeds the isolation and makes it worse. So sometimes it's good to speak out *So it's going through it and seeing everyone else is also on the same level as you, because sometimes when you're going through those kinds of situations you feel alone, but in the group I felt really comfortable, the people teaching it were great and it felt good. I wanted to attend every week, whereas normally I wouldn't, I wanted to go, I wanted to go every week, it was good for me.* *I have really gone through the workbook, I've answered questions and all that, and as you go, there are more things that you want to answer, there are more things that you want to talk about, there are more things that you want to go through. So I think six weeks is not enough. I would have liked it to be a bit more longer, like probably 12 weeks or so.* *Behind my door, sometimes I did feel like, oh why did I start it because obviously because you've suppressed it you don't really want to deal with it, but I have to deal with it because I can't just keep on burying it. So yeah I think it was a good thing for me to do because it's helped me. I think I'm on the right track now* *Because when you're going through it you don't actually really understand it, you don't accept certain things, but week by week we've gone through things and looked at different stages and different signs, and then you do understand it well, you think, yeah, that is what happened, that's not right, you can actually start to accept that it's not your fault, you're not to blame for what's happened.* *I come from a culture where going into therapy or talking about issues is like, nah, nah, nah, it's not the done thing. And it's realising that sometimes in order to ensure the next generation is not repeating these mistakes, it's for you to actually learn and change that culture. Because I grew up in a home where there was domestic violence and I think that's what made me accept some things, and so*

			if my daughter, my son see those things, they then think it's acceptable, and when do you break the cycle? And I think it's about the secrecy, you know, where we don't talk about some issues, and it's about how do you sensitise yourself and others



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