

Trauma-Informed Forensic Practice

Edited by Phil Willmot and Lawrence Jones
Abingdon
Routledge
2022
446 pages
£32.24 (\$39.99) Paperback
ISBN 9781000552478
Review DOI
10.1108/JCP-11-2023-060

Trauma informed practice has been growing within forensic settings, where it is noted that so many living in such establishments have experienced adverse experiences in their past, not least in their offending. This volume, in the Issues in Forensic Psychology book series, considers how trauma may link to offending, treatment and organisations – something that research evidence is beginning to evidence ever more in both those imprisoned and staff within the prison estate ([Hatton and Akerman, 2016](#); [Allely and Allely, 2020](#); [Woodfield et al., 2022](#)).

1. Summary and evaluation of the book

The authors consider who may be vulnerable and the survival responses used. It acknowledges that the impact of experiences will vary depending on a number of factors (age, response to it by others, the relationship to the perpetrator), and so the context for the individual is so important. It is also noted that it is not relevant for all in secure settings, and some may not welcome another label. I would argue that being in a secure forensic setting can be traumatic in itself, in terms of being deprived of freedom, away from loved ones and in what can be austere conditions. The authors have a range of styles and the practitioners and academics melded well together to have a book which is accessible to

read and of interest to those working in all forensic settings.

The book explores subjects such as how those in secure settings have experienced power in-balance and how that has impacted on their view of themselves in the world. Phil Willmot starts by explaining the possible link between childhood maltreatment and offending and identifies patterns of adversity including betrayal and racism. He considers how chronic adversity can impact neurologically, citing polyvagal theory ([Porges, 2011](#)). Willmot gives a comprehensive overview of the impact of disrupted attachment, antisocial attitudes and how this can have a bearing on participation in school and work. Furthermore, how constant exposure to violence can desensitise people and their moral engagement. He considers anti-social personality traits and criminogenic risk factors and how more importantly, protective factors can play their part. Willmot goes on to write with Yasmin Siddall on trauma, violence and gender. They apply the Power Threat Meaning Framework to males and females through personal narratives. While their experiences varied, the impact was similar. Further work can be done to consider how this may impact on transgender and gender-fluid individuals.

Lawrence Jones contributes chapters considering offence-related states of consciousness, and trauma and sexual offending. As is usually the case when Jones writes, he encourages deep thinking about our individual response to trauma and how we manage what we do when the memories are triggered. The process of being disconnected from reality, gaps in memory, dissociation and using substances to alter our state of consciousness are described as ways

of coping. He encourages the reader to conduct risk assessments looking through a trauma lens. His chapter on sexual offending considers any link between trauma and sexual offending. He spoke of how sexual abuse impacts on sexual development and attitudes towards offending. He considers the role of attachment, risk and masculinity. Several authors look at areas which are rarely considered, such as those leaving care. Elizabeth Utting and Tamara Woodall discuss how those who experience care are at risk of negative outcomes, such as mental and physical ill health, low self-esteem and trauma. They comment on the role the system plays in this and the impact of living away from family members. Emma Longfellow and Rachel Hicks consider the added layer of having a learning difficulty (LD), not least receiving that diagnosis. They spoke of trauma as physical, or emotional, sexual violence and chronic trauma. As we know it is difficult to cover every potential area, but these categories do not include racism, intergenerational trauma and gender crises. They speak of how trauma prevalence research is under represented in LD populations, despite this population being likely to be vulnerable to it. As with most chapters, the voice of those involved, in this case through a case study, helps place the work in practice.

Sarah Todd highlights the need for equality in those who are deaf and what trauma-informed treatment is available. She describes the use of Eye Movement Desensitisation and Reprocessing and how effective that can be. Jane Jones describes how those who are military veterans can be traumatised and her chapter considers the many benefits of working in the armed services and through the voices of those involved thinks of those coming into the criminal justice system. Rachel Beryl and Jessica Lewis describe non-suicidal self-injury in secure hospital settings, and how this can be a coping strategy for those who experienced

adverse experiences. They present this, as many chapters do, through the lens of individuals in that setting, thus giving them a platform to describe their point of view.

John Farnsworth describes links between trauma, substance misuse and offending again presenting case studies through which to illustrate his point. Clare Moore and Naomi Callender illustrate early trauma, psychosis and violent offending through case studies. They comment on the barriers to working with this client group and the importance of the relational model. Jennifer Pink and Nicola Gray consider post-traumatic stress disorder and how individuals can be traumatised by their own offending. The majority of the chapters refrain from using labelling terms such as "offenders" but that is sprinkled throughout this chapter. The authors leave the reader with a helpful list of considerations of how to work with individuals in this position.

Karen Parish and Peter Clarke consider the therapeutic community approach in treatment with older teenagers who have caused sexual harm. They describe the model and the emphasis on relationships and make the link with how a minority of those who have experienced adverse sexual experiences can be triggered into harmful sexual behaviour. They highlight how the TC model helps encourage pro social behaviour through its members, both staff and group participants. Their use of quotes from those participating in the intervention is so informative and helps this book embody trauma informed practice. The chapter I co-authored with a man who was working his way through his sentence presents his experience of working in a trauma-informed service. His willingness to share his story in such an open and frank manner is to be respected.

Kate Geraghty and Chantal Scaillet explain how they used the stepped care trauma informed approach in

their work with young men in custody. They illustrate their points with quotes and art work from those accessing their service, bringing their explanation to life with this approach. Kerensa Hocken, Jon Taylor and Jamie Walton describe what can be an unpopular topic that of the trauma of imprisonment. They consider how our genes can be altered by experiencing adverse experiences, leading to physical ill health, disease and disability. They reflect on rehabilitative cultures, such as TC's and psychologically informed environments and how these can help alleviate symptoms. They offer alternatives, such as procedural justice as an example of a trauma-informed intervention and a means of diversion from custody or to be used within prisons. The section on trauma responsive treatment finishes with Karen Orpwood and Sue Ryan applying the trauma informed approach in community settings for people with a forensic history. Again, they complement their experience with case study materials. They consider the staff who have left through being overwhelmed and traumatised by the work, which is such an important topic. The final section explores organisational issues starting with Nicola Silvester describing trauma-informed youth services. This is such an important area for discussion, as a time to intervene and offer support. They refer to how systems of youth justice can be improved by using a strength-based model and the need to incorporate this in case formulation. They too suggest ways to divert young people out of the Youth Justice system, which in itself can be traumatic. Again, they highlight the impact on staff working in these services and the need for self-care.

Frank McGuire, Julie Carlisle and Fiona Clark consider how systematic oppression and persecution within certain minority racial and religious groups can reverberate through generations and how they can be over

represented in psychiatric services. They use vignettes to illustrate some of the difficulties and encourage service developers to implement the trauma informed model of care. Michelle Smith then presents research on the impact on staff working in what is described as a "*critical occupation*". She adeptly reflects on the research in this area presenting the sanctuary model as a scaffold to help develop trauma informed organisations, through considering the parallel processes at work (Bloom and Farragher, 2010). Smith finishes highlighting the opportunities available to support staff to undertake what can be emotionally demanding work. Victoria Hiett-Davies explains how the NHS is applying trauma informed care, moving away from what is wrong with you to what happened to you. She works through the five pillars of the trauma informed approach (TIA): safety, collaboration, trustworthiness, choice and empowerment, considering how the theory can be applied in the NHS. She reminds the reader that it is a whole-system approach and should not be used in silos.

In the penultimate chapter, Estelle Moore reflects on trauma and restorative justice (RJ). She explains the RJ model and how it fits so well with TIA. She reports on the evidence base for recovery through RJ and the balance with the perpetrator and victims. Having witnessed RJ in action, I wholly support its usefulness for both victims and perpetrators and I could not imagine it not involving a TIA. She raises the important issue that the RJ approach may not always alleviate distress, but by using the TIA alongside, it there is a safety net on which to fall back on. She presents examples from mental health settings and the value it brings. In the final chapter, Jones and Willmot consider the future. They refer back to notable paradigm shifts in the past and suggest ways to apply the TIA with others through connection. They suggest a number of ways to develop

discussions on economic and moral grounds and the need to build research. They consider areas where the TIA is required, such as racism, sexism, ableism, homophobia and the need for research in these areas. They ponder how the TIA may need to be applied with older adults who have offended, those with diverse temperaments and neurodiversity and with staff and system cultures. With relational work at its core, they consider how those transitioning between settings can be affected and how best to support them. They conclude by encouraging readers to revisit their work and systems and make the required adjustments to enrich the ways of intervening, seeking the opportunities to connect with others.

2. Conclusion: the book and its impact on the needs of the forensic community

The book is thought-provoking and makes helpful suggestions for practitioners. It is a long-awaited view of those living and working in this complex setting and as such would be a useful addition to any library. Post script. At the book launch for the volume (24.1.23 Retford), the chapters were discussed and the invitation for those who wish to join the Forensic Trauma Forum. Should you wish to do this, please contact Phil Willmot (philip.willmot@nottshc.nhs.uk) and join the group of like-minded people working to a more trauma informed future.

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References

- Allely, C.S. and Allely, B. (2020), "Post traumatic stress disorder in incarcerated populations: current clinical considerations and recommendations", *Journal of Criminal Psychology*, Vol. 10 No. 1, pp. 30-42.
- Bloom, S.L. and Farragher, B. (2010), *Restoring Sanctuary: The Crisis in Human Service Delivery Systems*, Oxford University Press.
- Hatton, V. and Akerman, G. (2016), "Working with suicide risk in offenders: a review of training at HMP Grendon", *Journal of Criminal Psychology*, Vol. 6 No. 4, pp. 214-220.
- Porges, S.W. (2011), *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication and Self-Regulation*, W.W. Norton & Company.
- Woodfield, R., Boduszek, D. and Willmott, D. (2022), "Latent profiles of PTSD, anxiety and depression and association with trauma exposure within UK prison personnel", *European Journal of Trauma & Dissociation*, Vol. 6 No. 3, p. 100268.

Further reading

- Willmot, P. and Jones, L. (2022), *Trauma-Informed Forensic Practice*, Routledge, London.

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