

Youth in conflict with the law: Somatic trauma informed-cognitive behavioural therapy

by

Rebecca A. Bramley

A Capstone Research Project submitted in partial fulfillment

of the requirements for the degree of

Master of Counselling (MC)

City University in Canada

Vancouver, BC

May 2023

APPROVED BY

Jill Taggart, Ph.D., R.C.C., Capstone Advisor, Master of Counselling Faculty

Christopher Kinman, Ph.D., R.C.C., Faculty Reader, Master of Counselling Faculty

School of Health and Social Sciences

Abstract

The purpose of this paper was to examine the mental health needs of youth offenders and the importance of the youth justice system to move forward a trauma-informed approach in working with these vulnerable youth. This paper provides a brief historical analysis of the youth justice policies within Canada since its inception in the early 1900's. The current youth justice act was enacted in 2003, as a measure to curb Canada's high youth incarceration rates in Western countries. Within the act, the use of diversion mechanisms and extrajudicial measures will be discussed and discuss the challenges of the current program in taking into consideration the mental health needs of youth offenders. Considering the effects trauma has on the body, it is imperative that professionals working with youth offenders adopt a trauma-informed framework, as there is evidence suggesting that youth involved in the criminal justice system have a history of trauma. This would be beneficial because if specific behaviours can be considered trauma-related responses as opposed to criminogenic factors, then community-based trauma-informed interventions could be utilized when diverting youths away from the justice system, including counselling. A recommendation of somatic trauma-focused cognitive behavioural therapy will be explored and needs to be considered as the psychotherapeutic modality in working with youth offenders who suffer from trauma symptoms.

Keywords: trauma-informed approach, youth criminal justice system, mental health, community-based interventions, somatic trauma-focused cognitive behavioural therapy

Acknowledgements

I would like to thank my family for their support, beginning with my two children, Riley and Addison, whose love and inspiration are the cornerstone of my success as they were able to show me patience and understanding while I chased my dream. I hope by watching my dedication and commitment in achieving my dream they have learned that anything is possible when you pour your heart and soul into a passion. I would have never made it to this level in my academic career if it were not for the love and support of my children. Here you are thinking I am teaching you every day, but you both are my greatest teachers. Words cannot express how much I love and appreciate you. Lastly, thank you to my partner (Michelle), for always believing in me and showing me that anything is possible if you put your mind and soul into it (double entendre).

Dedication

This paper is dedicated to all young persons, who have faced immeasurable pain and trauma in their lives. Societal change is required to help better support youth who have experienced trauma, pain, and dysfunction, and find themselves involved within the criminal justice system. All youth deserve to have mental health supports in place to address their pain and trauma, and more importantly, be given a second chance by healing. Afterall, these youth are our future.

Table of Contents

Abstract	2
Acknowledgements	3
Dedication	4
List of Figures	6
Chapter 1: Introduction	7
History of Youth Diversion in Canada	8
YCJA Results	10
Research Problem	14
Reflexivity and Positionality Statement	19
Definition of Terms	20
Chapter 2: Literature Review	22
Diversion Programs	23
Case Management Conferencing	25
Treatment Diversion	26
Crisis Intervention Teams	28
Trauma Informed Approaches	28
Trauma Informed Interventions for Youth	32
<i>Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)</i>	32
<i>Somatic Experiencing</i>	34
Chapter Summary	35
Chapter 3: Summary of Findings, Recommendation and Conclusion	37
Trauma-Informed Approach to Diversion	37
Recommendation	40
<i>Therapeutic Alliance</i>	40
<i>Somatic CBT</i>	42
somatic TF-CBT	43
Future Implications in Counselling Youth Offenders	44
Limitations	46
Conclusion	47
References	48

List of Figures

Figure 1 – Youth Crime Severity Index in Canada from 2000-202112

Chapter 1: Introduction

In Canada, youth justice policy has shifted drastically since it was implemented over a century ago. Canada's current youth justice legislation is the Youth Criminal Justice Act (YCJA), which outlines and stipulates the goals of the justice system are crime prevention, youth accountability, reintegration, rehabilitation, and public protection (YCJA, 2002). The policy framework set out in the YCJA specifies, "extrajudicial measures are often the most appropriate and effective way to address youth crime," and "extrajudicial measures allow for effective and timely interventions focused on correcting offending behaviour" (YCJA, 2002, section 4 (a)(b)). Extrajudicial measures, also known as diversion from court, have been implemented as a linchpin to treating the underlying causes of criminal behaviour for youth offenders. Extrajudicial measures can include warnings, caution and release, referrals to community-based programs, and other diversion mechanisms (Wilson & Hoge, 2012). The diversion mechanisms available to youth can include counselling, family counselling and mediation, peer mediation, education, information sessions, and restorative justice programs. Diversion can be administered by police, court officials, probation officers, community workers, and other justice officials (Maclure et al., 2003).

The ability of diversion programs to reduce recidivism is the most prominent argument in support of extrajudicial measures (Wilson & Hoge, 2012), rather than punishing youth through incarceration. A fundamental purpose of diversion is to divert youth offenders away from the justice system and reduce further judicial processing with a focus towards alternative programs and rehabilitation (Ricciardelli et al., 2017). Although the YCJA is an overarching federal legislation, the successful application of diversion mechanisms is dependent on provincial governments because each province has jurisdiction over the administration of youth justice.

Provincial discretion contributes significantly to the inconsistent application and implementation of the YCJA because of the variance in interpreting policy and because each province has their own budgetary constraints.

The goal of this paper is to examine the mental health needs of youth offenders and the necessity for the youth justice system to shift towards utilizing trauma-informed diversion in the approach to managing youth in conflict with the law. In order to achieve this, a brief historical overview of one feature of extrajudicial measures, diversion mechanisms, will be discussed. The paper will examine the challenges of the current program and provide recommendations for a program that meets the mental health needs of youth offenders.

History of Youth Diversion in Canada

Historically, the punishments for youth who committed crimes consisted of interventions to reform the criminal behaviour into prosocial behaviour (Maclure et al., 2003). Between 1908 and 1984, the Juvenile Delinquents Act (JDA) was the legislation responsible for upholding the punishment and rehabilitation of youth who committed crimes. During this period, the causes of youth crime were viewed as a result of socioeconomic factors, cultural factors, and a lack of maturity. As a response to youth crime, the police were solely responsible for exercising discretion when deciding whether or not to refer youth informally to a diversion program or formally charge the youth with an offence. The JDA did not have a formal diversion provision stipulated within the act; however, alternative community-based dispositions were informally implemented by the police when deemed appropriate.

After the enactment of the *Canadian Charter of Rights and Freedoms* in 1982, the JDA was perceived as infringing upon the rights of youth offenders, and subsequently, the federal government introduced new legislation, the Young Offenders Act (YOA; Maclure et al., 2003).

To rectify the infringements of rights of youth offenders, the YOA (1984-2003) emphasized due process, accountability, public protection, and the rehabilitation of youth aged 12-17 years who committed minor offences. Under the YOA, alternative measures became a key principle and an important feature of the youth justice system. The purpose of diversion programs and alternative measures for youth in conflict with the law was to augment a community-based approach to interventions, which was also considered a more cost-effective alternative to incarceration. The intent of diversion was to reduce recidivism and the stigmatization of youth offenders and decrease the backlogging of youth courts.

The YOA provided a monumental legal framework for diversion in Canada because it legislated the use of diversion mechanisms to be considered when appropriate, rather than formal judicial proceedings. However, diversion programs were not mandatory for judicial officials to implement (Hillian et al., 2004). Additionally, the implementation and interpretation of the legislation was inexplicit and not feasible in more rural and remote geographical areas (Maclure et al., 2003). This has caused inconsistencies across Canada because each province and territory are responsible for the administration of youth justice in their respective regions. Although alternative measures were stipulated within legislation to be considered it became evident this was not enough to divert youth away from the justice system (Ricciardelli et al., 2017).

Canada had one of the highest youth incarceration rates in Western countries, and as a result, the YJCA was enacted in 2003 to counteract these high rates (Ricciardelli et al., 2017). The YCJA contains a Declaration of Principle that applies throughout the Act, which is a fundamental difference with the enactment of the YCJA compared to the YOA. The Declaration of Principle stipulates that the protection of the public should be the key aspect while managing youth offenders (Government of Canada, 2019). The objective in the implementation of the

YCJA is to divert youth away from the justice system by utilizing extrajudicial measures as opposed to formal judicial proceedings. In deciding whether to charge a youth, the YCJA requires and authorizes police officers and crown to consider the use of various types of extrajudicial measures, including, taking no further action, warnings, police cautions, crown cautions, and referrals (Department of Justice, 2021). The referrals can be to a wide range of community resources, including programming and counselling, to help youth not commit further crime.

The principle and objective of the YCJA was similar to the YOA; however, there were crucial differences between the legislation. For example, the YCJA mandated the use of extrajudicial measures when managing youth in conflict with the law, whereas the YOA legislation only considered diversion. Another significant difference is the Declaration of Principle in the YCJA affirmed the importance of the family in extrajudicial measures with youth in conflict with the law. In section 3(c)(iii), it states that measures taken against young persons who commit offences should “be meaningful for the individual young person given his or her needs and level of development and, where appropriate, involve the parents, the extended family, the community, social, or other agencies in the young person’s rehabilitation and reintegration” (Government of Canada, 2019, p.5). The implementation of the YCJA intended for communities and families to work in partnership with others for crime prevention, address underlying causes of crime, achieve meaningful consequences, and reintegrate the youth back into the community with resources and services.

YCJA Results

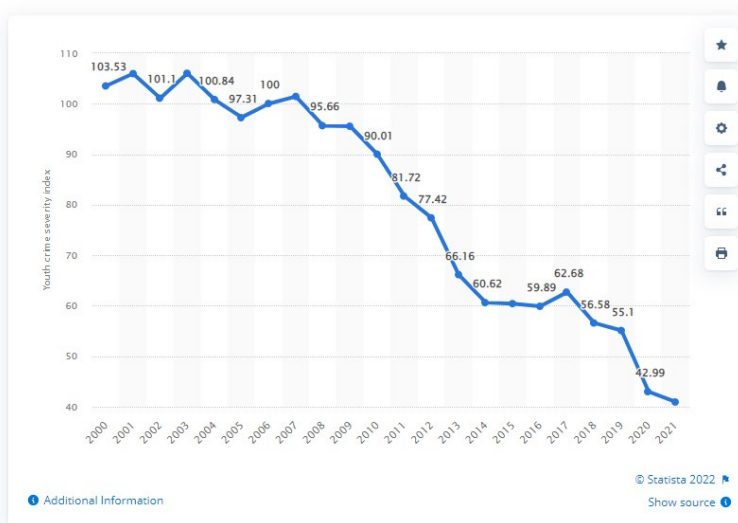
Under the YOA in 1999, 63 percent of youths accused of a crime were charged and 37 percent were not charged (Department of Justice Canada, 2021). Under the YCJA in 2010, 42

percent of youths accused of a crime were charged and 58 percent were not charged. In addition, there has been a significant reduction in the use of the court under the YCJA. Youth court cases declined by 26 percent between 2002 and 2010, custody sentences dropped by 64 percent between 2002 and 2010, the percentage of guilty cases resulting in custody sentences also dropped from 27 percent in 2002 to 15 percent in 2009. In 2000, the youth crime severity index in Canada was 103.53 whereas in 2021, the youth crime severity index significantly decreased and was 40.96 (see Figure 1), which accounted for both the volume and the seriousness of crime.

Figure 1

Youth Crime Severity Index in Canada from 2000-2021 (reproduced from Statista Research Department, 2022)

Youth crime severity index in Canada from 2000 to 2021



In 2021, there were 53,688 youth accused of a Criminal Code offence, nearly 1,000 fewer than the previous year (Moreau, 2022). The youth crime rate dropped 3% in 2021. The rate of youth accused of violent crime increased 6% in 2021, while the rate of youth accused in other major categories of crime all decreased. While the youth crime rate increased, the Violent Crime

Severity Index (CSI) decreased 4%, meaning that the relative severity of violent crime decreased, despite the volume of violent crime going up. Between 2011 and 2021, the rate of youth accused of crime fell 60% and the Youth CSI fell 50%. The results demonstrate that the YCJA was keeping with the Act's objectives in that the charging of youth had decreased significantly and police diversion had increased with the use of extrajudicial measures.

Furthermore, under the YOA, pre-trial detention was being over-used and a large numbers of youth who were charged with relatively minor offences were being detained (Department of Justice Canada, 2021). The most common offence leading to detention was breach of a bail condition and was considered to be used as a way to tend to a youth's social needs. With the enactment of the YCJA, provisions were not made related to pre-trial detention and there was an increase in pre-trial detention of youth. In 2009, the average daily number of youths in remand was 15 percent higher than in 2002-3 and six of the 10 provinces had a higher number of youths in remand in 2008-09 than in 2003-04. In addition, under the YOA, when a youth were released from custody, there was no period of community supervision, which resulted in a lack of support during the transition back to the community. With the enactment of the YCJA, provisions to the YOA were made and community supervision was included as a mechanism to support youth released from custody.

However, if the application and implementation of youth diversion programs are in accordance with the YCJA principles, then youth who are considered a low-risk to reoffend or commit minor offences should be diverted away from the justice system. Nonetheless, Allen (2018) indicated that this is not the case for all youth who commit minor offences. According to the police-reported crime statistics in Canada in 2017, 43% of youth accused of committing a crime were formally charged by police, and 50% of those youth formally charged were accused

of a serious or violent offence (Allen, 2018). The statistics suggest the use of alternative measures could be applied more frequently to divert even more youth away from the justice system because only 50% of youth offenders formally charged committed a serious or violent offence.

It is difficult to ascertain from the statistics the reason for why diversion and alternative measures were not applied to some of the youths who committed minor offences as mandated by the YCJA. Some remaining questions are whether the youths were formally charged because they committed subsequent offences, or because there were provincial or territorial budgetary constraints and programs and services were not available for youths in certain regions, or because there are other explanations as to why half of the youth who committed a minor offence were formally charged. This results in a significant gap in the application of diversionary services that is inequitable and unfair to youths within Canada (Allen, 2018).

Youth offenders do not all have the same access to diversion programs, and therefore, this results in some youths receiving treatment through programs and services whereas other youths do not have the same options resulting in incarceration (Ricciardelli et al., 2017). This varying application of diversion programs can be a result of geographical constraints or location. For example, in some districts diversion programs only focus on pre-charge programs, other areas focus on post-charge diversion programs, and some areas focus on both pre-charge and post-charge diversion programs (Wilson & Hoge, 2012). Additionally, some youths may not have access to any services and programs whereas other youths are experiencing an increase in supervision and referrals when unnecessary (Hillian et al., 2004). The inconsistent application of diversion programs leads to net widening, and more youth may encounter the justice system when they are considered a low risk to reoffend or commit minor offences. As a result, this has

caused significant differences in how the YCJA is applied and implemented regionally and it is not necessarily based on the needs and risks of youth as intended.

In more remote and rural areas of the provinces and territories there is a vast difference in how YCJA provisions have been applied due to limited resources and the utilization of diversion methods cannot be used when they do not formally exist (Ricciardelli et al., 2017). It is difficult for the police to maintain relationships with community organizations in more remote and rural areas to make appropriate referrals and for diversion to be applied based on the distance between geographical regions. This could potentially influence the police to formally charge the youth rather than make a referral to a program that does not exist or is geographically constraining even when the youth meet the criteria for diversion.

Research Problem

Zeola et al. (2016) found that untreated youth become a higher risk to reoffend once released from custody, specifically if their mental health symptoms contributed to antisocial behaviours. The study examined mental health referral rates in conjunction with recidivism rates and found that there was a higher rate of recidivism for youth that did not receive a mental health referral. Overall, the study signifies that it is crucial for youth in custody to be examined for mental health problems, especially if the mental health issues contributed to criminality. The purpose of this paper is to highlight the importance of addressing the mental health issues of youth because untreated youth will ultimately be released into the community with their mental health circumstances remaining unchanged, if not exacerbated, as a result of incarceration.

There are several mental health issues youth offenders are suffering from, including trauma histories. According to Blanch and Stern (2011), "Trauma is the lifetime experience among people who use public mental health, substance abuse and social services as well as

people who are justice-involved or homeless” (p. 10). It is important to define trauma and explore the diversity of trauma experiences to develop suitable interventions. Trauma can result from a single event or from a series of events or circumstances that are out of the person’s control and overwhelm their capacity to cope, damaging their sense of safety and ability to regulate emotions (Blanch and Stern, 2011; Coventry, 2021). The trauma of being abused or neglected, living in poverty, being exposed to violence or being chronically under threat of violence, creates deficits in a child’s cognitive and problem-solving abilities, which leads to difficulties coping with stress and regulating emotions into adulthood (Blanch & Stern, 2011). Having persistent problems coping with stress and regulating emotions then leads to mental health issues, such as depression, anger, anxiety, suicide and self-injury, as well as substance use in adulthood.

Everyone responds to trauma in their own way based on their health and mental health, access to support, and how they perceived the traumatic experience. One person may respond to trauma with short-lived symptoms and mild distress, while another may develop a long-lasting, diagnosable disorder, known as Post-Traumatic Stress Disorder (PTSD). The Adverse Childhood Experiences (ACE) study in 1998 determined that potentially traumatic events experiences in childhood contributes to increased physical and behavioural health problems in adulthood (Zarnello, 2018). Child abuse (physical, emotional, sexual) and neglect (physical and emotional) are linked to the following mental disorders, including personality disorders, substance use disorders, mood disorders, anxiety disorders, post-traumatic stress disorder, eating disorders, dissociative disorders, and disruptive behavioural disorders.

The correlation between higher ACE scores and mental illness continues to be supported (Zarnello, 2018). Blanch and Stern (2011) found that 75-93% of youth in juvenile justice systems

were exposed to trauma prior to incarceration. Furthermore, 50-79% of men who experienced maltreatment before the age of twelve experienced serious involvement with the justice system and 80% of women in prison experienced sexual and physical abuse. For male offenders, the trauma most commonly reported is witnessing someone being killed or seriously injured, followed by sexual assault. Male offenders tend to have externalizing responses to trauma such as violence, substance use, and criminal activity. Offenders with cognitive disorders (i.e., traumatic brain injury) and developmental disabilities (i.e., Fetal Alcohol Spectrum Disorder and Autism Spectrum Disorder), are at a higher risk for victimization both in correctional and general populations.

Trauma, physical health issues, mental health issues, behavioural health issues, and substance use must be considered as interconnected experiences, especially within the correctional context and working with youth offenders (Bates-Maves & O'Sullivan, 2017). As evident by research, trauma contributes to a number of criminogenic risk factors, including but not limited to, substance use (self-medicating to cope with distressing emotions), antisocial behaviours (i.e., hostility, impulsivity, aggression), antisocial attitudes (distrust of authority, lack of empathy), and low-engagement. A history of trauma not only contributes to being a risk factor for criminal behaviour, but the lasting effects of trauma are dynamic, and therefore, responsive to interventions. This suggests that correctional interventions are more likely to be effective when provided in tandem with a trauma informed approach.

Considering that the dimensions of trauma go beyond childhood abuse and witnessing family violence, it is clear that significant proportion of the offender population live with the effects of trauma (Bates-Maves & O'Sullivan, 2017). Applying a trauma-informed approach in conjunction with providing earlier access to mental health interventions for youth offenders

would assist offenders manage the effects of trauma, prevent re-traumatization, and minimize triggers for trauma reactions. Furthermore, it is important to consider the intersectionality of offenders, including cultural groups, offenders with cognitive disorders or developmental disabilities, and offenders belonging to the LGBTQ2+ community, because it can increase their exposure to traumatic experiences as well as their risk for developing long-lasting effects as a result of discrimination, violence, and prejudice.

Being aware of the effects of trauma with youth offenders and integrating this knowledge into interventions supports the priority to provide effective and timely interventions to address mental health needs of offenders (Bates-Maves & O'Sullivan, 2017). Counselling interventions can target the way in which youth offenders feel, including lack of hope (suicide, self-injury), withdrawing, and isolating (shutting down), institutional adjustment issues (substance use), hypervigilance and exaggerated startle response, and intense agitation, anger, and/or aggression. It is clear that the long-term effects of trauma can create numerous challenges for youth offenders incarcerated in institutions and out in the community. It is also important to know that the effects of trauma may occur immediately after a traumatic event or some time later (Blanch & Stern, 2011). When the effects of trauma are delayed or if the trauma happened a long time ago, the person may not connect the problems they are experiencing with past trauma. As such, correctional staff cannot depend solely on individuals identifying trauma-related effects and requesting mental health help. Instead, it is beneficial to apply the knowledge about trauma to work with all offenders.

There are several risk factors for youth offenders, including, lack of social support, substance use, cognitive difficulties, poor or unhealthy coping and social skills, previous exposure to trauma or history of adverse childhood experiences, and a history of trauma (Blanch

& Stern, 2011). In addition, youth offenders of colour experience a disproportionate experience of criminal justice contact, which perpetuates psychological trauma (Crosby, 2016). An individual's reaction to living in toxic stress associated with living in unpredictable environments, can lead to neurological, hormonal, endocrine and immune system changes that underlie the development of behavioural conditions. Behavioural problems of youth offenders are often seen as irrational, self-destructive behaviors rather than coping responses to stress and trauma. However, there are protective factors that could assist youth offenders, such as supportive social environment, stable family relationships, access to health care and social services, effective problem-solving and coping strategies, spirituality, connecting with support groups, peer group, or therapy group, and seeking assistance from other professionals.

The effects of trauma disrupt a person's life and ability to function, can occur immediately or have a delayed onset, can be short or long duration, and without intervention and care, the effects of trauma are likely prolonged (Blanch & Stern, 2011). There are several signs of distress, which include restlessness, agitation, pacing, rapid breathing, sweating, clenched teeth, crying, rocking, wringing hands, withdrawal, prolonged eye contact, threatening harm, and aggression. Providing youth offenders with counselling as an intervention can help with stabilization, including grounding, self-soothing, self-care, and focusing on strengths (citation).

A trauma informed response requires understanding that new or unfamiliar situations can create anxiety for people who live with the effects of trauma (Blanch & Stern, 2011). It is important to encourage coping skills that will help with stabilization so supporting the person to manage stressors and regulate emotions by facilitating access to mental health professionals, such as counsellors, is vital. Considering trauma makes a person feel that they have lost control,

they feel unsafe and unheard, striving for a person-centred approach that is collaborative and trauma-informed will likely be met with cooperation and engagement from youth offenders.

The goal of this paper is to examine the mental health needs of youth offenders and the necessity for the youth justice system to shift towards utilizing trauma-informed diversion in the approach to managing youth in conflict with the law. Furthermore, the YCJA was implemented two decades ago. Over the past 20 years, there is a need to implement policies that are founded on trauma informed approaches. In order to achieve this, a brief historical overview of one feature of extrajudicial measures, diversion mechanisms, will be discussed. The paper will examine the challenges of the current program and provide recommendations for a program that meets the mental health needs of youth offenders.

This paper reviews the research on trauma informed interventions for youth, in particular those recently released from custody. In addition, this paper will then evaluate a range of possible interventions. In chapter 3, Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Somatic Experiencing will be examined as the psychotherapeutic modality in counselling youth who are suffering from trauma symptoms. To conclude, combining two therapeutic modalities, Somatic Experiencing and TF-CBT, as a recommended treatment intervention for youth with a trauma background will be explored as a recommended intervention for youth offenders.

Reflexivity and Positionality Statement

As the author of this paper, it is important to acknowledge positionality and reflexivity to bring awareness to the assumptions in this research topic and to highlight strategies to address them. It is important to evaluate the possible factors, including belief, values, biases, attitudes, and previous experiences, that may have contributed to the recommendations made within this

paper. My role as a Parole Officer working for the *Correctional Service of Canada*, and my 17 years of experience working within the criminal justice system has shaped this research paradigm. Anecdotally, adverse childhood experiences, including abuse and family dysfunction, is the root cause of federal offenders manifesting their trauma and pain through criminal behaviour. If we as society could rewind back to the offender's youth and childhood and provide them counselling and other mental health services, could this change the trajectory of this person's life? And I wholeheartedly argue, yes without doubt because adult offenders have unaddressed trauma from their childhood.

Furthermore, it is crucial to identify how age and generational influences, developmental or other disability, religion and spirituality, ethnic and racial identity, socioeconomic status, sexual orientation, Indigenous heritage, national origin, and gender can affect research topics, findings, and recommendations. It must be recognized and acknowledged that I am a 43-year-old Caucasian female, single mother, born and raised in British Columbia, Canada. By continuing to intentionally focus on my cultural contexts, cultural identities, and social locations, it will enable me to gain more self awareness in the privilege that I hold and how this can affect my research and how this persuades the interplay of recommended interventions, which is a key component in reflexivity.

Definition of Terms

To facilitate the understanding of this paper, different terms are defined herein.

Extrajudicial Measures. This term refers to measures that do not involve going through the court process, such as warnings, caution and release, and referrals to community-based programs, such as counselling (Wilson & Hoge, 2012).

Trauma. The *Diagnostic Statistical Manual- 5th Edition (DSM-5)* defines trauma as, “exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (1) directly experiencing the traumatic event(s); (2) witnessing, in person, the event(s) as it occurred to others; (3) learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; and (4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s)” (American Psychiatric Association; APA, 2013, p. 308).

Trauma-Informed. This is defined as taking into consideration and understanding the effects of trauma and recognizing the signs and symptoms of trauma to avoid re-traumatization. (Vaswani and Paul, 2019).

Trauma-Informed Approach. The ability for professionals to recognize the complexities of individual trauma responses and how it affects each person (Randall & Haskell, 2013).

Youth Criminal Justice Act. This is the law that governs Canada's youth justice system and came into effect in 2003 (Government of Canada, 2021).

Youth Offender. In this paper, this term refers to youth who are at least 12 but under 18 years old, who are alleged to have committed criminal offences (Government of Canada, 2021).

Chapter 2: Literature Review

After a review of the literature, it is clear there has been an ongoing concern over the type of diversion programs and practices that have been mandated by the YCJA (Hillian et al., 2004; Ricciardelli et al., 2017; Wilson & Hoge, 2012). Though early intervention and diversion programs have a positive influence on youth in conflict with the law, access and opportunity to services is not applied to all youth who come into contact with the justice system. There are inter-jurisdictional differences within Canada in the application and implementation of diversion programs because each provincial and territorial government has authority to interpret and apply the YCJA as they deem necessary, as stipulated in legislation (Ricciardelli et al., 2017).

The implementation of resources and programs to support YJCA's principles may not be enforced because of provincial budget restraints (Ricciardelli et al., 2017), and leads to issues with procedural and jurisdictional application of diversion programs. Community-based programs may have inadequate resources and funding to carry out an influx of diversion programs, and therefore, those who have been diverted have trouble finding adequate resources (Wilson & Hoge, 2012). Budgetary constraints and limited community resources has resulted in the inconsistencies with the application and implementation of YCJA alternative measures provisions. However, it is more cost-effective to implement programs and interventions in the community than it is to incarcerate youth offenders. The bureaucratic functioning of the youth justice system needs to eliminate the arbitrariness of diversion programs because not only is it unfair and inequitable, but this imbalanced application of the law does not meet the YCJA mandate. If the federal legislation will not be equally applied to all youth, the YCJA mandate lacks meaning. It is counterintuitive to not provide diversion programs, such as conferencing

services, to youth who are considered a low-risk to reoffend because they could benefit from some of the outcomes, such as treatment services, housing, educational support, and counselling.

Diversion Programs

Diversion programs are founded on the premise that there is the potential in reducing the likelihood that youth offenders will be placed in institutions and diversion costs are more cost effective (Whittington et al., 2015). Thus, there is the requirement that when youth first come into contact with the criminal justice system, a decision needs to be made immediately on whether the youth will be diverted to programs and services, such as mental health, emotional support, and counselling services, to reduce their likelihood of reoffending in the future. The police have become the “gatekeepers” of the youth justice system because they are the first members of the justice system to have contact with youths in the conflict with the law and have the ability to decide whether to divert youths away from the justice system (Ricciardelli et al., 2017). A wide variety of diversion programs exist, commonly catering to first-time, low-level youth, who admit responsibility for their behaviors and attempt to rectify their actions (Schwalbe et al., 2012). These programs may occur in various forms, such as individual or family counseling, cognitive-behavioral therapy, community service, juvenile drug court, and teen court.

The broad scope for discretionary decision-making cascades onto the police because they have the capability to apply alternatives measures for youths rather than formally charge them with an offence. Some options the police have for diverting youths include cautioning and releasing youths, making the decision to not formally charge the youth with a criminal offence, and referring youths to alternative community-based programs. If the police decide to formally charge a youth with a criminal offence, the courts and the Crown prosecutors also have an

opportunity to use discretion to divert youth away from the formal judicial process by cautioning and releasing the youth or referring them to an intervention program in the community (Wilson & Hoge, 2012).

The aim of the community-based programs is to mitigate risk factors and reduce antisocial behaviours that typically result in the youth being arrested, detained, and involved in the court system (Ryon et al., 2017). Community-based interventions facilitate the treatment of youth in conflict with the law while targeting specific individual risk factors, such as family dynamics, peer associations, and education. Community-based programs that integrated group therapy and family involvement were an effective alternative to incarceration. Following the completion of programs, youth had lower rates of recidivism and less subsequent involvement in the justice system. Additionally, Wilson and Hoge (2012) suggested there is an increase in recidivism rates the further youth are involved in the justice system. This suggests that pre-charge diversion programs are the most effective extrajudicial measure to prevent youth from further involvement in the justice system. Diverting youth away from the justice system by finding effective alternatives to incarceration is of the utmost importance when managing youth offenders (Ryon et al., 2017).

Magidson and Kidd (2021) found that solutions to rehabilitating youth offenders' rehabilitation should be aimed at strengthening youth attachment and emotional connection to parental figures. Diversion staff and programming should be mindful of a "one-size-fits-all" approach to juvenile diversion programming. For example, the needs of single-parent households, particularly those with an absent fatherly figure for youth, are unique and specialized treatment programs and classes should reflect the needs of single-parent households.

In addition, diversion programs should also consider trauma informed approaches when working with youth offenders.

Wilson and Hoge (2012) found that youth who were processed further into the justice system had self-reported significantly more involvement in committing serious offences. The focus of administering youth justice in Canada has been reinforced using diversion for youth who commit minor offences, and therefore, has had relatively limited effect on youth offenders who commit serious and violent offences. However, there are non-judicial options that can also include medium-risk to high-risk youth offenders when deciding to formally process the youth, such as conferencing (Hillian et al., 2004).

Case Management Conferencing

Under the YCJA, a conference can be exercised as a screening process for judicial officials when deciding if it is necessary to formally process the youth. However, conferences are not a mandatory process unless ordered by the judge (Hillian et al., 2004). The use of conferencing as a diversion option can be utilized for both youth who have been judicially processed and for youth who have not been judicially processed. A conference can include a youth court judge, a police officer, a Crown prosecutor, or a justice of the peace. A possible outcome of a conference is a referral to diversion programs, such as family group restorative conferences, community accountability programs, youth justice committees, victim offender mediation, Indigenous sentencing circles, and/or multi-disciplinary case management conferences.

One specific type of conferencing diversion is the multi-disciplinary case management conference. The purpose of this program is for multiple disciplines to work with the youth to develop a viable and integrated plan to reduce antisocial behaviours (Hillian et al., 2004). The

different agencies involved with the youth can include social workers, teachers, mental health professionals, community-based services, and parents or guardians. Additionally, this multi-disciplinary approach to youth justice assists the youth with housing, supervision, treatment resources, and family support when the youth is released from custody. Conferencing is a move in the right direction towards meeting the principles and objectives of the YCJA in managing youth offenders.

Treatment Diversion

The presence and diagnosis of psychiatric disorders has become a caveat to whether youth will become involved in the youth justice system, and it is important to realize that the youth justice system is often the first contact with mental health care that youths in conflict with the law have experienced. Zeola et al. (2016) found the prevalence of psychiatric disorders in youth justice populations may be as high as 80%, whereas Gretton et al. (2011) found that 91.9% of male offenders and 100% of female offenders met the criteria for at least one mental disorder. Additionally, 75% of youths who were charged with a violent offence met the criteria for at least one mental disorder and the majority of these youths met the criteria for more than one disorder. Further, the youth had a high prevalence of substance abuse disorder that was comorbid with other dependence disorders and youth offenders had high rates of violence and conduct disorder symptoms.

Zeola et al. (2016) found the recidivism rate was significantly lower and the time in between offences was significantly longer for youth who received mental health interventions compared to youth who did not receive interventions. This evidence suggests that treating the underlying mental health problems reduces the risk for recidivism for youth offenders. However, Zeola et al. (2016) found up to 69% of youths who met the criteria for psychiatric disorders were

not referred to mental health interventions, though the statistics do not indicate whether the youths who did not receive treatment were low, medium, or a high-risk to reoffend. A further examination is required to explain why many youths are not receiving mental health interventions once incarcerated. Hence, it is imperative for the police, Crown prosecutors, judge, and other justice system personnel to recognize the symptoms of psychiatric disorders to make appropriate mental health referrals imminently and divert youth away from the justice system. This would alleviate the exacerbation of symptoms for youth and decriminalize mental illness because some symptoms of mental disorders are manifested through antisocial behaviours.

Diagnosing and treating psychiatric disorders while addressing the psychological needs of youth offenders reduces the interruption in school, reduces recidivism, and diverts youth away from justice system (Zeola et al., 2016). Determining if underlying mental disorders are the cause of criminal behaviour is important because if the symptomology can be treated through treatment diversion, then it could increase the likelihood of reducing future criminal behaviour. However, it is also important to ensure that mental health screening measures determine the underlying psychosocial factors that are present for each youth. This would enable mental health professionals to make suitable referrals that not only address psychiatric disorders, but also criminogenic factors.

Youth with underlying psychosocial problems, such as hyperactivity, impulsivity, aggression (Zeola et al., 2016), learning, intellectual, emotional, behavioural disabilities, and unresolved trauma, have the potential for an increase in contact with the justice system because these factors can be exhibited through antisocial behaviours (Ryon et al., 2017). Other psychosocial factors that could influence youth behaviour are family adversity, parental criminality, poor parenting skills, poor coping skill, abuse, neglect, and low socioeconomic

status (Zeola et al., 2016). Although it is essential that treatment programs address both the psychiatric disorders and the dynamic criminogenic risks for youths, it must not cause further trauma (Ryon et al., 2016).

Crisis Intervention Teams

Within the last decade, there has been a shift in the use of treatment within diversion programs and the use of treatment as an option for extrajudicial measures within the community for youth offenders (Wilson & Hoge, 2012). The development of Crisis Interventions Teams (CITs) demonstrates the paradigm shift in the application of treatment diversion within the community. The purpose of CITs is to address mental health issues and ensure youth offenders receive a mental health assessment and treatment services that are essential in reducing recidivism. CITs are ultimately the most effective diversionary approach because it bridges the gap between the youth justice system, education system, and the mental health system to collaboratively develop an individualized plan that will meet the needs of each youth. This comprehensive approach is more cost-effective than incarceration and involves the community in the prevention of crime while ensuring youth receive tailored interventions and treatment, which will act like a shield for deeper justice system involvement. Though they aren't in all communities, are they?

Trauma Informed Approaches

The movement to create trauma-informed youth justice systems has progressed due to the emerging research on the effects traumatic experiences have on youth offenders (Dierkhising & Branson, 2016). Given the importance of child and adolescent development, recognizing the complexities of individual trauma responses and how it affects the development of youth is the essence of a trauma-informed approach (Randall & Haskell, 2013). The *Diagnostic Statistical*

Manual- 5th Edition (DSM-5) defines trauma as, “exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (1) directly experiencing the traumatic event(s); (2) witnessing, in person, the event(s) as it occurred to others; (3) learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; and (4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s)” (American Psychiatric Association; APA, 2013, p. 308). The most common major types of traumatic events include child abuse (i.e., sexual abuse), mass interpersonal violence (i.e., terrorist attacks), natural disasters (hurricanes), large -scale transportation accidents (i.e., airplane crash), fires and burns, motor vehicle accidents, rape and sexual assault, torture, and sex trafficking, and war (Briere & Scott, 2015).

Exposure to traumatic event(s) can cause children and adolescents to develop various symptoms and maladaptive behaviours, such as running away from home, consuming substances, disassociation, indiscriminate sexual behaviour, and attachment issues (Briere & Scott, 2015). Child and adolescent trauma exposure can produce trauma-related symptoms causing significant impairment, including posttraumatic stress, depression, anxiety, and emotional dysregulation (Dorsey et al., 2017). Although not all children exposed to trauma have symptoms of distress, the literature identifies that mental health consequences can occur. Following exposure to a traumatic event, youth may develop Posttraumatic SPTSD, which according to the *DSM-5*, includes intrusive thoughts of the traumatic event, avoidance of stimuli associated with the trauma, significant changes in physiological arousal and reactivity, and maladaptive changes in cognitions (APA, 2013). PTSD is classified into three symptom groups, which are involuntary and stressful memories of the trauma, avoidance of the trauma associated

stimuli, and persistent physiological hyperarousal. These symptoms can cause chronic stress and constant somatic and emotional dysfunction of the nervous system.

Furthermore, youth may suffer from complex trauma, defined as multiple or chronic interpersonal trauma, which contributes to widespread dysregulation of the nervous system (Briere & Scott, 2015). Trauma may begin as acute stress from a perceived-life threat or can be a result of cumulative stress, which may impair a person's ability to function (Levine et al., 2018). Trauma may affect all parts of the body, including emotional regulation, skeletal and muscular, autoimmune, and emotions. Bessel van der Kolk (2014) explored the ways in which trauma affects the mind and the body, and how trauma changes the brain structure. He explained how "the body keeps the score," referring to how unresolved trauma finds a way to manifest in the body and that even long after a traumatic experience is over the brain circuits can reactivate at any time the body senses danger (p. 2). There are physiological changes that occur in the body as a result of an increase in stress, which releases a substantial amount of cortisol and adrenaline. The amygdala reacts with an internal alarm, affecting the autonomic nervous system and causing negative emotions. Furthermore, an increase in stress can have health consequences because the activation of stress hormones increases blood pressure, heart rate, and oxygen intake to prepare the body for fight or flight.

Considering the effects trauma has on the body, it is imperative that professionals working with youth offenders adopt a trauma-informed framework. Those engaging and responding to youth with any history of trauma should apply a trauma-informed approach (Olaghere et al., 2021). This involves the necessity of supporting all staff who are involved with the youth offenders to recognize and minimize the negative affects of trauma-related experiences (Vaswani and Paul, 2019). This involves professionals being trauma-informed, trauma-skilled,

trauma-enhanced, and trauma-specialists. Trauma informed is the baseline knowledge and skills required by all people working with clients whereas trauma-skilled is having the knowledge and skills who have direct contact with individuals may be affected by traumatic events. Trauma-enhanced is when professionals have the knowledge and skills who have more regular and intense contact with individuals who are known to be affected by traumatic events and provide supports and interventions. Trauma-specialists are those professionals who directly provide psychological interventions and/or therapies to individuals affected by traumatic events.

Consequently, youth who suffer from trauma symptoms may require treatment with interventions to effectively control their impulses and emotions. The efficacy of psychosocial treatments for youths with mental health symptoms related to trauma exposure is critical in reducing symptoms (Lewey et al., 2018). The need for a trauma-informed approach to youth justice while simultaneously providing effective diversion programs aimed at treating mental health problems and not causing further trauma to the youth is crucial. Screening for trauma-related events should take place for youth who come into contact with the youth justice system (Dierkhising & Branson, 2016). Ideally, this should occur before youth have conflict with the law, but at minimum, once youth come into contact with the justice system this screening should occur instantly. Olaghere et al. (2021) found that trauma treatment was statistically significant in reducing problem behaviour in youth involved in the criminal justice system and those who have histories of trauma. This would be beneficial because if specific behaviours can be considered as trauma-related responses as opposed to criminogenic factors, then community-based trauma-informed interventions could be utilized when diverting youths away from the justice system, including counselling (Dierkhising & Branson, 2016).

Trauma Informed Interventions for Youth

This next section of this paper evaluates trauma-focused cognitive behavioural therapy (TF-CBT) and somatic experiencing, as the psychotherapeutic modalities in counselling those who are suffering from trauma symptoms. Furthermore, this paper will provide an evaluation of the literature and identify the contradictions, gaps, and inconsistencies in the research.

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

The literature indicates that trauma-focused cognitive behavioural therapy (TF-CBT) is the recommended treatment approach when working with youth suffering from trauma symptoms (Allen et al., 2021; Lewey et al., 2018; Mavranezouli et al., 2020). TF-CBT integrates principles from cognitive, behavioral, interpersonal, and family systems therapy (Peter et al., 2021). Peter et al. (2021) found that trauma-focused cognitive-behavioural therapy is feasible, acceptable, and potentially clinically effective for youth, aged 15–25, who have been exposed to interpersonal trauma, including physical or sexual abuse and neglect. Exposure to developmentally adverse interpersonal traumatic stressors peaks during late adolescence and young adulthood. The study found that there was a statistically significant reduction in PTSD, anxiety, depressive symptoms, and self-harming behaviors.

In 1996, Cohen, Mannarino, and Deblinger developed TF-CBT as a 12-session psychotherapy approach to treating youth suffering from symptoms of trauma (Lewey et al., 2018). TF-CBT has been effective in treating youth suffering from PTSD, anxiety, depression, and feelings of distrust and shame as a result of traumatic life events. The TF-CBT approach is beneficial because it utilizes a variety of cognitive, behavioural, and physiological techniques to help youth learn how to regulate their emotions (Mavranezouli et al., 2020). The TF-CBT approach provides clients with psychoeducation about the affects of trauma and interventions,

emotion regulation strategies and coping exercises, trauma exposure, cognitive processing, problem solving, and *in vivo* exposure exercises meant to desensitize the youth to memories and physical stimuli associated with the trauma (Lewey et al., 2018).

A key component of TF-CBT is the inclusion of exposure techniques to the youth's traumatic experiences, which is critical in directly extinguishing the avoidance of feared stimuli (Mavranouzouli et al., 2020). In one study, the authors found that TF-CBT was the most cost-effective therapeutic modality for youth diagnosed with PTSD and reduced symptoms in clients three months after treatment commenced. In addition, those who reported post-traumatic stress symptoms, but did not meet criteria for a PTSD diagnosis, showed significantly greater reductions in post-traumatic stress symptoms following treatment (Lewey et al., 2018).

Furthermore, an element of TF-CBT focuses on how the entire family system views the traumatic event. The therapeutic approach focuses on enhancing family communication, parenting skills, and how to generate safety within the family system because it is important for family members to have awareness of their own emotional responses to the traumatic event (Lewey et al., 2018). In addition, TF-CBT integrates cognitive and behavioural skills building, provides homework assignments between sessions, contains narrative exposure, and incorporates play and artistic therapy (i.e., drawing a comic book). This can assist the youth suffering from trauma with emotional regulation by utilizing a variety of techniques to meet the clients where they are in their healing journey.

Neelakantan et al. (2019) found that youth were generally positive about the experience of TF-CBT after completing a course of treatment, which was correlated with the therapist's expertise, respect for confidentiality, and sensitivity in the implementation of trauma-focused exposure. The experiences of youth and caregivers with TF-CBT highlight that treatment

components with a focus on trauma memory are beneficial for recovery and acceptable to clients, if carefully implemented in conjunction with psychoeducation. In addition, Neelakantan et al. (2019) found that creative and age-appropriate narrative techniques (i.e., drawings, re-enactments), empathy and kindness, as well the importance of physical and emotional safety within the therapeutic relationship contributed to the positive therapeutic outcomes.

Moreover, Mavranouzouli et al. (2020) found that regardless of the psychotherapy modality applied in working with youth suffering from trauma symptoms, the use of psychological services and medication as an addition to the counselling was more beneficial. In exploring the literature on counselling youth with a trauma background, there was lack of research in evaluating somatic therapy as a counselling modality in treating youth suffering from trauma symptoms. A potential area of future research is evaluating how somatic therapy could blend with TF-CBT as a treatment intervention for youth who have trauma backgrounds and who are involved or at risk for being in the criminal justice system.

Somatic Experiencing

Peter Levine developed Somatic Experiencing in the 1970's for the treatment of trauma-related stress symptoms and has been effective in reducing traumatic stress, affective disorders, and somatic symptoms in adult clients (Levine et al., 2018). Somatic experiencing is a therapeutic modality that undertakes a body-oriented approach to trauma-related stress symptoms by attending to the neurobiological and physiological processes in healing trauma. Somatic experiencing focuses on interoception (conscious awareness of one's own bodily sensations from a traumatic event) and the relationship between interoception, empathy, and physiological regulation in which trauma symptoms develop from a permanent overreaction of the body's stress system (Kuhfuß et al., 2021; Levine et al., 2018).

Kuhfuß et al. (2021) found that somatic experiencing was beneficial because it changed interoceptive (visceral) and proprioceptive (musculoskeletal) sensations associated with traumatic experiences and in treating PTSD symptoms and this promotes better self-regulation and a reduction in stress. The somatic experiencing approach in therapy involves the client recognizing and reducing physical sensations stemming from stress and anxiety by changing the autonomic nervous system to discharge trauma from the body (Levine et al., 2018). Therefore, Somatic TF-CBT would be an area to explore for future research working with youth with trauma backgrounds because it would be beneficial for the counsellor to support youth in order to develop new thinking patterns and behaviours to better respond to various emotions, thoughts, and experiences as they come up.

Chapter Summary

Crime prevention means the avoidance of the onset of offending, rather than the prevention of reoffending, known as the reduction of offending (Case & Haines, 2020). Early intervention is intended to identify and work with children considered 'at risk' of offending before it starts and as such, can constitute a form of prevention. The authors argued that early intervention and prevention and diversion cannot be feasible with youth who have been identified as offender. So, rather than sit back and wait until a youth has been labelled an offender and wait and see if their trauma background will manifest in antisocial behaviours, involving other integrated childcare and support systems, such as the education system and healthcare systems to address the familial, mental health, and educational needs of the youth, would be better suited. Applying a trauma informed approach when working with all youth is a proactive tactic to living with trauma would not only better serve 'at-risk' youth, but all children.

To conclude, combining two therapeutic modalities, Somatic Experiencing and TF-CBT, as a recommended treatment intervention for youth with a trauma background will be explored.

Chapter 3: Summary of Findings, Recommendation and Conclusion

Youth who commit criminal offences has become a multi-faceted issue, specifically in developing effective strategies for crime prevention. As discussed in chapter 1, the problem that occurs is the mental health needs of youth with trauma backgrounds are not being met. It is important to understand the context in which youth offenders commit criminal behaviour, including examining adverse factors that negatively affect their psycho-social development, as this may lead to their offending behaviour. The youth criminal justice system needs to move towards applying a trauma informed approach when working with youth in conflict with the law, including additional counselling services.

Trauma-Informed Approach to Diversion

Policies and practices must not only be “trauma informed” but also “trauma responsive” (Steinberg & Lassiter, 2018). This requires delivering trauma-specific mental health treatment and interventions to youth offenders that reflect trauma responses. Additionally, it is important for mental health professionals to identify mental health issues related to trauma using trauma-informed practices that serve a range of diverse range of populations, including female and ethnic minority specific interventions (Dierkhising & Branson, 2016). Delivering interventions that avoid re-traumatizing youth is the fundamental purpose of a trauma-informed approach to youth justice (Randall & Haskell, 2013). However, youth offenders should not be kept in the justice system in order to receive trauma-informed intervention because of a lack of programs and services in the community (Dierkhising & Branson, 2016). When this occurs, it results in net widening because youth who do not necessarily meet the diversion criteria remain in the justice system to be referred to interventions and programs. This perpetuates further involvement in the criminal justice system, which is in contrast to the purpose of the YCJA.

From a policy perspective, the youth justice system needs to reform and change in its response to youth crime to ensure adequate programs and services are applied to all youth equivalently across Canada. Policies and practices to address problem behaviours with youth offenders, including aggressiveness, impulsivity, affective disorders, and PTSD symptoms, should adopt a trauma-informed approach (Olaghere et al., 2021). Although there is an increasing weight placed on diversion measures within the youth justice system, Canada still requires significant progress in the implementation and application of diversion programs for all youth offenders to eradicate geographical constraints and budgetary shortages. It is paradoxical to not implement more interventions and services in the community as a result of provincial and territorial budgetary shortfalls because it is more expensive to incarcerate youth.

The importance of performing trauma-informed practices in diversion programs cannot be overstated, as failure to address past trauma could prove detrimental for youth offenders. Trauma-informed practices cannot be a one size fits all and must take into consideration geographical limitations, resources available, the individual youth, economic considerations, and the capacity of the overall justice system. The amenable discourses that shape trauma responsive practices could be instrumental in the implementation of diversionary mechanisms that address youth trauma. This paradigm shift to a trauma-informed youth justice system will lessen the burden on the justice system and provide the most effective treatment and rehabilitation youth require. Additionally, youth will be diverted away from the justice system, and this will become a panacea to substantially reduce recidivism.

Further, the development of a trauma-informed youth justice system will require a cohesive and a multidisciplinary approach. Multidisciplinary teams must provide wrap around services for the youth using a trauma-informed approach and sharing information between

different agencies could alleviate the re-traumatization of youth and cultivate a positive relationship for youth. This culture of partnership is necessary for youth offenders to improve coping skills and ensure they are referred to appropriate programs, such as cognitive-behavioural interventions. The justice system must operate seamlessly with other systems more fluidly, such as the education system and healthcare system, to deliver therapeutic alternatives to incarceration and reduce recidivism and further justice system involvement. However, it is essential for the consistent application of diversion programs across Canada, so each youth offender has the possibility for rehabilitation and reintegration, in accordance with the YCJA objectives.

Canada needs to emulate the Substance Abuse and Mental Health Services Administration's National Center for Trauma-Informed Care (NCTIC). The NCTIC implements policies and practices that are trauma-informed and trauma-responsive when managing youth offenders (Steinberg & Lassiter, 2018). The NCTIC assume each youth in conflict with the law has had exposure to traumatizing experiences, and thus, views their emotional reactions and behaviour through a "trauma lens" (Steinberg & Lassiter, 2018). This approach would be more effective in reducing future justice system involvement by treating the symptoms of trauma as a replacement for criminalizing the youth for trauma behaviours.

As the youth criminal justice system continues to transform, so do the diversion programs to include trauma informed approaches and additional counselling. Effective counselling has the potential to reduce criminal behaviour among youth should have the focus on the family and target the known factors associated with delinquency. It would be crucial for policy makers to explore the evidence-based psychological treatment, trauma-focused cognitive behavioural therapy (TF-CBT), as the psychotherapeutic modality in working with youth offenders who suffer from trauma symptoms.

Recommendation

The somatic trauma focused cognitive behavioural therapy (Somatic TF-CBT) psychological intervention in treating youth offenders should include a multi-component approach. For the purposes of this paper, a 12–16-week intervention session plan will be developed to demonstrate how a counsellor would progress through the course of therapy with a client. The first phase of the somatic TF-CBT intervention plan is for the counsellor to complete an intake session and build the therapeutic alliance with the youth. It would be prudent for counsellors to spend the first few sessions to establish trust, rapport, and a connection with the youth client and determine appropriate boundaries.

Therapeutic Alliance

It is important for counsellors to maintain professional boundaries with clients to create a safe therapeutic environment and establish a positive relationship with the client (Amis, 2017; Cowles & Griggs, 2019). It is the responsibility of counsellors to set boundaries and outline their role in the relationship, such as session length, place the sessions will take place, boundaries, and behaviour during session (Geldard et al., 2017). It is important for the counsellor to establish consent, privacy, and provide psychoeducation to what somatic TF-CBT is and set expectations for the client. Burns (2019) found that counsellors have a responsibility to protect their clients by establishing appropriate boundaries. Furthermore, Cowles and Griggs (2019) found that positive therapeutic relationships require healthy boundaries and counsellors are bound by professional bodies and ethical guidelines to mitigate harm to clients. There is the potential for boundary violations to occur without established boundaries, which can harm the client and rupture the therapeutic alliance (Burns, 2019). When boundary violations occur, it is essential that counsellors consider the ethical issues involved because it can cause harm to clients (Burns &

Cruikshanks, 2017). Clients have a right to understand the consequences of particular boundaries outlined in the informed consent, such as maintaining a professional relationship and not establishing a personal relationship with their counsellor (Burns, 2019).

Counsellors working with youth in institutions and foster care may face additional unique ethical challenges pertaining to maintaining boundaries (Marriott, 2018). It will be important for counsellors to clarify who the client is in the instances where the youth is in foster care because often times, the agency, organization, or court, or ministry is the client. In these instances, the counsellor will need to ensure they maintain professional boundaries with the youth client and with third parties (Marriott, 2018). Therefore, it is vital that counsellors keep the informed consent contract accessible and review it with the client on an ongoing basis (Amis, 2017). For example, a potentially vulnerable client looking for counselling services needs to have the boundaries outlined for them during the intake sessions and on an ongoing basis. This will prevent an abuse of power relationship, build trust with the client, ensure ethical professional practice, and create a healthy and safe therapeutic alliance (Amis, 2017; Cowles & Griggs, 2019).

Counsellors must ensure they reduce the power imbalance in the child-counsellor relationship, such as becoming too directive, frustrated, and protective, which can cause the youth to become disempowered (Geldard et al., 2017). In contrast, counsellors must ensure the relationship remains professional but still ensure youth clients feels safe and supported. There are many possible ways in which counsellors can work on maintaining a professional relationship with their clients, which includes building rapport and establish a collaborative relationship between the counsellor and client.

Counsellors can acquire supervision and become more objective, which is necessary to remove the personal aspects from a relationship (Amis, 2017). For example, counsellors can practice journaling, socializing, and employ relaxation and mindfulness techniques (Amis, 2017). Furthermore, Burns & Cruikshanks (2017) found that over time counsellors did not refer to the code of conduct and code of standards for ethical decision-making but rather depended on self-reflection and supervision. It will be essential that counsellors continually refer to ethical codes for all ethical decisions. Establishing a strong therapeutic alliance is imperative prior to moving to the next phase of Somatic TF-CBT because trust and rapport has been established between the counsellor and client.

Somatic CBT

The next phase of the treatment is for the counsellor to go into CBT elements followed by Somatic once the youth are able to recognize their body and physiological responses. The next few sessions should emphasize Somatic CBT and focus on the client's present symptoms and current life issues and emphasize on building resources and drawing from client's strengths through active engagement. The CBT element of therapy explores the links between thoughts, emotions, and behaviour (Bohman et al., 2017). It is a directive, time-limited, structured approach. It aims to alleviate distress by helping clients to develop more adaptive cognitions and behaviours.

Furthermore, somatic therapy works from the approach of noticing and reducing physical sensations stemming from mental health issues, such as stress and anxiety physiologically, through changing the autonomic nervous system and discharging trauma. The somatic sequencing involves several questions, such as, "What do you find happening now?" to draw out awareness to current emotions, thoughts, and sensations. A follow up question could be, "What

were you feeling right before you did that?” to help the client understand their reaction and become aware of what's happening with triggering experiences and thoughts. This will help the client notice emotions, to sit with the emotions and feel the emotions. It is important for the counsellor to help the client connect their thoughts and emotions to where they feel it in their body and the sensations that are associated with the emotions. Another question is, “How do you normally act right before this happens?” and this will make the connection of the CBT process and how one affects the other.

The Somatic CBT techniques include grounding and practicing somatic experience exercises, develop self-regulation, co-create movement process, and titration and discharging trauma from the body. In these sessions, the counsellor would provide the client with setting short-term goals paired with Somatic CBT exercises as homework to work on in between sessions. Overall, the objective in these sessions is for the client to become comfortable and familiar with the process to identify and change negative automatic thoughts that lead to emotional distress in problematic situations. The clients will learn to track and explore their own bodily experiences and sensations as they arise throughout sessions.

somatic TF-CBT

The last phase of somatic TF-CBT would be to help cultivate the youth's awareness, acceptance, and to be present with body and mind connection, grounding, self-regulation, movement process, sequencing, and titration. There are techniques to explore with Somatic TF-CBT, including relaxation and stress reduction (i.e., imagery, muscle relaxation, and deep breathing exercises) to help youth lower stress, increase their sense of control, and reduce anxiety, stress, and pain (Levine et al., 2018). The somatic TF-CBT approach would be in contrast to other psychotherapeutic modalities that solely focus on a client's emotional and

cognitive experiences of a traumatic event without acknowledgement of the physiological trauma responses.

People exposed to complex traumatic events are at risk of not only posttraumatic stress disorder (PTSD) but also other mental health problems, including mental health comorbidities in people exposed to complex trauma (Coventry et al., 2020). Coventry et al. (2020) conducted a meta-analysis that showed that psychological treatments and interventions were more effective for treating PTSD, anxiety, and depression and improving sleep in people with a history of complex traumatic events than pharmacological interventions. Furthermore, trauma-informed approaches were the most effective psychological intervention for those with trauma histories. Somatic TF-CBT would replace the youths' controlling thoughts, feelings, and emotions of trauma with noticing and accepting the thoughts, feelings, and emotions that stem from trauma experiences. The role of the counsellor is both active and directive, teaching and supporting client CBT and somatic therapy techniques and tools. The key is to collaboratively help the client to develop new thinking patterns and behaviours to better respond to various emotions, thoughts, and experiences as they come up. The key is helping an individual develop new thinking patterns and behaviours to better respond to various experiences or emotions (Bowlby, 1969).

Future Implications in Counselling Youth Offenders

In recent years, there has been a movement toward a trauma-informed youth criminal justice system and has progressed due to the emerging research on the effects traumatic experiences have on youth offenders (Dierkhising & Branson, 2016). Youth with underlying psychosocial problems, such as hyperactivity, impulsivity, aggression, learning, intellectual, emotional, behavioural disabilities, and unresolved trauma, have the potential for an increase in contact with the justice system because these factors could be exhibited through antisocial

behaviours (Ryon et al., 2017). Furthermore, specific behaviours could be considered as trauma-related responses as opposed to criminogenic factors, and trauma informed interventions could be utilized when diverting youths away from the justice system (Dierkhising & Branson, 2016).

It is presumed that youth in conflict with the law have had exposure to traumatizing experiences. It is imperative that their criminal behaviour and emotional reactions are viewed through a “trauma lens” (Steinberg & Lassiter, 2018). In exploring the effect of trauma, policymakers must have a deeper understanding of the neurobiological impact of trauma because it leaves an imprint on the mind, brain, and body and affects the ability to survive in the present. The advances in neuroscience have led to an enhanced recognition of how trauma changes the brain development, the ability to regulate emotions, and the capacity to concentrate and stay focused (Levine et al., 2018). It is important to understand the range of emotional, social, and cognitive development in childhood and adolescence and to consider the diverse populations of youth offenders when implementing law and policy.

The importance of performing trauma-informed counselling practices cannot be overstated, as failure to address past trauma could prove detrimental for youth offenders. Trauma-informed practices cannot be a one size fits all and must take into consideration geographical limitations, resources available, the individual youth, economic considerations, and the capacity of the overall justice system. The amenable discourses that shape trauma responsive practices could be instrumental in the implementation of diversionary mechanisms that address youth trauma.

Furthermore, counsellors working with youth offenders could explore any comorbidities with mental health disorders, with the presence and severity of other psychosocial problems, such as the influence of childhood experiences, familial relations, and maladjusted cognitive and

behavioral processes (APA, 2013). It would be beneficial to address youths' unique emotional and cognitive mechanisms that underlie the reasons they commit crimes and develop a viable treatment program. Examining the characteristics and symptomology of committing offences and assessing the individual risk factors will assist in alleviating further crimes (van den Bosch et al., 2018). It is crucial to recognize the various trauma-related responses that can occur, such as the affect on memory and recall and being hypersensitive in certain situations. There will be youth who will need to move out of the flight and fight stages to regulate their emotions and perceptions of danger while learning to change and control their behaviour (Levine et al., 2018). Understanding the symptoms of criminal behaviour before crimes are committed would be beneficial not only in obtaining a greater breadth of knowledge of the youth but also in preventing crime.

Somatic TF-CBT would be more effective in reducing future justice system involvement by treating the symptoms of trauma as a replacement for criminalizing the youth for trauma behaviours. The need for a trauma-informed approach to youth justice while simultaneously providing effective counselling approaches, such as Somatic TF-CBT, should be aimed at treating trauma symptoms and not causing further trauma to the youth. The presence and experience of trauma has become a caveat to whether youth will become involved in the youth justice system, and it is important to realize that the youth justice system is often the first contact with mental health care that youths in conflict with the law have experienced.

Limitations

It would be vital to consider and recognize the effects of trauma on cultural groups, such as the lasting effects of residential schools on Indigenous people and communities, as well as the ongoing systemic racism and violence experienced by Black individuals and persons of colour.

Furthermore, for women offenders, sexual violence is by far the most commonly reported type of traumatic experience and women tend to have internalizing responses to trauma, such as self-injury and eating disorders (Blanch & Stern, 2011). In addition, it is crucial to consider that some female youth offenders feel safer while incarcerated as they are removed from situations of domestic violence, homelessness, sex work, and the need for interventions is crucial. It is also recognized that this paper focused on the youth criminal justice system within Canada and it would be beneficial to explore other countries to determine how trauma is address for youth offenders.

Conclusion

The effects that trauma has on the body in conjunction with a high proportion of youth offenders with trauma histories substantiate that the youth criminal justice system must implement a trauma-informed approach. In keeping up with the mandate of the *Youth Criminal Justice Act*, extrajudicial measures are the most effective in reducing youth crime. However, it is important that the mental health needs of offenders are also being addressed and not solely focussing on correcting behaviour. Utilizing counselling services to divert youth offenders away from the justice system must be mandated to help the youth explore thoughts, emotions, and behaviours. Furthermore, it is recommended that somatic trauma-focused cognitive behavioural therapy be considered as the psychotherapeutic modality in working with youth offenders because treating the symptoms of trauma is more effective and could become a replacement for criminalizing the youth for trauma behaviours.

References

- Allen, B., Shenk, C. E., Dreschel, N. E., Wang, M., Bucher, A. M., Desir, M. P., Chen, M. J., & Grabowski, S. R. (2021). Integrating animal-assisted therapy into TF-CBT for abused youth with PTSD: A randomized controlled feasibility trial. *Child Maltreatment*, 1077559520988790-1077559520988790. <https://doi.org/10.1177/1077559520988790>
- Allen, M. (2018). *Police-reported crime statistics in Canada, 2017*. StatsCan
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing
- Bates-Maves, J., & O'Sullivan, D. (2017). Trauma-informed risk assessment in correctional settings. *International Journal of Criminology and Sociology*, 6, 93-102. DOI: 10.6000/1929-4409.2017.06.10
- Blanch, A., & Shern, D. (2011). Implementing the new "Germ" theory for the public's health: A Call to Action. *Mental Health America*
- Bohman, B., Santi, A., & Andersson, G. (2017). Cognitive behavioral therapy in practice: Therapist perceptions of techniques, outcome measures, practitioner qualifications, and relation to research. *Cognitive Behaviour Therapy*, 46(5), 391-403. doi: 10.1080/16506073.2016.1263971
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. Basic Books.
- Briere, J. N., & Scott, C. (2014). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (2nd ed.). Sage Publications.
- Burns, S. T., & Cruikshanks, D. R. (2017). Impact of ethical information resources on independently licensed counselors. *Counseling and Values*, 62(2), 159-179. <https://doi.org/10.1002/cvj.12057>

- Case, S., & Haines, K. (2020). Abolishing youth justice systems: Children first, offenders nowhere. *Youth Justice, 21*(1). doi.org/10.1177/1473225419898754
- Coventry, P. A., Meader, N., Melton, H., Temple, M., Dale, H., Wright, K., Cloitre, M., Karatzias, T., Bisson, J., Roberts, N. P., Brown, J. V. E., Barbui, C., Churchill, R., Lovell, K., McMillan, D., & Gilbody, S. (2020). Psychological and pharmacological interventions for posttraumatic stress disorder and comorbid mental health problems following complex traumatic events: Systematic review and component network meta-analysis. *PLoS Medicine, 17*(8), e1003262-e1003262. <https://doi.org/10.1371/journal.pmed.1003262>
- Cowles, M., & Griggs, M. (2019), Considering boundaries when doing therapeutic work with people who are seeking asylum: A reflective case study. *British Journal of Guidance & Counselling, 47*:1, 50-64, doi: 10.1080/03069885.2018.1507535
- Crosby, S.D. (2016). Trauma-Informed approaches to juvenile justice: A critical race perspective. *Juvenile & Family Court Journal, 67*(1), 1-52
- Department of Justice Canada (2021). *The youth criminal justice act summary and background*. Government of Canada. <https://www.justice.gc.ca/eng/cj-jp/yj-jj/tools-outils/pdf/back-hist.pdf>
- Dierkhising, C.B., & Branson, C.E. (2016). Looking forward: A research and policy agenda for creating trauma-informed juvenile justice systems. *Journal of Juvenile Justice, 5* (1), 14-30
- Dorsey, S., McLaughlin, K. A., Kerns, S. E. U., Harrison, J. P., Lambert, H. K., Briggs, E. C., Amaya-Jackson, L. (2017). Evidence base update for psychosocial treatments for

- children and adolescents exposed to traumatic events. *Journal of Clinical Child and Adolescent Psychology*, 46, 303–330
- Geldard, K., Geldard, D., & Foo, R. Y. (2017). *Counselling children: A practical introduction*. Sage.
- Government of Canada (2019). *The Youth Criminal Justice Act*. <https://www.laws-lois.justice.gc.ca/eng/acts/y-1.5/page-1.html#h-470162>
- Government of Canada (2021). *The Youth Criminal Justice Act*. <https://www.justice.gc.ca/eng/cj-jp/yj-jj/tools-outils/back-hist.html>
- Gretton, H.M., & Clift, R.J.W. (2011). The mental health needs of incarcerated youth in British Columbia, Canada. *International Journal of Law and Psychiatry*, 34, 109-115. DOI: 10.1016/j.jilp.2011.02.004
- Hillian, D., Reitsma-Street, M., & Hackler, J. (2004). Conferencing in the Youth Criminal Justice Act of Canada: Policy developments in British Columbia. *Canadian Journal of Criminology and Criminal Justice*, 46, (3), 343-366
- Kuhfuß, M., Maldei, T., Hetmanek, A., & Baumann, N. (2021). Somatic experiencing - Effectiveness and key factors of a body-oriented trauma therapy: A scoping literature review. *European Journal of Psychotraumatology*, 12(1), 1929023. <https://doi.org/10.1080/20008198.2021.1929023>
- Levine, P. A., Blakeslee, A., & Sylvae, J. (2018). Reintegrating fragmentation of the primitive self: Discussion of "somatic experiencing". *Psychoanalytic Dialogues*, 28(5), 620-628. <https://doi.org/10.1080/10481885.2018.1506216>
- Lewey, J. H., Smith, C. L., Burcham, B., Saunders, N. L., Elfallal, D., & O'Toole, S. K. (2018). Comparing the effectiveness of EMDR and TF-CBT for children and adolescents: A

- meta-analysis. *Journal of Child & Adolescent Trauma*, 11(4), 457-472. <https://doi.org/10.1007/s40653-018-0212-1>
- Maclure, R., Campbell, K., & Dufresne, M. (2003). Young offender diversion in Canada: Tensions and contradictions of social policy appropriation. *Policy Studies*, 24 (2). Carfax Publishing. DOI:10.1080/0144287032000171019
- Magidson, M., & Kidd, T. (2021). Juvenile diversion and the family: How youth and parents experience diversion programming. *Criminal Justice and Behavior*, 48(11), 1576-1595. <https://doi.org/10.1177/00938548211013854>
- Marriott, B. R. (2018). Ethical considerations for the treatment of youth in foster care. *Ethics & Behavior*, 28(8), 597-612. <https://doi.org/10.1080/10508422.2017.1407654>
- Mavranezouli, I., Megnin, V.O., Trickey, D., Meiser, S.R., Daly, C., Dias, S., Stockton, S., & Piling, S. (2020). Cost-effectiveness of psychological interventions for children and young people with post-traumatic stress disorder. *Journal of Child Psychology and Psychiatry*, 61(6), 699-710. <https://doi.org/10.1111/jcpp.13142>
- Moreau, G. (2022). *Police-reported crime statistics in Canada, 2021*. Juristat. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2022001/article/00013-eng.htm>
- Neelakantan, L., Hetrick, S., & Michelson, D. (2019). Users' experiences of trauma-focused cognitive behavioural therapy for children and adolescents: A systematic review and metasynthesis of qualitative research. *European Child & Adolescent Psychiatry*, 28(7), 877-897. <https://doi.org/10.1007/s00787-018-1150-z>
- Olaghere, A., Wilson, D. B., & Kimbrell, C. S. (2021). Trauma-informed interventions for at-risk and justice-involved youth: A meta-analysis. *Criminal Justice and Behavior*, 48(9), 1261-1277. <https://doi.org/10.1177/00938548211003117>

- Peters, W., Rice, S., Cohen, J., Murray, L., Schley, C., Alvarez-Jimenez, M., & Bendall, S. (2021). Trauma-focused cognitive-behavioral therapy (TF-CBT) for interpersonal trauma in transitional-aged youth. *Psychological Trauma, 13*(3), 313- 321. doi: 10.1037/tra0001016
- Randall, M., & Haskell, L. (2013). Trauma-informed approaches to law: Why restorative justice must understand trauma and psychological coping. *Dalhousie Law Journal, 36*, 501-533
- Ricciardelli, R., Crichton, H., Swiss, L., Spencer, D.C., & Adorjan, M. (2017). From knowledge to action? The Youth Criminal Justice Act and use of extrajudicial measures in youth policing. *Police Practice and Research, 18*, (6), 599-611. DOI: 10.1080/15614263.2017.1363971
- Ryon, S.B., Early, K.W., & Kosloski, A.E. (2017). Community-based and family-focused alternatives to incarceration: A quasi-experimental evaluation of interventions for delinquent youth. *Journal of Criminal Justice, 51*, 59-66
- Schwalbe, C.S., Gearing, R.E., Mackenzie, M.J., Brewer, K.B., & Ibrahim, R. (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review, 32*(1), 26-33. doi:10.1016/j.cpr.2011.10.002
- Statista Research Department (2022). *Youth crime severity index in Canada from 2000 to 2022*. <https://www.statista.com/statistics/525647/youth-crime-severity-index-in-canada/#:~:text=This%20statistic%20shows%20the%20youth,severity%20index%20stood%20at%20103.53>
- Steinberg, J.L., & Lassiter, W.L. (2018). Toward a trauma-responsive juvenile justice system. *North Carolina Medical Journal, 79*, (2), 115-118
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of*

trauma. Viking.

Vaswani, N., & Paul, S. (2019). "It's knowing the right things to say and do." Challenges and opportunities for trauma-informed practice in the prison context. *The Howard Journal of Crime Justice*, 58(4), 513-534

Whittington, R., Haines, A., & McGuire, J. (2015). Diversion in youth justice: A pilot study of effects on self-reported mental health problems. *The Journal of Forensic Psychiatry & Psychology*, 26(2), 260-274. <https://doi.org/10.1080/14789949.2014.985694>

Wilson, H.A., & Hoge, R.D. (2012). Diverting our attention to what works: Evaluation the effectiveness of a youth diversion program. *Youth Violence and Juvenile Justice*, 11(4), 313-331

Young Offenders Act [Repealed, 2002, c. 1, s. 199]

Youth Criminal Justice Act, SC 2002. c. 1

Zarnello, L. (2018). The ACE effect: A case study of adverse childhood experiences. *Nursing*, 48(4), 50-54. [doi:10.1097/01.nurse.0000530408.46074.64](https://doi.org/10.1097/01.nurse.0000530408.46074.64)

Zeola, M.P., Guina, J., & Nahhas, R.W. (2016). Mental health referrals reduce recidivism in first-time juvenile offenders, but how do we determine who is referred? *Psychiatric Quarterly*, 88, (1) 167-183