

**People, not just books:
An Investigation into the Knowledge and Understanding of
Trauma Informed Practice in The Justice System.**

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**Thesis submitted for the degree of
Doctor of Philosophy in Policing**

2023

Word Count – 90,042

Abstract

Trauma Informed Practice (T.I.P) is a working model reliant on understanding and responding to the notion that traumatised people need to work within their 'window of tolerance' by enabling them to feel safe, supported, and empowered. It is currently accepted as good practice and used as a model by many organisations. It requires a level of awareness to understand that the effect of trauma is both a psychological and physiological response not under conscious control, often misunderstood and misinterpreted in the Justice System (JS). This is despite the system, by its very nature, dealing with very difficult, often traumatic, issues. The literature surrounding the use of T.I.P in the JS is scarce. Existing literature highlights an ineffective response to those in the system: firstly, the witnesses, respondents and defendants. Secondly, the Professionals who support them and work within the JS (e.g., Police, Probation Officers, Solicitors, Barristers, and Intermediaries).

The literature base, alongside the researcher's direct experience of The System as an Intermediary, which formed part of this Ph.D. as a reflective account, led to the current Ph.D. It seeks to look at JS professionals' experiences of working with those who come into the JS as JS users (e.g. alleged victims, witnesses, defendants, respondents) and also to explore the experiences of Justice Professionals within the JS, both through a T.I.P lens. Overall, the PhD was guided by the following research question:

How do Professionals working in the Justice System perceive the current state of Trauma Informed Practice?

This predominantly qualitative phenomenological study, with some descriptive quantitative data, was conducted in two stages: first, a survey of 155 Police Officers, Solicitors/Barristers, and Intermediaries was designed to capture participants' perceptions of T.I.P in the JS. Findings from the survey then informed the second stage of semi-structured interviews, analysed narratively, to thoroughly capture the lived experiences of the professionals. Interviews with eighteen participants, representative of each participant group, were conducted. Additionally, data from five Retired Judges/Magistrates were included at this stage.

The results show that while elements of T.I.P are permeating through the system, most professionals find the system is not set up for T.I.P, causing a lack of appropriate treatment of those entering the system. The findings also indicate a high level of moral distress, moral injury and Vicarious Trauma for those Professionals working within the system. Recommendations emerged which include the need for further research and suggestions for: a focus on training, systemic change, multi-agency supervision, and the introduction of reflective practice.

Use of Visuals and the Rationale

Throughout this Ph.D. thesis, a reflective standpoint has been taken. As will become visible, the theme of the thesis surrounds Trauma Informed Practice in which reflection is an essential element. In this thesis, alongside empirical research, practitioner reflections form an important aspect, as well as the voices of the participants themselves. Reflective images are used to introduce relevant chapters based on the researcher/practitioner's own Reflective Practice. The use of such images allows for more social interaction, urging deeper and more meaningful understanding of issues (Martikainen, Hujala & Laulainen, 2022). This retains the thread of reflection throughout. Visual presentations of data (i.e., the use of charts, tables and figures) have been included in the interest of inclusivity and accessibility.

Acknowledgements

I would like to thank my parents, who believed in justice and fairness, instilling this in their children. They believed in us and empowered us saying: '*Where there's a will there's a way*'.

This philosophy has been extended to my five children who carry on working to make a difference in society. My children have supported me during this research period by showing an interest and by listening to my moments of self-doubt. The family motto of: '*All Will be Well*' has been recited many times. I would also like to thank my long-suffering friends who had to listen to me endlessly, including dull conversations on subjects such as, the use of commas!

I would like to thank my dedicated and patient supervisor, Katarina Ozcakil Mozova. I am totally indebted to her, and without her constant guidance, I would not have been able to navigate the many demands. I would also like to thank the very helpful Graduate College and staff who have taken the time to assist me with my many questions, showing an understanding of the issues that age and other deficits can bring.

But most of all, I would like to acknowledge the hundreds of Traumatized and Vulnerable People I have worked with, in the Justice System, during the last 15 years.

Thank you all, for all you have given me.

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List of Abbreviations

ABE- The Achieving Best Evidence Guide

AGG- Attorney Generals Guidelines

APA- American Psychiatric Association

JS-Justice System

CAIS- Court Appointed Intermediary Scheme

CBA -Criminal Bar Association

CC-Crown Court

CI -Cognitive Interview

CPS –Crown Prosecution Services

CPTSD- Complex Post Traumatic Stress Disorder

CSA- Child Sexual Abuse

CSE-Child Sexual Exploitation

DC- Detective Constable

DSM- Diagnostic and Statistical Manual of Mental Health

DC- Detective Sergeant

FLO- Family Liaison Officer

HMCTS- His Majesty's Courts and Tribunal Services

ICD-10 The International Classification of Diseases

IfJ- Intermediaries for Justice

IICSA-Independent Inquiry into Child Sexual Abuse

KC -Kings Counsel

MOJ- Ministry of Justice

NOMS - National Offender Management Service

P.C- Police Constable

PTSD- Post Traumatic Stress Disorder

RI- Registered Intermediary

T.I.P -Trauma Informed Practice

SAMS-Sensory Associated Memory

SMRC – Sketch Mental Reinstatement of Context

SOIT- Sexual Offence Investigation Team

QC -Queen's Counsel

UNDRR-United Nations Office for Disaster Risk Reduction

VAMS-Verbal Associated Memory

WIS -Witness Intermediary Scheme

W.H.O - World Health Organisation

Chapter 1: Introduction



Reflective Practice Image: 1 *"I didn't know what they were talking about in court.... what have I got? Fair Access to Justice?"*

"Indeed, if one set out intentionally to design a system for provoking symptoms of posttraumatic disorder, it might look very much like a court of law."

(Herman, 2003, p.160).

The above quote clearly highlights concerns regarding post-traumatic stress and notes issues in The Justice System (JS) many years ago. Trauma refers to a deeply distressing or disturbing experience that can have lasting emotional, psychological, and physical impacts on an individual. It can arise from various events, such as accidents, violence, abuse, or natural disasters, and affects people differently depending on their personal experiences and resilience. Trauma often overwhelms a person's ability to cope, leading to a sense of helplessness, fear, or ongoing stress. Understanding the effects of trauma is crucial because it helps in addressing its effects, promoting effective participation and interaction. Early complex trauma, especially during childhood, can have profound and lasting effects on an individual's behaviour, cognition, and emotional regulation, which can impact their interactions within the justice system. (Perry 2021)

Complex trauma refers to repeated and prolonged exposure to traumatic events, such as abuse, neglect, or violence, often occurring within interpersonal relationships during formative years.

The effects of such traumatic events are multifaceted and can negatively influence a person's ability to navigate the justice system in the following ways: Cognitive Impairment; emotional dysregulation; trust and authority Issues; increased risk of criminal behaviour; re-traumatization in the Justice System and difficulty in rehabilitation and many other responses. (Van der Kolk. 2021)

Early trauma can disrupt brain development, affecting cognitive functions like memory, attention, and decision-making. These impairments can hinder an individual's ability to understand legal proceedings, follow instructions, or effectively participate in their defence. Inaccurate recollection of events or difficulty in communicating may lead to misinterpretation by the legal professionals.

People who have experienced complex trauma often struggle with emotional regulation, leading to impulsivity, aggression, or emotional withdrawal. This can result in inappropriate or disproportionate responses to stress, authority figures, or during high-pressure situations, increasing the likelihood of confrontations with law enforcement or during court appearances.

The adversarial nature of the justice system, including police interviews, court trials, and incarceration, can re-traumatize individuals with a history of complex trauma. Being confronted by these environments may trigger trauma responses, such as dissociation, anxiety, or aggressive behaviour, potentially worsening their legal outcomes.

Recognising trauma-informed practice in justice settings is crucial for improving outcomes for those affected. The definition of trauma is further discussed in 2.1.

The key underpinnings of the JS include efficiency and effectiveness, but they also include ethic surrounding *justice* and *fairness* (HM Government, 2007). Considering the effects of trauma stated above, those involved with justice and fairness, will need a knowledge and understanding of the function of working within the window of tolerance. This is relevant for both those coming to the system and those working with in the system.

The literature base highlights the notion that the system is not working as such, and this is also abundantly visible in Cooper and Norton's (2017) *Vulnerable People and the Criminal Justice System. A Guide to Law and Practice*, which highlights a lack of evaluated methods to ensure the principles are being upheld. Further, they note a lack of appreciation of the very nature of the system which deals with difficult, complex and often traumatic issues, and the lack of adapted practice which would be trauma aware. It is undeniable that those who come into the JS as defendants, victims, survivors, or others, and those working within, need to be safeguarded and allowed effective participation in the process. Knowledge gained regarding trauma from experts in the field such as Mate,(2018) Van der Kolk,(2014) Perry(2014) and others, has helped us understand the effects of trauma on our brains and bodies which may, indeed, cause ineffective participation in the system.

Currently, there is grave concern about the 'broken and creaking' system (Waxman, 2022), which is viewed as not fit for purpose. Concern about its 'two-tiered' standard of functioning was highlighted, where, according to The Justice Secretary in 2015, the JS is where '*the rich get gold-standard service while the rest have to put up with creaking, outdated systems*' (Bowcott, 2015). The system, in its current state, can be perceived as traumatising to the clients who turn to it as the rock of established fair access to justice while traumatising those who work within it. This is despite legal duty to ensure the effective participation of all those involved in the justice process (Cooper & Norton, 2017). Likewise, concern is rising regarding the way stress and trauma is observable, and at times made worse, in the JS. Increasing there are calls for Trauma Informed Practice (T.I.P.) to be embedded as a way of mitigating the lack of understanding about working within the zones or windows of tolerance. This has led to the researcher's professional observation and reflections, concluding in significant questions arising about the understanding and use of T.I.P. in the JS.

This introductory chapter aims to provide a backdrop to the current state of the JS in England and Wales. It first considers the context of the JS relating it to trauma and working in a potentially traumatised and traumatising system. Also the current state of the courts, including the estate and the role of the Judges, which push professionals to work outside their comfort zones or window of tolerance. The resultant experiences of advocates, the police, and intermediaries are examined in

terms of trauma informed practice . Throughout, the topic of trauma is intertwined. It concludes by exploring the accumulative effect of working in the system and introducing the reader to the aims of this thesis.

1.1 Trauma and the Justice System

"Questioning that contravenes principles for obtaining accurate information from witnesses by exploiting their developmental limitations is wholly inconsistent with a fair trial and contravenes the Codes of Conduct"

(The Advocate's Gateway, 2019-2023).

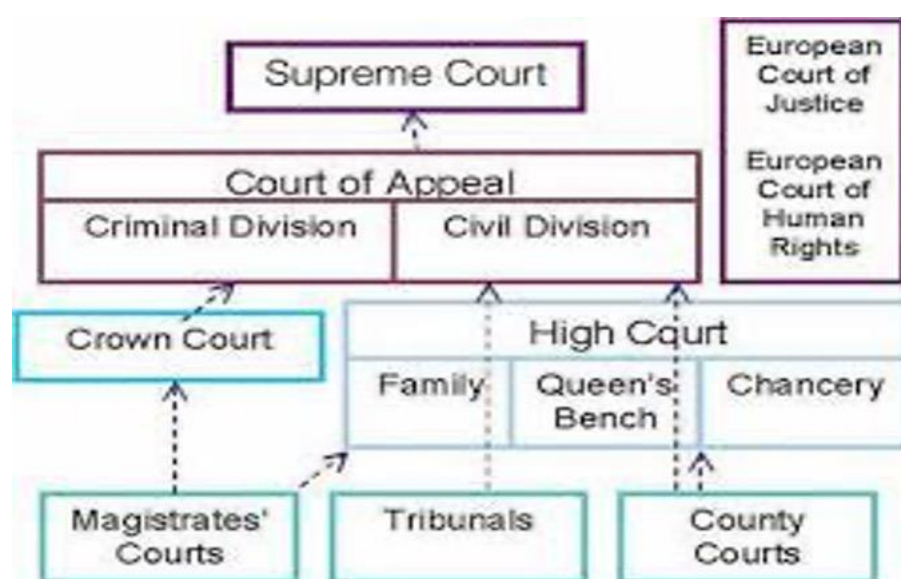
A well-functioning Judiciary is the basis of democracy. It is, therefore, helpful to examine what is meant by *Justice* and the constitution of the current system in England and Wales. The definition of justice is both an ethical and philosophical concept aiming for people to be treated impartially, fairly, correctly, and reasonably by the law and by arbiters of the law (Kelsen, 2022). Justice fundamentally aims to find resolution for crimes against humanity, modern-day slavery, family disputes, and more, seeking a solution or action for both the accuser and the accused. The fundamental aim of justice is to ensure fair and predictable dispute resolution. It is based on the Human Rights Act (1998), which sets out the fundamental rights and freedoms to which people are entitled. It incorporates the rights set out in the European Convention on Human Rights (ECHR) (1950) into domestic British Law. The knowledge of and acknowledgement of how trauma effects people is essential for the Human Rights of traumatised people to be upheld.

Trauma-informed practice is an approach that acknowledges the widespread impact of trauma and seeks to create an environment that supports safety and trust. In the context of the justice system, trauma-informed practice is crucial for addressing the unique needs of vulnerable populations, such as those with histories of complex trauma. It is also relevant for individuals who are forced to work or function outside their field of comfort or "window of tolerance".

The United Kingdom has three separate legal systems for England and Wales, Scotland and Northern Ireland. This reflects historical origins and the fact that both Scotland and Ireland and later Northern Ireland, retained their own legal systems

and traditions under the Acts of Union 1707 and 1800. However, the same need for a trauma informed approach is needed across all jurisdictions..

This thesis uses the term, *The Justice System*, which encompasses all the jurisdictions and diversions shown below in Graphic 1. While many research findings and government documents cited involve discussion around the Criminal System, the findings are transferable across all jurisdictions, whether family courts, immigration and employment tribunals, magistrates' courts, or youth courts. The research questions and methods were designed to gather information across divisions.



Graphic 1 - The constitution of the Justice System

Fair access to Justice is a fundamental right for both the prosecution and defence witnesses. Likewise, for respondents in the family courts and appellants in tribunals. Talbot (2012) highlights the need for special measures across the JS to be implemented to allow for effective participation. High numbers of defendants/ respondents/ appellants have particular vulnerabilities that can affect their ability to participate effectively in court proceedings, compromising their right to a fair trial, as will be discussed later in this thesis, as protected by Article 6, European Convention on Human Rights (1950). This is the case with traumatised people and the courts

have to adjust their expectation and work within the required of the window of tolerance for all.

1.2 The 'Broken Justice System'

This democratic 'fairness' is being questioned and the stress caused by the demands on people working in extreme conditions beyond their window of tolerance , is concerning . Terms such as 'The Broken Justice System' are frequently used in the media and by legal professionals (Gerry & Harris, 2016; Montieth *et al.*, 2022). However, as noted by Schrever, Hulbert, and Sourdin (2019), a well-functioning Judiciary should be at the centre of democracy. Currently, the COVID-19 epidemic and its effects has been blamed. Likewise, the global recession has been used too. However, reports and articles that were already written prior to the current economic crisis and before the pandemic raised concerns, as will be shown in the following sections (Godfrey, Richardson & Walkalte, 2022).

It is reasonable to ask whether a trauma informed system is possible in the present system which is recognised as being broken. Trauma informed practice at a systemic, and then at an operational level, which allows for people to work within their window of tolerance, must be a just and sensible approach . Without this, the system cannot keep emotionally regulated allowing professionals to self-regulate and maintain a level of receptivity and wellness ,vital for working with traumatised people. This thesis considers these concepts from the perspective of practitioners across the justice system.

1.3 The Court System and Judiciary

There have been several reviews relating to the Judiciary, well before COVID-19, recommending the need for detailed changes to the Criminal Justice System, such

as: the Runciman Report (The Report of the Royal Commission on Criminal Justice; July 1933); The Auld Review (Review of the Criminal Courts of England and Wales; September 2014) or the Leveson Report (Review of Efficiency in Criminal Proceedings; January 2015).

These reviews raised concerns then and warned of inadequacies of funding and concerns about factors that undermine public confidence in the JS. As will be shown throughout the thesis, these concerns continue. The Runciman report set out 352 recommendations to tackle the issues identified. It notes the need for adequate funding for the JS, the Crown Prosecution Service (CPS) being under-resourced, causing inappropriate case management, numerous issues around legal aid, and high staff turnover, causing problems surrounding experience and standard maintenance.

The Auld Report (2001) called for better preparation of cases and better pay. It states that this was:

"Dependent upon there being strong and independent prosecutors, supported by "considerably more resources" and "efficient and properly paid defence lawyers, properly resourced... if they are to make a proper contribution consistent with their duty to their clients and court." (Auld, 2001, p.28).

The Leveson Report (2015) mentions inadequate dilapidated buildings and facilities. It was based on the concerns at the time surrounding austerity measures in publicly funded services – which span across the whole of the JS. Its introductory comments are:

"There must, of course, be an irreducible minimum of funding – for the police, the CPS, defence lawyers, the courts and NOMS – below which the Criminal Justice System cannot operate...remuneration for those engaged in the system must be commensurate with the skill and expertise which has to be deployed, otherwise the highest calibre individuals will not be prepared to work in the field and standards will inevitably drop" (Levenson, 2015, p.35).

in the Leveson Report (2015), there was recognition of an "acute problem" concerning staffing and funding. In 2019, Lady Justice Macur, the senior presiding

Judge, warned that the backlog that existed and the lack of action to decrease it rapidly was political; this is in light of observations of how empty courtrooms tend to be, with only 60% of them at the Crown Court level being used. In an article in the Law Gazette, Dunne (Fouzder, 2019) describes gathering data following a tweet by James Mulholland KQ where he stated that 12/15 courts at Southwark Crown Court CC were not sitting during an entire week. Dunne's data revealed that 127 out of 260 courtrooms that generally deal with crime cases sat idle on a specific day. Likewise, The Guardian paper (2020) provided their analysis of the government's Xhibit system, finding that almost half (350/729) of all Crown Courts in England and Wales were inactive when the data were gathered.

These general statistics show a concerning trend which has been building up for a number of years. Specific cases also highlight the impact these delays are having. In 2019, a case that was supposed to be heard in St Albans Crown Court ended up being postponed for half a year simply due to a lack of court sitting days (The Guardian, 2020). Caroline Goodwin, KC (former chair of the Criminal Bar Association-CBA), reflected that all parties were affected by this, including the complainants and the defendant. It can quickly become apparent that the JS, as it stands, is overwhelmed, impacting those it is meant to serve, as well as those serving within. This is a highly stressful situation with a conflict between knowing what should be available to the public and coping with a depleted system. This clearly indicates the state of helplessness and hopelessness that those working in the system can experience.

While often focusing on different aspects of the system, there is a core similarity across these reports: warnings of the slow but steady breaking of the system and consequent impact on victims, witnesses, and defendants and their treatment. Even though the reports do not focus on the area of trauma, they do acknowledge the notion that individuals who are not served appropriately, in general, have the potential to be traumatised by the system.

These problems are reflected in recent figures for outstanding criminal jurisdiction cases. The current JS is currently dealing with an unprecedented more than 400,000 cases, an eighth of which are Crown Court cases (Victims Commissioner, 2022). This considerable backlog is decreasing exceptionally slowly. Between November

2021 and April 2022, the decrease was slow by less than 300 cases. The current negative state of the courts is also reflected in defendant waiting times for Crown Court trials, which, in the first quarter of 2023, stood at 10.1 weeks, as compared to only 5.3 weeks in the first quarter of 2020 (Law Society, 2022).

A great deal is written about the criminal arena. However, these concerns also exist in Family Courts and Tribunals, particularly immigration, where The Home Office has been criticised for lack of response and slow decision-making, causing distress for asylum seekers and even causing Post Traumatic Stress Disorder - PTSD (Mamum *et al.*, 2022). There are numerous reasons for the issues, which include outdated information technology systems that are unmanageable, considering there are more than 100,000 cases still outstanding. According to official statistics by the Commons Library (2023), in 2018, only a quarter of claims (compared to 90% eight years prior) were considered within the relevant time limits. This resulted in scraping the limit entirely in 2019 to support more thorough and considered decision-making. The Home Office continues to be seen as problematic, having a negative effect on many vulnerable people. This is causing distress for many asylum seekers and for the professionals working with these people (UK Parliament, 2021). The details that need to be discussed are highly disturbing for all when many people have been tortured and had highly stressful journeys, causing PTSD.

Family Courts are also described as being in a dysfunctional state due to overload, as statistics indicate that between January and March 2022, there were 68,134 new family law cases (The Law Society, 2023). This number raises concern for numerous reasons. A highly sensitive area to consider is that children involved in these cases may have to wait in the care of local authorities for prolonged periods (up to 12 months) simply because there are delays in their cases. This in itself can be very traumatic. The Law Society (2022) stated: "*Delays can cause significant harm as well as uncertainty for the parties involved*".

Claire Waxman, Victims Commissioner in 2023, described the backlog of cases as a 'ticking time bomb,' predicting that it would become increasingly worse. She described delays and backlogged cases in one of London's courts as double that of all of Wales. For victims, families, friends and communities, this means that from the time an incident occurs, proceedings can last for years. Additionally, the waiting time

for a London trial is now, on average, 309 days (Victims Commissioner, 2022). Again, these delays can only cause distress.

Vera Baird, the former Victims Commissioner, expressed concern in the 2022 Victims Commissioner's annual report (Victims Commissioner, 2022) regarding the enormous court backlogs and noted that these backlogs are due to inappropriate, outdated, unfunded systemic issues at a fundamental level. She blamed the "dangerous shortage" of criminal Barristers and part-time Judges for the delays and contradicts government reasoning that the backlog is a result of the pandemic.

"[The] government frequently asserts that it is the pandemic that caused this backlog. But the backlog was soaring long before March 2020. Delays in the court system were endemic years before we had even heard of COVID-19." (Victims Commissioner, 2022).

The backlog needed to be decreased, and after the first lockdown (June 2020), there was an investment of around £200 million to help with court cases and jury trials, which HMCTS initiated. A month later, another initiative, called the Nightingale Crown Courts (Gov. UK, 2020), was introduced to further help with the noted backlog, though many of these have since been closed. However, the additional drain on the legal professionals and court staff has added further stress. The recommendations did not acknowledge the risk of high demands on individual case workers.

While currently operating at its full capacity, the court system continues to be overwhelmed, the backlog still needs to be addressed, there are understaffing issues, and significant action is required. The Law Society (2022) calls for the Ministry of Justice - MOJ to 'bite the bullet' and to invest in the foundations of the JS immediately. The chair of the CBA working party summed up his experience with this scenario:

'My trial at Inner London Crown Court, a building which celebrates its centenary this year) had been forced to halt for two days as the Court closed due to the ancient heating system packing in. When the boiler was eventually fixed, the trial was further disrupted - and the jury again sent home - due to an unfixable broken window, which meant that the rain that came with Storm Arwen fell into the courtroom and onto the

jury during the Judge's summing up. Clearing the backlog of cases will take even longer if courts can only sit when the weather permits. The case for establishing a Royal Commission into the Criminal Justice Systems stronger and more urgent with every passing cloud" (Bar Council, 2021, p.5).

The above factors are set out to demonstrate the potential build-up of accumulative Trauma caused by battling with extraneous and frustrating situations, rendering people helpless and gradually wearing them down. This applies to both the user and those working in the system. It is considered by some to be a recipe for burnout and Vicarious Trauma (B.M.A., 2022). Issues are also reflected through Judicial sitting days (referring to the expected days that the Court of Appeal and High Court Judges devoted themselves to judicial business). There had been a reduction in Judge's sitting days, contributing to the building up, and this was a concern voiced by several prominent professionals. However, for the last three years, the courts have been functioning at maximum capacity across all Jurisdictions, including Family Courts, Civil, and Tribunals, to reduce the backlog though it remains to be seen whether things are improving (MoJ, 2023). Anecdotally, it does not seem to be the case. Recently a German court refused to extradite to the UK a man accused of drug trafficking because of concerns about prison conditions in Britain. The decision has been described as a "severe rebuke" and "an embarrassment for the UK" by a member of the Law Society (Goldsmith, 2023).

In a recent study on Judicial Attitudes, the fourth of a series conducted by University College London UCL Judicial Institute, of salaried and fee paid Judges (Thomas, 2023), it seems that Judges, particularly those who are salaried Judges, are less content in 2022 than they were in 2020. This is not to say that they want to leave their profession. Almost all noted a strong attachment to their role and saw the value they bring to society. However, across the different Judges (e.g., district, circuit, first tier), there was a strong sense that they were losing the respect of the public, and they felt more unvalued by the government than ever before. The majority of salaried Judges noted worsening working conditions, and the majority of Judges across different Jurisdictions also noted that their physical environment (courtrooms, equipment, and so on) was worsening, some even calling them unacceptable. Relevantly, while Judges' satisfaction with the range and quality of training increased

from 2014 to 2022, their satisfaction has fallen about the amount of allotted time they have for training. Therefore, whilst more training seems available, the ability to undergo it is limited.

1.4 Solicitors and Barristers

The state the current court system and Judiciary is in need of much investment and improvement, and this is replicated for Solicitors and Barristers. Recently, in 2021 a working group chaired by Ed Vickers of the Criminal Bar Association (CBA, 2021), looked at the day-to-day issues experienced by Barristers in the Crown Courts in England and Wales. The report states that practitioners are doing their best to keep a creaking system working, but many are '*exasperated and leaving the Criminal Bar in worrying numbers.*' (CBA, 2021 p.4). The working group felt that the high response rate to the survey of 1100 participants (a third of CBA members) indicated a genuine concern about problems faced daily and their commitment to fixing them. The report concludes that the COVID-19 pandemic is not the excuse many use to explain problems in the JS but an exaggerating factor to an already broken system.

These problems are reflected in recent figures for outstanding cases. These show 358,076 outstanding cases in the magistrates' courts and 58,271 in the Crown Court (Victims Commissioner, 2022), with the backlog decreasing exceptionally slowly. This type of pressure and uncertainty creates a situation whereby Solicitors and Barristers, who are trying to find Justice for their clients, are met with a fragmented system where each part of the system is facing their own issues. This fragmentation can lead to a fragmentation of their wellbeing, leading to accumulative trauma (more in section 2.8).

While Barristers voted to escalate their dissatisfaction with the system through direct action, which has now been reportedly resolved, Solicitors are taking more drastic action through resignations. Due to the lack of action on Lord Bellamy KC's recommendation of a minimum fee increase for Solicitors, it seems that the Solicitors simply no longer see working in Criminal Defence as a viable or feasible career. These issues consequently mean that there are fewer individuals able or willing to engage with legal aid, further causing issues with any improvements to the backlog of cases (The Law Society, 2023).

1.5 The Police

The courts are the end stage of an investigative process, but cases only make it to that stage through the work of the police, especially for criminal (but also some civil) trials. The number of full-time police officers in England and Wales fell by 20,600 between March 2010 and March 2019, down to 123,200 officers (Home Office, 2019). This number is very close to the lowest recorded since the 1980s. This also translates to front-line policing where, since 2010, there are to be 16% fewer officers. This number worsens when accounting for the current population levels, at which point the decrease in officers is closer to 21% (ONS, 2022).

Since then, a Police Uplift Programme has been established with the view of recruiting an extra 20,000 officers – in March 2023, and this was achieved with the total headcount (i.e., not full-time equivalent number) currently at 149,572 officers in England and Wales. While positive, with the population increase, these are still not the high numbers of police we have seen, despite such claims by the government (Clark, 2023). Further, officer turnover continues to be high, raising questions relating to the quality of training and service being provided (Police Federation, 2022).

This concern regarding quality of training has been confirmed in the recent damning report by the Independent Office of Police Conduct (2023), which uncovered shocking racism, misogyny, and bullying at Charing Cross police station in Central London. Most recently, the Casey review (Casey, 2023) noted deep-rooted misogyny in the Metropolitan police service, among many other previously noted issues of 'canteen' behaviours. This comes 25 years after the Macpherson public inquiry (Macpherson *et al.*, 1999) into the death of Stephen Lawrence identified a "canteen culture" that was creating an atmosphere where racism and corruption thrived. Such culture, alongside inadequate training and high staff turnover, understandably impacts the public and the officers themselves. These factors all contribute to a system that is dysfunctional and potentially traumatising due to the constant build-up of unrealistic demands. Among other reasons, people join as they wish to make a difference in the search for Justice but encounter a lack of support and feel let down by a system that some view as not fit for purpose (Fielding, 2023). It raises many questions, such as whether it is a symptom of overload, of the dysfunctional system,

or not having the necessary supervision or lack of time for reflective practice necessary to cope when working with extremes of Trauma in an under-resourced working environment. It is reasonable to question whether some of the attitudes and beliefs might be shifted, or not, within a more functioning system.

The National Police Wellbeing Survey (2022) was recently conducted following concerns surrounding officer welfare. Likely due to the urgency of the topic, a significant number of officers responded - over 34,000 people. The survey showed findings that were highly worrying; in terms of post-traumatic stress, both police officers and staff reported symptoms (67% and 50% respectively). The impact of lifestyle on sleep was also noticeable, where almost half of police officers sleep for less than six hours per night. All police officers who participated reported low wellbeing levels. These issues are reflected in numbers of officers and staff who are impacted by outcomes of sick leave, recuperative duties, or adjusted/restricted duty. To quote the College of Policing (2020):

'In 2017, a police workforce report showed that there were 2,358 full-time officers on long-term sick, a further 4,426 on recuperative duties and 4,111 in adjusted or restricted duty posts (Home Office, 2019). These figures do not include short and medium-term sickness, sickness, presenteeism (coming to work while unwell), or leaveism (taking annual leave or flexitime when sick).'

1.6 The Intermediary

The role of the Intermediary is a relatively new addition to the justice process following the setting up of the scheme in 2004. Court Appointed Intermediaries and Registered Intermediaries (RIs) are specialists in communication provided to children and vulnerable adults to enable them to have a voice in the process. Intermediaries who come from caring professions are highly skilled and trained professionals who are committed to the concept of fair access to Justice. Intermediaries are, therefore, entering the system from a different, non-justice arena, bringing psychological awareness and their clinical skills to assist the police and Court with communication, and therefore emotional regulation, with children and vulnerable people (Plotnikoff, 2015).

Plotnikoff and Woolfson (2009) have been strong advocates for the development of the role of a communication specialist who works with vulnerable people and children in the JS. Their research in 2019 concluded that the MoJ is failing in terms of: 1) retaining existing Intermediaries and; 2) increasing the number being trained. In 2018, the Victims Commissioner wrote a report called 'Voice for the Voiceless' calling for more Intermediaries and improved conditions for Intermediaries and vulnerable people. Plotnikoff and Woolfson (2019) found a general lack of improvement concerning supporting child witnesses, including a lack of leadership, ownership, and accountability for policy and practice to support child witnesses in England and Wales. The government has not delivered on its commitment to make training for working with vulnerable witnesses mandatory for advocates.

In her review, the Victims' Commissioner, Baroness Newlove, considered the role of the RI as of significant importance to the justice processes. She recommended a multitude of improvements, for example, a need for a centralised RI service and an official national lead, who can advocate for Intermediaries, creating appropriate policies and practices. To date, this has not happened. There is a Quality Assurance Board (QAB); however, a survey in 2022 indicated grave concern amongst Intermediaries about the poor quality of QAB, which at the time of the survey had no Intermediary representation on the board (Intermediaries for Justice -IfJ, 2022). Moves to address this are currently underway with the impending and long overdue appointment of an RI to the board.

While it is challenging to gather specific and accurate information about the number of child witnesses being called to give evidence, in 'Falling Short,' Plotnikoff and Woolfson (2019) highlighted that based on available data, there was a significant increase of 60% in the three years following 2006. This increase and the need for appropriate assistance can also be seen through information provided by the National Crime Agency, which shows that there were seven times more calls for the assistance of an Intermediary in recent years, and this is even more significant for younger children aged four and under (Gibbs, Drew & Melly, 2018).

Between 2018 and 2022, 97 Intermediaries have left the scheme. More Intermediaries are consistently trained, 149 between 2018-2023, but retention exit rates are a concern (WhatDoTheyKnow, 2023). It is reasonable to question whether

there is something systemically wrong with the way the scheme is governed, and the demands and pressure placed on Intermediaries. The total number of RIs in England and Wales constantly remains approximately 200 while the demand for assistance increases. The number of active RIs averaged 147 in 2022, equivalent to 69% of the average total number of RIs on the WIS register over this period, which stood at 212. 26 RIs left the Witness Intermediary Scheme –(WIS), while monthly 'active' figures have continued to fluctuate. The total number of RIs increased by 10% (20) throughout 2022 (MoJ, 2023).

This increase reflects sustained recruitment and training activities funded by the MoJ. A total of 8,125 requests for an RI were made via the WIS in 2022, an average of 677 monthly requests. This amounts to a 1.8% increase in requests (up by 140) since 2021, during which 7,985 requests were made. It also represents a 574% increase (up by 6,919) since 2010, during which 1,206 requests were made. Whilst this displays an excellent recognition of the role, the rising demand means increased stress levels as the number of active Intermediaries capable of taking new cases remains at approximately the same level as for many years (MoJ, 2022, p.32). It raises the question of whether improved supervision and more recognition and understanding of the role would reduce the attrition rate.

1.7 The Accumulative effect of working in a Broken System

The highly stressful working environment and the associated stress and trauma caused by feelings of helplessness from receiving constant new cases, being overloaded, and long waits and adjournments for complainants or defendants, creates a negative environment. This affects Solicitors, Barristers, Police, Judges, and Intermediaries across the board. The considerable burden for all those working in the system to balance the liberty of the individual and the protection of the public in a system that is not working effectively and efficiently creates burnout and feelings of helplessness.

All this adds to the level of conditions which mount up to a level of unbearable overload, as working with uncertainty can lead to traumatic stress disorder (van der Kolk, 2014). The researcher experienced these issues first hand in her role as an Intermediary. Recently, while working on a case at Central Criminal Courts, the case

was very close to being adjourned for two years despite the very mentally unwell defendant having already been on remand for 20 months in a prison rather than a hospital. The reason for this was the lack of available Judges. A Judge had to be recruited from the West of England. The same week, I was requested to attend a third attempt at a trial in the Midlands. This was a case involving an allegation of rape which had been adjourned twice before due to lack of counsel. This third attempt resulted in the trial being relisted in July 2023, another 10-month wait, as there was no Defence Counsel. Prior to that, there had been no Prosecution Counsel available. Counsel seemed almost euphoric as she smiled and explained that another adjournment was necessary. 'I have to laugh, or I would be crying all the time,' she said. The vulnerable witness compliantly acquiesced and agreed to wait until the following year. The fourth attempt is recounted in lived experience Chapter 8.

The JS is a system that, by its very nature, is adversarial, which introduces its emotional challenges for all the users, those coming to seek Justice, and those professionals working in the system. As raised by Leslie Thomas KC (2023), the JS is focused on winning or losing rather than promoting the search for truth. It also relies heavily on oral evidence, which has significant implications for traumatised and vulnerable people due to the need to recall their experiences out loud. There is also an insidious and, arguably, immoral aspect where a person's resources determine whether they can or cannot hire good representation. It can be highly traumatic to witness this not happening, particularly in cases where vulnerable witnesses, defendants, and appellants are treated with hostility in a confrontational manner, as raised by Leslie Thomas' (2023) work on the adversarial system.

Free Legal Aid is another sphere that is of increasing concern. The Law Society (2023) highlights that large areas were cut from the legal aid services, creating a situation where people could not receive advice with many criminal, family, employment, housing, and debt problems. The number of legal aid cases where people sought help dropped from almost a million in 2009/10 to just 130,000 in 2021/22. A fair and just society requires fair access to Justice. Arguably, many people in England and Wales currently need help accessing that right.

In a report by the Bar Council, Fenhalls (2022) states:

"Justice is a vital public service that has been starved of funding and political support over the last decade. The results are clear for anyone working in the sector – a system stripped of experience and expertise, systems and buildings that aren't fit for purpose, and a tired and cynical workforce increasingly looking for a way out."

The fundamental fact is that the system is dealing with *people* not just laws and *books*. These people will have varying needs and levels of vulnerability, including traumatic stress disorders. The impact of the broken system on these people is felt across the sector. Importantly and highly relevant, the system also relies on people who work in it who will equally be impacted. These professionals are not impervious to being affected by hearing the things they hear; the helplessness of being unable to change a system is arguably not adequate for their client's needs, and the knowledge that this is not what they or their clients deserve from a public service while coping with abnormal demands due to backlogs. What has been shown here is that the system is, indeed, in need of development, to the extent that it is referred to as 'broken'. The following literature review delves deeper into the potential Trauma experienced by all sides within such a system.

This research aims to generate an understanding of the level of knowledge and understanding about the effects of Trauma on all those either working in the system, whether participating as a complainant, defendant, or respondent. Likewise, to examine the knowledge and understanding of Vicarious Trauma while working in the system. The aim is to highlight knowledge or knowledge gaps; compare experiences and views and examine existing research in the area.

1.8 The Research Question

Based on the review and observations of the current situation, the research questions will focus on an investigation of how the 'broken system' is affecting all those involved in it. The need for an understanding of trauma and its effect is more relevant and necessary now more than ever. The process of formulating the research question and aims was stimulated by completing a literature review (Chapter 2), intertwined with the researcher's own lived experience and observations (Chapter 3).

The overall research question of this thesis is:

How do The Justice System Professionals Perceive the Current State of Trauma Informed Practice in The Justice System?

To answer the question, the following aims were established:

1. What level of knowledge do professionals have about T.I.P?
2. What does T.I.P training look like in The Justice System?
3. How do professionals approach working with traumatised individuals?
4. Do Justice System professionals feel equipped to deal with the demands of working with traumatised people?
5. What are Justice System professionals' perceptions Vicarious Trauma?
6. What does supervision and reflective practice look like in The Justice System?

The Thesis is presented in the following chapters:

Chapter 2 - Literature Review

Chapter 2 presents a literature review which aims to give an in-depth understanding of the current thinking regarding Trauma and its effects physiologically on the body, brain, and communication. As a starting point it is significant for the reader to understand that Trauma and its effects are physiological response to threat beyond conscious control which has the potential to interfere with participation in The Justice System.(Damasio 2004)

Chapter 3 - Practitioner reflections

In Chapter 3, reflections on the lived experience of the researcher while working in the JS is presented. This provides a conduit between theory and practice and brings alive the reality of the interactions and experiences of working in the JS.

Chapter 4 - The Methodology

This is followed by the methodology of the research in Chapter 4 where the philosophical standing, alongside methods and research pathway are described, through a predominantly qualitative, but mixed-methods approach, integrating qualitative and quantitative data. By doing so the research methodology aims to provide insights to inform policy changes and foster social action within the JS.

Considering the aim is to influence social action, the pragmatic research philosophy of this PhD is discussed, alongside phenomenological and descriptive designs and relevant analyses. It includes the discussion of two key elements of this PhD, a survey of professionals working in the JS and a narrative analysis approach based on interviews with a sub sample of such professionals. A number of different methods were utilised in this study such as collection of qualitative as well as quantitative data; utilising thematic and narrative analysis to analyse qualitative data with the view of presenting a picture which is based on strong evidence but does not omit the unique, personal and emotional thoughts and feelings of participants. Considering the sensitivity of the topic, a thorough discussion surrounding ethics is included, as well as researcher reflections.

Chapters 5 and 6 - The Survey Findings

The survey findings are presented in chapters 5 and 6 following descriptive and phenomenological designs. Survey data were gathered from legal professionals (police officers; Solicitors/Barristers and Intermediaries), focusing on two intertwined areas of T.I.P: working with clients outside the organisation in chapter 5 (e.g., complainants, witnesses, defendants, appellants etc.) and addressing trauma within the organisation in chapter 6 (e.g., the impact on legal professionals themselves and working within a demanding system).

Chapter 7 - Narrative Analysis Findings

Chapter 7 explores the themes and patterns which emerged in a qualitative form based on in-depth interviews with professionals, also including retired Judges. Emphasis is placed on the voice of the participants and includes significant quotes to express their voices in an attempt to support the participants' own story telling - their own narrative. The aim is to bring the true essence of the current knowledge and experience of T.I.P. The qualitative approach provides deeper context and insight into the survey-based research, offering individual perspectives and personal accounts that are essential for truly understanding the area of T.I.P in the real world.

Chapter 8 – Practitioner Reflections 2

This second set of practitioner reflections synthesises the original reflections of the

researchers relating to T.I.P in the JS prior to conducting the research, and the findings of this thesis.

Chapters 9 and 10 - Discussion and Conclusion

The Thesis concludes in Chapter 9 with discussion and conclusions. This Chapter provides a synergy of the key themes stemming from the literature review, alongside the survey and interview findings, in order to present a holistic viewpoint of T.I.P in JS. Only then can any recommendations be provided. A follow-up reflection element is included to update on Chapter 3, following the research experience and findings. The thesis concludes by highlighting key issues.

Chapter 2: Literature Review



Reflective Practice Image: 2 *The eyes and faces!*

As raised in the Introductory Chapter, the JS is currently functioning in a state that might be described as trauma-inducing, not only for its users but also for staff working within it. The word 'trauma' derives from the ancient Greeks and refers to a 'wound,' 'hurt,' or 'defeat' (Turnbull, 2011, p.103).

The reports in the previous section indicate that the JS could be viewed as wounded, defeated, and injured. The fact that the justice process is known to cause Trauma is not a new topic, as papers expressing concern have been written about The Family and Criminal Courts (The Domestic Abuse Commissioner, 2021). However, it is only recently that the area of trauma informed awareness has been elevated and discussed due to significant developments in other professions.

Being able to work in a way that is trauma informed relies on awareness of the knowledge of the relationship between neuroscience, psychology, and physiology, as well as attachment and trauma theories. It is the complex intersection between

the disciplines. Likewise, an understanding of the complex and pervasive impact trauma has on a child /adult's worldview and relationships is necessary.

As identified in copious research (e.g., Cole *et al.*, 2013; Havig, 2008; Schachter *et al.*, 2008; Sweeney *et al.*, 2016), the use of T.I.P now applies across all sectors of public service, including social care, physical health, housing, education, and the JS. Trauma informed Organisations (Clarke and Blanche, 2020) start from the assumption that Trauma significantly impacts people and that those who come in contact with the organisation are likely to have gone through traumatic experiences. Therefore, the way the organisation operates needs to reflect informed practices in response to the effects of Trauma, such as creating safety or understanding and an emphasis on the importance of building rapport and trust. Consequently, services need to receive training regarding T.I.P, which needs to be structured, organised, and delivered in ways that promote safety and trust and aim to prevent re-traumatization.

In order to understand how T.I.P as a concept fits within the area of the JS, it is critical to discuss the concepts that feed into it and what they look like in practice. This literature review, therefore, aims to provide an understanding of T.I.P in the JS. It starts with a discussion surrounding the concept of 'trauma' itself, highlighting its origins and manifestations. Focus is then placed on emotional regulation and dysregulations caused by the effects of Trauma and how this relates to its potential manifestations in the JS. This includes the various strategies for coping with the effects of Trauma and how this is required in the legal process, then moving on to understanding and examining the concept of Vicarious Trauma.

2.1 The Emergence and Definition of the term 'Trauma '

Trauma was identified as shellshock during the First World War but connected with negative cognitions such as cowardice or lack of moral fibre (Turnbull, 2011, p.3). Our understanding of Trauma has been gradually changing over centuries; for much time, it was primarily associated with negative connotations (*ibid.*). The College of Policing, in their 2018 report *Responding to Trauma in Policing*, acknowledges the impact of Trauma on physical and mental health and admits that it has been hidden

for decades behind a 'be-strong' culture, again noting Trauma as something associated with weakness.

From a diagnostic perspective, in 1980, Trauma started being included in the American Diagnostic and Statistical Manual of Mental Disorders (DSM). It was in its fourth edition (DSM-IV) that the acknowledgment that anyone can experience distress after a traumatic event (APA, 2000). The definition of a traumatic experience at this time was still more limited, including experiences such as death (actual or threatened) or severe injury. At that time, the response to the Trauma needed to be severe, for example, feelings of horror, atypical levels of intense fear, or, at times, feelings of inability to control the situation and helplessness. Symptoms also needed to be observable for over a month and a decrease in the person's functioning. Later, more expansive definitions were introduced, for example, including sexual assault as a traumatic event (APA, 2013).

The ICD-10 (International Statistical Classification of Diseases and Related Health Problems 10th Revision, WHO, 2022) includes post-traumatic stress disorder under Diagnosis Code F43.10. It defines *Trauma* as a group of traumatic stress disorders with symptoms that last more than one month. It states there are various forms of post-traumatic stress disorder, depending on the time of onset and the duration of these stress symptoms. In the acute form, the duration of the symptoms is between one to three months. In the chronic form, symptoms last more than three months. With delayed onset, symptoms develop more than six months after the traumatic event.

As listed in both the DSM and ICD-10, Post-Traumatic Stress Disorder (PTSD) is an actual illness caused after living through or seeing a traumatic event, such as war, a hurricane, rape, physical abuse, or a bad accident. PTSD causes stress and fear, which remains after the danger is over. It affects life function and impacts on the people around them. PTSD starts at different times for different people. Signs of PTSD may start soon after a frightening event and then continue. Other people develop new or more severe signs months or even years later. PTSD and other traumatic stress disorders can cause problems like flashbacks or feeling like the event is happening again; trouble sleeping or nightmares; feeling alone; angry

outbursts; and feeling worried, guilty, or sad. These are all reactions commonly seen or described in the JS from which the research questions arose.

Complex PTSD- CPTSD was initially proposed by Judith Herman (1992, p.337), who stated that:

"In contrast to the circumscribed traumatic event, prolonged, repeated trauma can occur only when the victim is in a state of captivity, unable to flee, and under the control of the perpetrators."

The difference with PTSD is that the complexity added here usually manifests in more severe symptoms. Knefel and Lueger-Schuster (2013) argue that when going through complex Trauma (such as repeated child abuse), PTSD itself is not a sufficient diagnosis and the trauma manifestations are more complex, a finding of many other researchers (De Jong *et al.*, 2005; Dickinson *et al.*, 1998; Ford & Kidd, 1998; Roth *et al.*, 1997; Sar, 2011; van der Kolk, 2014). For example, those with CPTSD may have issues with how they view themselves and regulate their emotional state (Cloitre *et al.*, 2013; Maercker *et al.*, 2013). These findings have been confirmed repeatedly, especially in the context of childhood trauma (e.g., Courtois, 2004; Ford & Kidd, 1998; Zlotnick *et al.*, 1996). The symptom complexity following exposure to prolonged traumatic events includes deficits in regulating emotional stress (affect dysregulation), negative self-concept, interpersonal problems (Cloitre *et al.*, 2013; Maercker *et al.*, 2013), and dissociative symptoms (Sar, 2011; O'Mahony, Milne & Smith 2016 & 2018). In the case of cumulative childhood traumatic events, many studies have confirmed PTSD symptoms (Cloitre *et al.*, 2009; Courtois, 2004; Ford & Kidd, 1998; Herman, 1992; Zlotnick *et al.*, 1996).

The symptoms of CPTSD are highly relevant to the histories of many of the cases in the JS and are echoed in terms of re-traumatization, which can occur during the justice process. To fully understand the factors relevant to the research question, a detailed analysis of the theories related to Trauma and its effects on participants in the JS is a necessary underpinning for the research questions to be fully understood.

This thesis is not only looking at PTSD but other manifestations of the effects of Trauma. ICD-10 (WHO, 2022) states that traumatic stress is wider than PTSD, though there are numerous similarities. Similarly, the cause is a specific event (car

accident, sexual assault, etc), and people going through such events may develop Trauma-related reactions. This causes an anxiety disorder due to an experience of intense fear or horror while exposed to a traumatic, especially life-threatening event. The disorder is characterised by intrusive recurring thoughts or images of the traumatic event, avoidance of anything associated with the event, a state of hyperarousal or hypo arousal, and diminished emotional responsiveness.

Commonly, individuals develop a deep sense of fear, even horror, causing their brain to be 'online'/hypervigilant constantly. It is common to relive the event involuntarily through intrusive thoughts, which many associated sensory experiences can trigger. Avoidance of situations, people, or many other stimuli that remind them of their Trauma is common. Symptoms interfere with day-to-day living and include reliving the event in nightmares or flashbacks; avoiding people, places, and things connected to the event, feeling alone and losing interest in daily activities; and having trouble concentrating and sleeping.

The effects of Trauma, such as physiological responses, often go misunderstood, misinterpreted, and neglected in the JS. Perry (1998, p.33) states that:

"Trauma is an adaptive response to a threat which causes the individual to react on the arousal continuum from vigilance to terror."

In the JS, this means that Trauma generally impacts individuals, and focus should not solely be placed on PTSD itself. The work of Perry (2003, p.94) explains clearly how Trauma impacts the work of the JS. For a traumatised individual, when thinking about communication, what is said is often not the key focus as it can be misleading. Nonverbal communication can itself be triggering, especially if in any way related to the Trauma, for example, the way someone manifests their facial expression or body posture/body language. Some kinds of trauma reactions induce a sense of detachment from reality and dissociation as a primary adaptive response. Research using MRI imaging shows this is a physiological response (Sherin & Nemeroff, 2011; Whalley *et al.*, 2013). Stress results in acute and chronic changes in neurochemical systems and specific brain regions, which result in long-term changes in brain "circuits" involved in the stress response. Clinical studies have shown alterations in memory function following traumatic stress, which affects brain areas, including the hippocampus, amygdala, and medial prefrontal cortex, which are involved with

memory (Bremner, 2007; Neumeister *et al.*, 2018) [further information on the neuroscience of Trauma follows in 2.4]. This change to neurological and cognitive functioning, understandably, impacts the work of the JS. It has in recent years become clear that Trauma is more widespread than previously thought, especially through work looking at Trauma, which happens during childhood and following life-long consequences. This change in function, i.e., processing, understanding /expression, impacts the work of the JS.

Perhaps not surprisingly, this knowledge is of much importance to the JS due to a higher prevalence rate than in the general population, which is a topic discussed in the next section.

2.2 Adverse Childhood Experiences (ACEs)

A comparatively new area that has made headways in the JS relates to the impact of childhood experiences, including traumatic events, on lifelong outcomes of individuals, including the different ways in which the brain develops. While not without critics, the highly significant original study on Adverse Childhood Experiences - ACE (Felitti *et al.*, 1998) provides solid reasoning as to why a better appreciation of Trauma across sections is necessary. The ACE study found that ten specific childhood experiences are most predictive of adverse lifelong outcomes. These include physical abuse, emotional abuse, sexual abuse, mental illness, physical neglect, emotional neglect, incarceration of parents, domestic abuse, substance misuse, and divorce. The ACE study suggests that childhood trauma is common and can be estimated by looking at specific experiences. For example, a quarter of the sampled individuals reported sexual abuse, and a similar number reported physical abuse. Almost a third reported substance abuse in their household. As widely reported, this original ACE research supported that such Trauma experienced in childhood is directly linked to long-term adverse life outcomes, as severe as suicide, including engaging in/witnessing violence. In fact, these associations are powerful, i.e., engaging in violence or being a victim of violence, and are found to be nine times more likely in those with four or more ACEs than in the general population.

Research also uncovered that while Trauma does not discriminate, some populations are more likely to be exposed to Trauma during childhood. Exposure is more likely in those of lower socio-economic status and from an ethnic minority (Hatch & Dohrenwend, 2007, p 313). Likewise, ACEs have been shown to be highly correlated with socio-economic disadvantage in the first year of life (Marryat & Frank, 2019). Unsurprisingly, the same trend is seen in the JS (Montieth *et al.*, 2022).

Only a few studies in ACEs have also been completed in the UK. It must be noted that studies, while comparable, do not all include the same amount of risk factors as there are numerous versions of the ACE questionnaires. For example, in Scotland, around 14% of the population in their study reported having experienced four or more ACEs, which replicates the notion that those in deprived areas were more likely to make such a report. The consequences of high scores of ACE are far-reaching, from adverse long-term health outcomes (e.g., obesity and cardiovascular issues) to relationship maintenance or engagement in crime (Scottish Government, 2022).

These different ACEs are also highly interlinked. A strong relationship between Trauma and subsequent mental health problems is well documented (Harper *et al.*, 2008; Karatzias *et al.*, 2016; Kucharska, 2018; Sweeney & Taggart, 2018). A systematic review found that there is a significant overlap between mental health service engagement and previous physical or sexual abuse (Mauritz *et al.*, 2013). Other surveys continued finding links with mental health service engagement, including violence in their recent past (e.g., domestic or sexual) (Khalifeh *et al.*, 2015).

In troubled children, the traumatic nature of their behaviours may be less obvious, and they can present as aggressive, suspicious, and non-compliant. They may have another diagnostic label attached to them as they are less likely to talk about their traumatic experiences. Frequently vulnerable defendants come from homes where they have experienced complex Trauma. Research by the Royal College of Speech and Language Therapists (RCSLT, 2017) indicates that 65% have a significant language disorder. Other research in this area indicates similar findings (Coles *et al.*, 2017; Snow and Powell, 2012). In fact, Jimenez and colleagues (2017) found that ACEs impact early development, finding a decrease in language, literacy, maths, and social skills, as well as an increase in attention problems or aggression. These

factors are often associated with victimhood, as well as offending, and understanding their trauma background is essential for a successful justice process (*ibid.*).

There is literature to support the fact that there is a long-term trauma difference between people who have been sexually abused as an adult compared with those who were abused as children and the resultant effect of the Trauma. For example, Herman (1997, p.265) states:

'Repeated Trauma in adult life erodes the structure of the personality already formed, but repeated Trauma in childhood forms and deforms the personality ... The child trapped in an abusive environment is faced with formidable tasks of adaptation, finding ways to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is unpredictable, power in a situation of helplessness.'

This is constantly observable in the JS. Dierkhising and colleagues (2013) statistics note that 90% of young people involved in the JS have experienced at least some type of traumatic event in their lives. Strikingly, 30% are also diagnosed with PTSD, and over 70% meet the criteria for mental health disorder. Further risks include the misuse of substances or trouble in school. An earlier study (Abram *et al.*, 2004) presented grave concerns, noting that 92% of youths involved in the JS have gone through at least one type of Trauma, with the majority having experienced numerous types of traumatic events.

There is a lack of studies specifically looking into the prevalence of ACEs in the offending population, especially in the UK. However, a study conducted among prolific youth offenders in Wales found that the prevalence of ACEs and associated risk factors was very high: 48% of them witnessed family violence, 55% were abused or neglected, 62% were found to be actively needing to cope with Trauma, 79% had social services involved in their life prior to arrest, 81% were without qualifications and 95% were exhibiting substance misuse problems (YJB Cymru, 2016, as cited in Glendinning *et al.*, 2021). To the researcher's knowledge, no studies assessing the prevalence across the defendant and witness sectors have been conducted within the English and Welsh JS.

There are, understandably, protective factors that can mitigate the impact of ACEs; one of the strongest ones is the notion of the 'Always Available Adult,' someone who is an adult and is present and trusted consistently over a long period of time (Bellis *et al.*, 2017). Due to the current state of the JS, stability during an investigation or other justice proceedings is scarce, further enabling the re-traumatising of individuals. It is critical, however, to appreciate that a better understanding of ACEs and how to mitigate their manifestation is of much relevance to the JS. A traumatic event or early complex traumatic history interferes with the areas of the brain that interpret experience. It interrupts the integration of the brain and causes physical sensations generated deep inside the brain. These cannot be controlled by reason or understanding. This leads to a sense of anxiety, numbness, dissociation, and shutdown. Confusion, agitation, emotional detachment, and 'out of the body' experiences are all part of the fragmentation of the whole 'self.' This can be referred to as Traumatic Stress response, commonly observed in the JS (Perry & Winfrey, 2021, p.304).

One possible outcome of being traumatised, for example, is developing Alexithymia (Bremner, 2006; Goerlich, 2018) which is when the person is unable to make sense of or put their feelings into words and communicate what is going on, causing the potential shutdown of the high cognitive function of the brain. This is well summarised by Perry (2003, p.4-5):

"As the traumatic event ends, the mind and body slowly move back down the arousal or dissociative continuum. The child moves from the brink of terror, through fear, alarm and, with time and support, back to calm. Heart rate, blood pressure, and other physiological adaptations normalize. If a child can move back down the arousal continuum, their brain will resume baseline (pre-trauma) styles of thinking, feeling, and behaving. Hypervigilance decreases and the mental mechanisms related to attention begin to normalize as well. The child that has dissociated will begin to pay attention to external stimuli. While the child that has been completely focused on external cues related to threat will actually pay attention to internal stimuli (e.g., feelings, thoughts, sensing their pounding heart or noticing the cut on their leg from diving under a desk during the shooting)."

According to Perry & Szalavitz (2017), trauma has been well documented in children who are survivors of any form of abuse or exposure to traumatic events (such as community violence or natural disasters). The consequences of childhood trauma, already visible during childhood, are far-reaching as their physical state becomes one of constant fear, impulsivity, hyperactivity, depression, insomnia, hyper/hypo vigilance, and other manifestations of their trauma responses. Moreover, Trauma can impact their development – either through loss of skills, abilities, or functions already gained or through slowed acquisition of further development. The impact of childhood trauma is not, however, a new phenomenon. Children need to adapt to their environment differently than those not experiencing Trauma and often develop distrust towards others. This can lead to feeling unsafe and may cause them to try to gain control in unpredictable and challenging situations, as well as seeking some element of power. All such manifestations can be seen in the JS and should not be misunderstood as uncooperative or otherwise negative behaviour. Without being able to learn through positive early experiences (Spring, 2014), children and, in later years, adults tend to look for ways to manage their feelings and emotions, which might be harmful.

ACEs, alongside a wider understanding of the wide-ranging notion of Trauma, showcase two essential factors to be considered by JS professionals:

1) That the needs of those in the JS are essential to identify, as the prevalence of Trauma is high, and this does not only stem from the particular offence itself, and 2) That adjustments must be made to allow effective participation for all, as Trauma can significantly impact on individuals.

2.3 Sexual offending and the many Faces of Trauma

When discussing Trauma in the JS, it is not possible to neglect the discussion surrounding sexual abuse due to the high prevalence of cases. In recognition of how highly traumatic sexual offences can be, survivors are automatically perceived as vulnerable based on the Youth Justice and Criminal Evidence Act 1999. Sexual offences vary significantly, from non-consensual sex acts (e.g., rape), attempted non-consensual sex acts, abusive sexual contact (e.g., unwanted touching), or non-contact sexual abuse (e.g., threatened rape, verbal sexual harassment) (Vanden

Bos, 2007). What they all have in common is that sexual offending leads to highly traumatic outcomes, whether these are physical or mental (*ibid.*; Basile, 2013). The need to understand the level of Trauma experienced by survivors of sexual offences is vital. The handling of and appropriate responses by professionals during the investigation process, therefore, becomes critical, especially considering there are copious reports of re-traumatisation occurring within the JS (Dirks 2004; Kammerer 2005) or also in light of the most recent Casey review (2023). Rich (2019) highlights the importance of trauma informed approaches when reporting rape to police. She suggests that police interviewing skills can prevent survivor re-victimisation during the police process, such as interviews and statements taking.

The Office for National Statistics in The Crime Survey for England and Wales (CSEW) year ending March 2022 provided an estimate of actual or attempted sexual assaults – proposing that over a million individuals in England and Wales would have experienced it in the previous 12 months. In the same time period, the police recorded 193,566 sexual offences - the highest level recorded. The Rape Crisis Centre published figures that 1 in 4 women and 1 in 18 men have been raped or sexually assaulted as an adult. Further, 1 in 6 children have been sexually abused (ONS, 2023b). Many acts of sexual violence go unreported due to fear, shame, or guilt. (Lee, Scragg, & Turner, 2001). Sometimes, the complainant may feel worthless, exposed, and inferior, preventing them from disclosing further (Kim *et al.*, 2011; 2017), and therefore experiencing a highly traumatic response.

Disclosure of information shared by a traumatised or vulnerable person may feel like a betrayal of trust (Lorenz and Jacobsen, 2021). However, this must be balanced with the fact that every accused person has the right to a fair trial. It is viewed that the disclosure process aims to make sure that the trial is fair to ensure Human Rights are considered. Information and guidance regarding disclosure is stated in the Criminal Procedure and Investigations Act 1996 (the CPIA 1996). The CPIA 1996 is an integral part of the system that ensures criminal in the Attorney General's Disclosure Guidelines AGG (2022). Investigations and trials need to be conducted in a fair, objective, and thorough manner.

Pre-trial therapy has been a confusing area for some time along the lines of disclosure of information. The long-awaited CPS Guidance on pre-trial therapy was

published in 2022. In the past, there had been a fear that therapy may contaminate the legal process. This prevented many traumatised children and adults in need of therapeutic intervention from receiving the help they needed until after the trial. This fear is unfounded and is contrary to the belief that traumatised children and adults benefit from therapeutic intervention early in the investigative process (CPS, 2022). The grey area remains with the need for therapists to disclose notes or not.

The CPS guidance (2022) states: *'the law governing disclosure imposes an obligation on the police to pursue all reasonable lines of inquiry whether these point towards or away from the accused. Access to therapy notes can only be requested in an individual case when it is a reasonable line of inquiry that may reveal material relevant to the investigation or the likely issues at trial. What is reasonable in each case will depend on the circumstances of the individual case, any known issues in the case, including any potential defence, and any other information informing the direction of the case.'*

As stated in Article 8 of the European Convention of Human Rights, while people have the right to protect and be respected (likewise their families), investigators are obliged to pursue all reasonable lines of inquiry, whether these point towards or away from the accused. The subjectivity of the situation is potentially fragile when setting up a therapeutic alliance, as the traumatised person has a right to know that what they disclose in therapy could be part of a request for information and disclosure. The guidance states that: *'What is reasonable in each case will depend on the particular circumstances.'*

While sexual offending is seen within the scope of the 'Violence Against Women and Girls' agenda (HM Government, 2021), it cannot be ignored that boys and men are also sexually abused on a large scale, especially in relation to some offences, such as sexual exploitation. For example, ECPAT (2021) International, which is a global network of civil society organisations that works to end the sexual exploitation of children, found in their research that boys make up around a third of those in the USA's illegal sex industry.

An informant in their research recalled remarks about the need for a culture change. She recalled a professional saying, 'Why didn't he get away... he's a boy'. Likewise,

there is a similar visible trend of a 1:3 ratio in the UK (Cockbain, Ashby & Brayley, 2017).

Boys and men may be very resistant to disclosing sexual abuse, therefore holding their trauma reactions internally rather than seeking help. On average, it takes over two decades for boys and men to disclose (21.45 years), and it was found that some took up to 63 years. Not even a tenth of individuals disclosed any kind within a year of what happened/is happening (Easton, 2019). Findings looking at child sexual abuse disclosure all consider long disclosure times. The ONS (2021) noted that while 15–18% of women and 6–7.6% of men would have gone through this traumatic experience, the average disclosure time is around 18 years. It was also noted that almost a third of survivors never actually disclosed their experience of CSA (Child sexual abuse) (1–3). The Crime Survey for the year ending March 2022 (ONS, 2022) provided the most up-to-date estimates of victimology, noting that 798,000 women and 275,000 men aged 16 years and over experienced actual or attempted sexual assault in the last year.

There are significant consequences to surviving childhood sexual abuse. Russell (1982) found that due to Trauma, two-thirds of adult women who survived intrafamilial childhood abuse, were raped later in their life. Herman (1997) discussed this trauma response. He commented on how the childhood sexual abuse survivor's interpersonal relationships in adult life are driven by the need for protection and care while being haunted by the fear of abandonment and exploitation. She claims that the risk of rape, sexual harassment, or battering is doubled for survivors of childhood sexual abuse. She quotes Diana Russell's (1982) study, which states that two-thirds of women who had been incestuously abused in childhood were subsequently raped. The BASHH (British Association for Sexual Health and HIV) and NICE (National Institute for Health and Care Excellence) guidelines support this notion. The BASHH (2023) guidelines provide information on symptoms that can occur very early after the experience, which would include anxiety and depression but, further down the line, PTSD. Cognitive and behavioural coping can also occur, including stimuli avoidance, memory problems, irritability, feelings of shame or self-blame, and many more (Lee, Scragg, & Turner, 2001). All these factors increase one's vulnerability and need to be treated in a trauma-informed approach.

The NICE guidelines echo this and highlight that it is imperative to understand that childhood experiences of abuse and domestic violence are all linked with a range of mental disorders as well as self-harm (Itzin, 2006). Yuan, Koss, and Stone's (2006) research also found PTSD, suicide/attempted suicide, alcohol abuse, eating disorders, problems with interpersonal relationships, high-risk sexual behaviours, and depression to be common sexual trauma responses. The development of a personality disorder was also noted, with some clinicians believing that complex Trauma and personality disorder are closely related (Briere, Hodges & Godbout, 2010; Herman, Perry & van der Kolk, 1989; MacIntosh, Godbout & Dubash, 2015). The way individuals respond and which coping strategies are employed or unconsciously developed depends on the individual. While some might show little distress, others can develop acute or chronic symptoms. Some survivors do not label their experiences as rape or assault due to familiarity with the perpetrator or the absence of force. Yuan, Koss, and Stone (2006) state that childhood sexual trauma is associated with post-traumatic stress disorder (PTSD), depression, suicide, alcohol problems, and eating disorders. Survivors may also experience low sexual interest and relationship difficulties, engaging in high-risk sexual behaviours and extreme coping strategies which need to be appreciated by JS professionals working with them.

Due to this type of crime being highly emotional and extremely personal to the survivor, alongside a culture that still sees it through a lens of shame, survivors themselves often do not seek help or counselling for a long time. By which time their symptoms worsen, or they may be experiencing an active crisis. (Calhoun & Atkeson, 1991; Hilberman, 1976; Pifalo, 2007; Tripp, 2007; Wadeson, 2010). Although there are limited data available, it seems that a support network (be it family, partner, or friends) can mitigate some of these very adverse outcomes and enable a survivor to make improvements to their mental health as well as more general psychological and physiological functioning. This is beginning to be reflected in the JS with the acknowledgment and inclusion of the role of the supporter, such as an Independent Sexual Violence Advisor (ISVA) or family supporter (Majeed-Ariss, *et al.*, 2021).

It has been highlighted here how more knowledge of Trauma and its responses is crucial in cases of sexual offending, though this sentiment is of course wider reaching. Alongside, it is also crucial to appreciate the pressure those working within the JS experience dealing with cases of a sensitive nature like those of sexual offending. Seeing images or hearing narratives of disturbing information about abuse and torture can accumulate and burn into the mind and psyche of the listener. For example, MacEachern and colleagues (2019) found worrying manifestations of secondary stress in detectives who deal with child protection cases. This is a crucial element of the research question regarding Vicarious Trauma.

2.4 The Neuroscience of the Impact of Trauma

The growth of knowledge regarding neuroscience and the use of Magnetic Resonance Imaging (MRI) has changed approaches in education, health care, and management of patients, dentistry, and in some business settings. The question that needs to be asked is whether the JS has embraced this expansion to accept what has now become a recognised understanding of Trauma and its effect on the brain and body. To usefully explore this point, it is essential to understand the physiology of the brain. This knowledge is included in all adequate pieces of training on trauma informed care in many different sectors ranging from social work to business. This is often referred to as psycho-education (Ofiaz, HaT.I.Poğlu & Aydin, 2008).

Part of psycho-education is to understand how the brain is organised into different sections, and will be described below:

The **frontal brain, or neo-cortex**, is responsible for higher brain functions (Siegel, 1999), analysis of the external world (van der Kolk, 2014), and self-awareness and consciousness (Lanius *et al.*, 2006). It is this rational cognitive part of the brain which is primarily concerned with the world outside. Terror /trauma overwhelms higher brain functioning (Siegel & Solomon, 2003).

The limbic brain, mid-brain, is often referred to as the emotional brain. While the upper brain or neocortex is more concerned with executive function, rational thought, and verbal reasoning, the limbic brain relates to learning, motivation, memory, emotional regulation, and social behaviour (Cozolino, 2002; Lanius *et al.*, 2006).

The **lower brain**, sometimes called the reptilian brain, houses the brain stem and connects with the vagus nerve. It is responsible for the unconscious regulation of internal homeostasis/balance/ physical regulation. The cerebellum helps govern this and is responsible for sensory motor function and the vestibular system. Interesting research has emerged about the vagal response in terms of trauma reaction (Porges 2014). The limbic/mid and hind/reptilian brain are active when an individual is traumatised. The neocortex can shut down.

The brain consists of a right and a left hemisphere. The various lobes and centres of the brain are integrated via a complex neural network that works together through neural transmitters. When a person is traumatised, the shock will cause the high functions to become disintegrated and fragmented (Siegel, 1999).

An understanding of the different functions of the hemispheres is highly relevant for achieving best evidence in terms of memory and language:

Left Hemisphere: Declarative Explicit Memory/ Verbal Associated Memory (VAMS). The left brain is concerned with the "three L's – linear, logical, linguistic" (Siegel & Solomon, 2003, p.15). Trauma disrupts the left hemisphere function, where the main centre for language is situated. Regulated function is vital for Explicit Memory or Verbal Associated Memory (VAMS). PET scans show that the language centres (particularly the Broca's and Wernicke's areas responsible for the comprehension and production of language) show reduced activity and a 'shutting down' in traumatised people. This disruption affects the ability to give a verbal narrative. The Broca area can go 'offline' when a trauma is being experienced.

The right hemisphere: Implicit Memory/ Sensory Associated Memory (SAMS). The right hemisphere stores implicit or sensory-associated memories. It is non-verbal, somatic (body related), perceptual/visual, and recognises facial expressions and body language; it regulates the autonomic nervous system (Cozolino, 2002; Siegel & Solomon, 2003). People act, feel, and imagine without the knowledge or understanding from the higher part of the brain that this is the influence of past experience. It is a timeless memory related to the storage of sensory information. Such storage, especially when a traumatic experience is stored, becomes implicit and 'stuck' unprocessed in the sensory memory, which can be triggered by

associated channels (Cozolino, 2002; LeDoux, 1996; Siegel, 1999). When threatened, human beings respond instinctively and reflexively.

Trauma is stored in the brain and body and is mainly a sensory, i.e., physical/perceptual experience. The frontal lobe frequently shuts down when traumatised, affecting the language centre and the ability to describe the incident. This has significant implications for the investigative process and the giving of evidence in court. The work of Mattison and Dando on sketch reinstatement is very relevant as it has found that using sketching during the gathering of evidence is helpful. The process of mental reinstatement of context (MRC) is an effective approach. (Mattison, Dando, and Ormerod 2009; Dando, Gabbert, & Hope 2020).

The amygdala is the key component in the neural transmission. "It is involved with fear, attachment, early memory, and emotional experience throughout life" (Cozolino, 2002, p.71). The amygdala's role in survival is paramount. Every piece of sensory input that enters our brain is routed via the thalamus (in the hindbrain) and then to the amygdala, which is known as the 'smoke detector.' (Cozolino, 2002; van der Kolk, 2014). The amygdala is responsible for the physiological response to threat. It acts beyond our conscious control and is fundamental to trauma response and self-protection. This can be activated by the poor handling of traumatised people in the JS if the questioner does not have an adequate understanding of the basis of T.I.P.

Further, highly relevant to the JS is the finding that the hippocampus is sensitive to the effects of stress. The hippocampus, simply termed the 'memory store filing cabinet,' which is involved in verbal declarative processing, is affected by Trauma and stress, in turn causing the ability to verbally express to 'shut down' at a cortical level (Frewen *et al.*, 2017; van der Kolk, 2005). When a traumatic event occurs, a physiological response often interferes with information processing. The frontal lobe of the brain, responsible for verbal reasoning, organisation, and cognitive function 'shuts down.' Trauma is not stored as one whole memory with a lineal organised beginning, middle and end but is stored as fragments of memory that can become frozen and are not integrated. These fragments (behaviour, emotions, sensation, and thoughts) can be reactivated, which can lead to re-experiencing (flashbacks) as if they were happening at that moment. The flashbacks may have matching emotions and body responses and can be as distressing as the original event. For people who

are reliving a trauma, nothing makes sense; they feel trapped in a life-or-death situation, a state of paralysing fear or blind rage (van der Kolk, 2014). Trauma can make the memory of events fragment into segments that may be neither integrated nor consciously recalled. For example, there can be separate segments relating to the sensation, which was felt during the incident, thoughts someone was thinking at the time, the emotional responses which were happening, or behaviours that were occurring. Such flashbacks feel as real as the incident itself. The flashbacks may have matching emotions and body responses rather than remembering and can be as distressing as the original event.

During such flashbacks, a state of paralysis is frequent, and extreme emotions of anger or fear can also manifest (van der Kolk, 2014). As the traumatic event ends, the mind and body slowly move back down the arousal or dissociative continuum (Perry 2014) when individuals can return to more 'integrated' brain functioning. It has been discussed in this section how stress put on the brain and body creates different manifestations of Trauma in individuals. As previously discussed, if these symptoms persist, then the level of Trauma may amount to PTSD or Stress-Related Disorders (DSM-V). The following sections delve deeper into the impact of Trauma, focusing on the different manifestations.

2.5 The Impact of Trauma on Individuals

Trauma is about the triggering of fear systems that are activated and continue even though the event has passed (van der Kolk, 2014). People with a history of Trauma often cannot put into words their emotional feelings and frequently have difficulty sensing what is going on in their bodies (Frewen *et al.*, 2008). They often react to stress by becoming 'spaced out' or displaying excessive anger. This can be a very confusing and misleading manifestation for the JS recognise and cope with.

A traumatised person's mind and body do not go through the more typically understood stages of arousal, followed by calm. Their minds are aroused to some extent continuously, expecting constant danger. Some remain in a constant state of hypervigilance (Bremner, 2006). They may startle in response to the slightest noise and become frustrated by minor irritations. Sleep may be chronically disturbed, and they lose pleasure in food and other sensory experiences. Understandably, such

brain functioning is highly unpleasant and unwanted, which can lead individuals to cope by freezing and dissociation. When the body and mind are assaulted, the higher, more sophisticated circuits of the brain (i.e., the cognitive neo-cortex that governs language, thought, and reasoning) shut down, which is a defence mechanism to protect the individual. This is significant to the JS as the methods of giving evidence or stating the case rely on verbal language. Research showed, as also discussed earlier, that talking about Trauma can take years and years, and re-experiencing the incident can also occur years and years later without being able to articulate what is happening. In the words of Van der Kolk (2014, p. 104):

'Trauma by its very nature drives us to the edge of comprehension, cutting us off from language based on common experience or an imaginable past...'

The author continues to talk about the specific ways in which these impacts on a person's ability to talk about what happened:

'The amygdala stores the visual images of Trauma as sensory fragments, which means the trauma memory is not stored like a story, rather by how our five senses were experiencing the Trauma at the time it was occurring. The memories are stored through fragments of visual images, smells, sounds, tastes, or touch. Trauma is not stored as a narrative with an orderly beginning, middle, and end.... memories return as flashbacks that contain fragments of the experience, isolated images, sounds, and body sensations which initially have no context other than fear and panic' (Van der Kolk, 2014, p.104).

People may lose memories of events only to regain access to them later. This highlights the need to understand how the physical effects can impact communication skills and how vital trauma informed awareness is to find the best way to adapt. This is highly relevant to evidence-giving and participation in the JS.

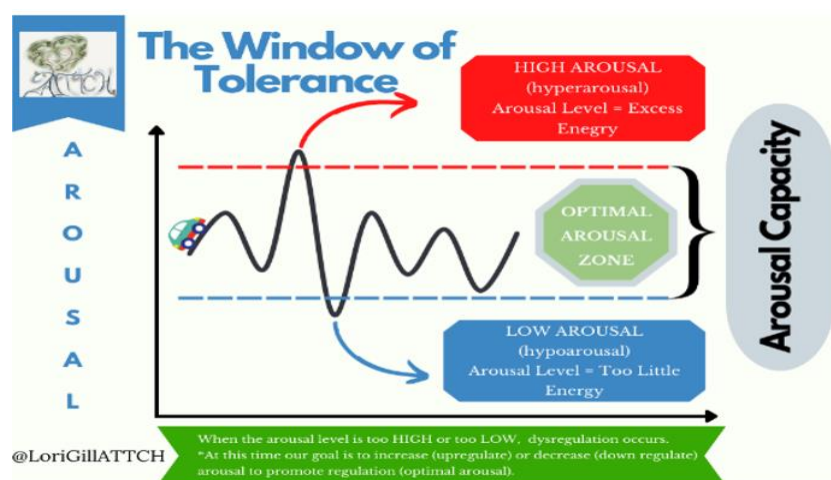
Much research has been carried out about how re-exposure or re-enactment of trauma impacts on individuals (Herman, 1992; van der Kolk, McFarlane & Weisaeth, 2012). Psychologists and psychotherapists who specialise in Trauma always call for the need to provide individuals with safety through the environment, through rapport building, and similar. The need for all parties in the JS to understand the impact of Trauma is essential. Psycho-education (i.e., training) can assist the process. Rapport

building has been identified as an effective tool for investigative interviews where, if done correctly and safely through the lens of Trauma, it can be beneficial (Risan, Binder & Mildne, 2016; Gabbert *et al.*, 2021). Specific manifestations of Trauma are the core of the following sections.

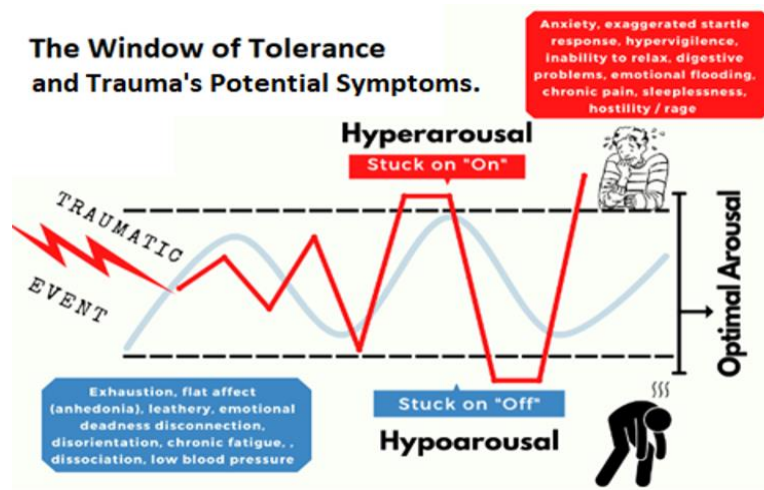
2.5.1. Sensory Integration- Co-regulation, Dysregulation, Concentration and Attention

In order to keep a person within what is referred to as "*The Window of Tolerance*" (Corrigan, Fisher & Nutt, 2011), which is the optimum level for coherence for communication and participation in the legal process, the professional within the system will need a good understanding of how Trauma manifests, such as fight/flight, laughter/disinterest. These defence mechanism behaviours can be misinterpreted unless the professionals are trauma informed. In the words of Damasio (1999, p.28): "*Sometimes we use our minds not to discover facts, but to hide them.*"

The Window of Tolerance (Graphics 2,3) is one of the most important concepts when working with trauma. It is effectively and best described using visuals to illustrate it.



Graphic 2 Gill's explanation of the Window of Tolerance (2017)



Graphic 3 Gill's explanation of the Window of Tolerance and Trauma's Potential Symptoms (2017)

The Window of Tolerance is 'the place' where a person is comfortable, safe, and can process language. Each person will have their own 'window of tolerance,' and traumatised children and adults will have a small area of tolerance in which to work with them to achieve the best evidence. It takes skill and knowledge to find this area and to help them remain within it.

Herman's Model for Recovery (1997) argues that recovery can never be perceived as an isolated process – it needs to be done in the context of a relationship, e.g., support of a partner or trust building with an interviewing police officer. This can only occur when a person is safe, can build up trust, and is within their window of tolerance.

This fits well with Attachment Theory (Ansbro, 2018), commonly accepted as the most appropriate approach for nurturing, education, and wellbeing. It also relates to the above-mentioned mitigating factor to Trauma – the Always Available Adult. Could justice professionals, such as police officers, in an interview be a temporary attachment figure? Herman talks of establishing safety, accepting remembrance and mourning, and then reconnection to functioning life. Highly relevant to the Justice process, children and adults with stress-related disorders or PTSD may manifest in ways that can be highly dysregulated or seemingly impulsive due to fluctuations in arousal – again, feelings of safety can mitigate (Frewen & Lanius, 2006; Hopper *et*

al., 2007; Kimble *et al.*, 2014; Lanius *et al.*, 2010; Miles *et al.*, 2016; Powers *et al.*, 2015; Williamson *et al.*, 2015).

It is reasonable to suggest that participants in the JS may be experiencing swings of emotions, requiring trauma informed interviewing strategies and concentrating on establishing safety, approaching the traumatic event sensitively, funnelling in or zooming out, and recognising when the person is 'present' enough to participate (Risan, Binder & Milne 2016, 2020). This attunement helps establish regulation and co-regulation when the vulnerable person is helped to regulate by the body language and behaviour of the person with them. Co-regulation can take different shapes, and the way it happens will depend on all parties involved in the co-regulation effort. For example, it can be about the general perceptions of warmth or calmness. It can also be through tone, pace, type of words, and the use of words of encouragement or acknowledgment. This stimulates the human engagement part of the brain, which helps return a traumatised person to a more integrated state (Porges 2014).

Regulation and Co-regulation also involve techniques that use breathing, tapping, and other approaches, such as reference to the zones of regulation. However, this can only happen in a safe environment (Sweeney *et al.*, 2016).

A state of Trauma affects sensory awareness, perception, mapping, and navigational skills (Miller, McDougall, Thomas and Wiener, 2017). It dominates the senses and is stored in a sensorial manner (Crespo and Fernández-Lansac, 2016). The integration of the senses is integral to a person's wellbeing and everyday functioning. When someone is 'shut down' through a trauma response, the integration is fragmented, and the sense of 'wholeness' is disintegrated. When this fragmented communication breaks down, the person can become dysregulated. Repetitive tasks, such as folding paper, pressing on a stress object, visually engaging with a pattern/colouring in, and fidgeting with a piece of paper or blu-tac, can help keep a person present. This affects the Vagus Nerve (Smith-Roley, 2007; Bogousslavsky, 2005; Porges, 2004; Lane *et al.*, 2019). Bogousslavsky's (2005; as cited by Talwar, 2007) findings support this as brain activity becomes more regulated when carrying out a creativity or physical task (da Câmara, Agrawal & Isbister, 2018; Fancourt & Steptoe, 2018).

Likewise, Hass-Cohen and Carr (2008) suggested that the use of art materials and art therapy interventions that were simple to follow (e.g., cutting paper into shapes)

helped repair and reduce reactions from chronically experiencing flashbacks and nightmares. This is because engaging the creative parts of the brain requires quite complex brain function, which can enable more accessible access to memories and emotion processing (Talwar, 2007). Art materials and visuals have been successfully used in the JS. This type of repetitive activity is frequently used by professionals such as Intermediaries to help a vulnerable person remain regulated and, therefore, to participate in the justice process effectively.

With significant Trauma, especially long-term Trauma, even after escaping a situation, a survivor will often feel like they are still trapped, and this can be felt both physically and emotionally (Herman, 1997). The perpetrator, while removed, still holds control of them and causes feelings of danger. In the JS context, examples include long-term domestic violence; long-term child sexual abuse; organised child exploitation rings; and long-term physical or emotional abuse. The investigative and adversarial process in the JS can perpetuate the feeling of being trapped and unable to escape. If those working in the JS are adequately trained, this sense of entrapment may be eased (Herman 2003; Perry & Winfrey, 2021).

2.5.2 Associative channels in relation to Trauma

An event or experience happening now can trigger past memories. Past memories and associations can trigger responses. This is due to *associative channels* which exist in our brains. The tone of voice of a questioner, the environment, or other factors could be associated with an earlier life event and have a physiological impact. Ehlers, Hackman, and Michael (2004) describe how traumatisation can occur stimulated by a perceptual similarity to the original event, i.e., someone waving a pen around during an interview or at court, can produce traumatisation as the pen may be perceived as the weapon used in the original traumatic event. They state that this triggering affects temporal order, causing difficulties with the sequential order of details, and affects the ability to recall. This is highly relevant to the JS as re-traumatisation in court and the wider JS, which is documented in literature (Ellison & Munro, 2017). For example, in the tragic case of Francis Andrade (Walker, 2013), Andrade died by suicide after several failings, including a lack of understanding of

T.I.P., lack of support by the police regarding seeking counselling, re-traumatising questioning by Barristers in court.

The five basic defence mechanisms can become activated when associative channels are triggered: '*Fight*,' '*flight*,' and '*freeze*,' plus '*friend*' and '*flop*' (Lodrick, 2007; Ogden & Minton, 2000, 2004; Porges, 2004). The purpose of the five Fs is survival: "*Success doesn't mean winning, it means surviving, and it doesn't really matter how you get there. The object is to stay alive until the danger is past*" (Levine, 1997, p.96). A traumatised person may react in a whole array of ways or indeed not react at all, also when in contact with the JS. They may stare with a fixed gaze or smile, sometimes mute or *frozen*, a common defence mechanism. They may appear inattentive, disinterested, and bored, even yawning, which may be due to their oxygen levels having dropped due to shallow breathing (Porges, 2011). They may even display a combination of extreme differences in behaviour, which can move dramatically and erratically from laughter to high levels of anxiety and experience panic attacks. Thought and reasoning can become disturbed when the higher cognitive function of the brain becomes disengaged or disintegrated (van der Kolk, 2014).

The language centre can shut down as a defence mechanism if triggered by an associative channel. This helps protect and make the situation more bearable by higher brain functions being 'offline.' A person is then completely unable to absorb, think about/or respond to information/questions and comments. Some people can become hyper-vigilant about the surroundings and responses of others, startle easily and react to sounds, movements, and sensory triggers, which can result in violent outbursts with behavioural and emotional dysregulation difficulties and problems modulating impulsivity. Many people who have experienced early complex Trauma live in a state of hypervigilance (Perry & Winfrey, 2021).

Likewise, other defensive physiological associative responses occur, for example, when people go into a state of hypo-vigilance/freeze (Perry, 2003; Porges, 2011). They may be submissive, which, to an untrained eye, may seem very compliant as there is no protest and not any negative emotion. This can make a traumatised person appear uninterested/ lethargic. They may comply with the questions of legal professionals, perceiving them to be a threat even if that person is being mindful of

the situation. This could be said to be an attempt to 'stay alive.' Flashbacks can be as real as the actual incident, with sensory hallucinations causing a re-experiencing of the traumatic event (Perry & Winfrey, 2021; van der Kolk, 2014). This sometimes results in the 'rewriting' of the event to make it more bearable, which again is difficult for legal professionals to recognise as a defence mechanism and could potentially distort evidence (Damasio, 1999). Also occurring, there could be cognitive flashbacks and negative cognitions like: 'I'm stupid,' 'It's my fault,' 'I'm no good.'

Dissociative behaviour may occur when a person 'splits off,' sometimes to an extreme state when various aspects of their personalities (alters, identities, D.I.D.) emerge. These moments can be amnesic (i.e., they do not remember the various alters or actions at a later stage). They may feel that they are "observing" something happening but that it's not their actual real lived reality – it's like watching a scene unfold from above or watching a T.V. show about their life. What can subsequently happen is a complete withdrawal into a fantasy, a made-up world where they can create coping mechanisms only available there – e.g., have superpowers or strengths.

Stress disorder and PTSD can occur as early as in children younger than 6 years old, and dissociation as a significant symptom is frequent, for example, feelings of 'out of body experiences' or not understanding/identifying with their own mind/body. The real world might feel like a dream or a fantasy (Harricharan, McKinnon & Lanius, 2021). Early childhood trauma is commonly found in adults with PTSD and symptoms of dissociation. In their study, Sar, Dorahy, and Krüger (2017) found that approximately 14–30% of traumatised individuals can be diagnosed with the dissociative subtype of PTSD. What is more, they note that it is highly related to complex, repeated, and childhood trauma.

Levine (1997, p.138) explained the reason for dissociation as follows:

"In trauma, dissociation seems to be the favoured means of enabling a person to endure experiences that are at the moment beyond endurance."

While dissociation is a creative way of surviving in the moment, it bodes ill for future psychological and physical wellbeing (Van der Hart & Dorahy, 2006). For some people, dissociation and lack of integration persist, and a wide variety of traumatic

symptoms are exhibited. Prolonged and severe Trauma, particularly Trauma that occurs as early complex Trauma, tends to result in a chronic inability to modulate emotions. When this occurs, people may use a range of behaviours which are attempts at self-soothing. This lack of regulation or dysregulation can be misunderstood by the JS due to a lack of knowledge of T.I.P.

Some individuals may be diagnosed as having Dissociate Identity Disorder. Based on the DSM-V (2013) criteria, the following have to be met:

- Disruption of identity is characterised by two and often many more distinct personality parts. Each aspect of personality may have its own name/age/distinct behaviours, and emotions. This disruption may be observed by others or reported by the patient. These aspects of their personality are frequently referred to as 'Alters,' and the primary personality is the host.
- Dissociative Amnesia is when the person has no memory or knowledge of episodes when an Alter emerges. Conversely, an Alter remembers what happened when the Host / Self cannot.
- The disturbance is not a normal part of accepted cultural and religious practice or part of the typical fantasy play of children.

There has been a marked increase in the requests from the National Crime Agency for the service of Intermediaries for vulnerable people with Dissociative Disorders such as D.I.D. This remains a field with various opinions as to whether D.I.D. exists or not. Conclusions depend on whether D.I.D. is a 'real' mental disorder (Brand *et al.*, 2017a, 2017b) or an invalid fad (Merckelbach & Patihis, 2018). This raises complications for the JS and poses specific complexities during investigation and evidence giving (O'Mahony, Milne, Smith 2016, 2018).

2.5.3. Trauma in addition to Cognitive Disorders

Separate from or in addition to other cognitive disorders, when someone is traumatised, they may have difficulty decoding verbal language and comprehending what is being said or expressing themselves verbally. A trigger word may zoom them to another memory or trigger a flashback, returning them to an earlier traumatic event. Traumatized people may find it challenging to keep focused and become

dysregulated, displaying attention difficulties. This may extend to reading and the motor ability to write (Matson, Barnes-Brown & Stonall, 2023) physically. With this induced short attention span, they may repeat what is said to them in an echolalic response by repeating back the words of the question or even the movement of the questioner (France & Kramer, 2001). This is a way of bouncing off the words, protecting themselves from the content, which may be potentially threatening. If unfamiliar with this mechanism, the legal professionals may misinterpret this as rudeness or obstructiveness.

If a person cannot attend and decode, they cannot formulate appropriate and accurate responses. Generally, processing skills are compromised and can become slow and erratic (France & Kramer, 2001). Likewise, they may become very speedy, not wishing to 'rest' too long on thought and therefore cut down their exposure to it, fending the details off and rejecting any attempts to help them 'tune in.' The brain may also defend someone by focusing on what could be deemed irrelevant minor points rather than the charged relevant details. They may also be dealing with competing thoughts, intrusive thoughts, and an overload of information, a stream of thoughts flooding their minds. One traumatised person who was on the Autistic spectrum referred to this as analysis paralysis, where so many thoughts flood their mind in answer to a 'Why' question (Antaki *et al.*, 2015). Using what, who, when, and where in questions and the use of visual materials and timelines will help, despite going against regular interviewing 'best practice' - further highlighting the need to understand when a trauma response is presenting (ICCA, 2022).

Processing difficulties may also cause a traumatised person to respond inappropriately or inconsistently to questions. They may need clarification on what is said or happening and help understanding common everyday expressions. Traumatized people can become completely speechless or mute and may need to write/draw rather than use verbal communication (Dando, Gabbert & Hope, 2020; Mattison, Dando & Ormerod, 2018).

2.5.4. Psychosocial History

There may be significant factors in a traumatised person's psychosocial history which affect their ability to communicate. To understand the functional

communication of traumatised people, it is essential to have gathered information about any previous mental health issues and take an extensive medical history of physical symptoms (Briere & Scott, 2006). A thorough information-gathering process will help gain insight into any history of Trauma, depression, anxiety states /other mental health conditions, and sensory integration and regulation issues. An Intermediary can carry out the assessment and work in conjunction with the police interviewer or the court. This psychosocial approach can help us understand if there are early traumatic events that may have been re-triggered and retraumatised by the most recent traumatic experience (Alexander, 2012; Katirai, 2020). This can play out in the interview or court when a word or action causes a consequent 'overreaction,' which might seem disproportional in the current moment (Gross, 2015). The untrained observer may unwittingly exacerbate this or assess it as a negative behaviour. When working with traumatised people, knowledge is essential.

People who have been trafficked and used in modern-day slavery situations may find decoding and encoding language very difficult due to Trauma and lack of the ability to absorb information. Likewise, refugees may not learn a new language as their minds are traumatised with no capacity to learn anything new until they feel safe. This can be misinterpreted as a lack of interest or disengagement (McDonald, 2000). They may have experienced many other very negative experiences such as domestic abuse (IfJ, 2015-2020), hate crime, so-called 'honour' based violence, forced marriage, or female genital mutilation. Many traumatic experiences may be non-recent. These are frequently referred to as historic events. However, the Survivors Network and NSPCC use the term "non-recent," acknowledging that survivors of abuse can relive the memory every current day, similarly to what we now know about ACEs (NSPCC, 2023).

2.5.5 The Impact of Trauma – section summary

It can be summarised that the concept of trauma awareness is of high relevance to the work of the JS. Therefore, it is vital to offer an understanding of the effects of Trauma on the brain, communication, and behaviour in this thesis. This research aims to examine if training to equip people to deal with traumatised clients is taking place if it is perceived to be adequate to enable fair access to justice and effective

participation, and whether it serves to protect legal professionals themselves while working with traumatised people.

2.6 Current Adaptations in The Justice System



Reflective Practice Image: 3 “Please sit down at the child’s level”.

‘When the disclosure is forced by the pressures of the legal process, when there is no time to build a safe and trusting relationship, when sensitivity to timing and pacing is lacking, the risk of re-traumatisation increases’

(Crenshaw *et al.*, 2019, p.781).

There has been an improvement in the JS in the recognition that adaptations to, what can be arguably described, as an archaic system are needed. A number of special measures can be introduced at the police interview stage through to the court hearing (Smith and Tilney, 2007).

The Achieving Best Evidence Guide - ABE (MoJ, 2022) was first introduced in 2002 and has been updated several times. It covers the interview process for child and adult witnesses during a criminal investigation, the pre-trial preparation process and the support available to witnesses in court. It includes many adaptations and recommendations for ABE for example video-recorded interviews with vulnerable

and intimidated witnesses where the recording is played as evidence-in-chief in court.

Section 28 of the Youth Justice and Criminal Evidence Act 1999 has been introduced which enables the recording of evidence and cross-examination prior to trial. This is subject to judicial discretion. This allows vulnerable witnesses to have their cross-examination video-recorded before the full trial, away from the court room. This recording is then played during the live trial aiming to avoid calling the vulnerable person or child to attend in person. The ABE guidance aims to promote a strong person centred and trauma informed approach.

The implementation of a trauma informed approach, however, needs to be understood as a living and breathing process which needs a whole paradigm shift in how organisations and professionals think and work. It is not simply an introduction of a new model which is then checked regularly as a form of monitoring. It changes and deepens over time. Models such as The Missouri-Model of T.I.P highlighted in Table IM demonstrate the aim to enlighten organisations to move along a path of knowledge and understanding. Carter and Blanch (2019) talk about this paradigm shift as a “continuum”. At the beginning the aim is awareness. Over time, organisations become trauma sensitive, responsive and in the end, fully informed. The following table (Table 1) clearly sets out a structure which could lend itself to the JS. It acknowledges a process through which organisations can become trauma-informed which starts at building awareness, becoming sensitive, responsive, and finally informed. It acknowledges T.I.P as a continuous learning process.

Table 1 The Missouri-Model for T.I.P (Carter & Blanch, 2019)

Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
Trauma aware organisations have become aware of trauma and its prevalence and are considering how that may impact staff.	Trauma sensitive organisations generally: <ul style="list-style-type: none"> • Explore the principles of TIP and their application in work • Build working knowledge and consensus around the principles • Discuss implications of adopting the principles • Prepare for change 	Trauma responsive organisations have begun to change their culture and operating procedures to highlight the role of trauma. This occurs throughout the organisation, with encouragement for all levels of staff to consider how the organisation may be positively changed or restructured if necessary.	Trauma responsive practices have become the norm in trauma informed organisations. TIP working and modelling is so embedded that it no longer requires leaders to promote or sustain it. There is continued collaboration with external experts to strengthen it.

The UKOHID (2022) state that:

‘Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. They build on evidence developed over several decades.’

The UKOHID in their 2022 document aimed to provide a working definition of trauma informed practice for practitioners. It sets out six principles of T.I.P. which focus on both staff (those working in the system) and service users/, complainants, defendants, appellants etc (those coming to the system). UKOHID state that the following are the fundamental principles of T.I.P:

- *“Safety: People knowing that they are safe or being able to request what they need to feel safe. Relative freedom from threat or harm. Having policies, practices and safeguarding in place to prevent re-traumatisation and limit new trauma.*
- *Trust: Organisation and staff know what they are doing and can be transparent about why they are doing it. Expectations are clear, and overpromising does not occur.*
- *Choice: Ensuring staff have a voice in the decision-making process of the organisation and its services. Listening to the needs and desires of staff. Transparency in all decision making.*
- *Collaboration: Formal and informal peer-support and mutual self-help are key. The organisation proactively asking what is needed from their staff and collaboratively considering how these needs can be met. Focussing on actively engaging and working alongside staff (and service users) in the delivery and improvement of services.*
- *Empowerment: Validating feelings, emotions, concerns, of staff and ensuring they are listened to and feel listened to. Supporting staff in acting and decision making. Acknowledging that people experiencing trauma may feel isolated, lonely, and powerless, and so the organisation will have to take deliberate measures to engage with them.*

- *Cultural Consideration: Ensuring there is access if requested to gender responsive, ethnicity or creed aware services. Utilising the restorative value of cultural connections. Having up to date and dynamic SOPs that are responsive to the needs of staff.”*

The Six Principles highlight the need for change and, it could be argued, lead to the development and expansion of a trauma informed JS.

Resilience is defined by UNDRR (2018) as:

"The ability of households, communities, and states to absorb and recover from shocks, whilst positively adapting and transforming their structures and means for living in the frame of long term, changing and uncertain impacts of stresses."

Resilience of an organisation, such as the JS, which deals with traumatic material as a core basis of its work, is linked to a need for trauma informed Practice. It needs to be questioned as to whether the JS and all those who work in it, would become more resilient if a systemic change were brought about as suggested by Carter and Blanch (2019) in The Missouri Model shown below in Table 2. Just as indicated above The Missouri Model advocates various stages on institutional development with training being a key principle. The suggestion of acknowledging and shifting towards a cultural understanding of trauma informed Language would be significant for the JS. Likewise, the introduction of leaders appointed to maintain a commitment to T.I.P, would be a very helpful step for effecting change in the JS. This is very dependent on training and a mission to change.

Table 2 The Missouri-Model for T.I.P (Carter & Blanch, 2019)

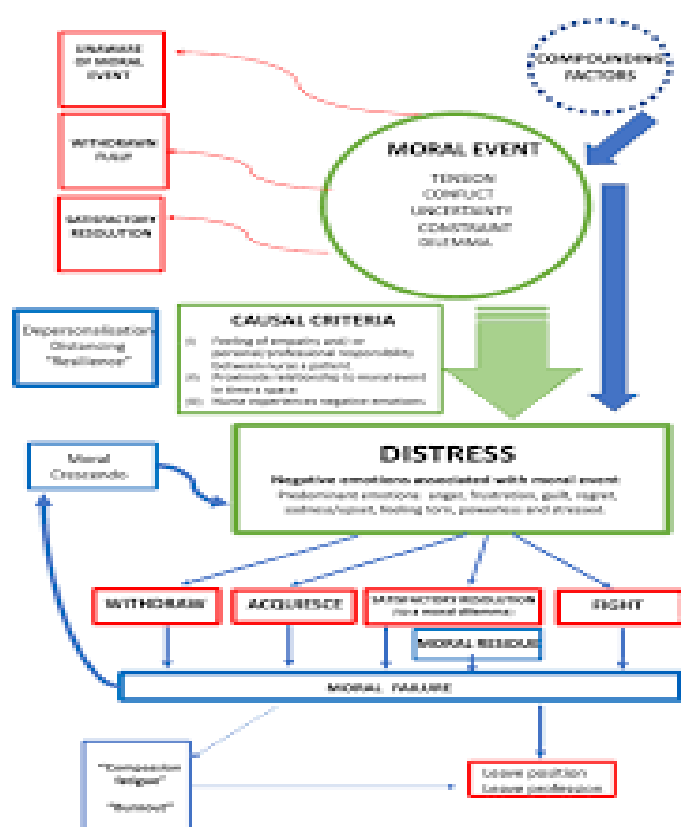
The Missouri Model

The four stages that an organization faces on its journey to understanding and addressing trauma:

DEVELOPMENTAL STAGE	KEY TASKS	ORGANIZATIONAL PROCESSES	INDICATORS
Trauma-Aware	Awareness and attitudes	<ul style="list-style-type: none"> Awareness training Leadership support Organization considers implications of change 	<ul style="list-style-type: none"> Staff can define trauma Staff understand impact of trauma Trauma discussed in informal conversations
Trauma-Sensitive	Knowledge, application, skill development	<ul style="list-style-type: none"> Exploration of trauma-informed values Organizational self-assessment Determination of readiness for change Change team formed Examination of role of clients in organization Review of trauma screening and treatment options 	<ul style="list-style-type: none"> Trauma cited in mission statement Trauma training for all staff Information on trauma available and visible to staff and clients Staff develop and deepen trauma skills Management responds to secondary trauma in staff
Trauma-Responsive	Change and integration	<ul style="list-style-type: none"> Planning and action for change Environmental review and modification Review of all policies and procedures Development of trauma-informed staff supports Development of new programs and services 	<ul style="list-style-type: none"> Staff practices reflect new knowledge Language reflects values Policies in place to address staff trauma Process in place to identify and respond to trauma Clients play meaningful roles in organization
Trauma-Informed	Leadership and sustainability	<ul style="list-style-type: none"> Measuring impact on clients and staff Revision of policies and procedures Engagement of larger community Development of decision structures that integrate information on trauma Advocacy among payers and policymakers 	<ul style="list-style-type: none"> New leaders hired for commitment to trauma All staff skilled in trauma-informed practices All aspects of organization reflect trauma-informed values Process in place to review fidelity over time External agencies and community members request assistance

Likewise, the Moral Distress Model (Morley *et al.*, 2021) found in Table 3 is another useful approach used by workers in the NHS. They found that there are five compounding factors that exacerbate nurses' experiences of moral distress: epistemic injustice; the roster lottery; conflict between one's professional and personal responsibilities; ability to advocate and team dynamics. All these factors translate equally to the experiences of the four groups in this research study. Morley *et al.* (2021) suggest that this model can be used to inform the design of interventions in the system to assist with Vicarious Trauma.

Table 3 The Moral Distress model - (Morley *et al.*, 2021)



There have been moves to effect change. A significant piece of legislation that can be seen as contributing towards T.I.P is the Youth Justice and Criminal Evidence Act (1999). Amongst others, it introduced 'special measures', in other words, adaptations, available to vulnerable witnesses (which includes victims and witnesses of crime, but not defendants) at different stages of their Justice journey (Cooke & Davies, 2001; Hall, 2007). The key reasoning behind the measures was to promote effective participation and improve the quality of evidence, with the knowledge that without adaptations, they would be unable to do so. The measures include physical adjustments, e.g., screens to protect the witness from seeing the accused in the courtroom), the use of which promote better feelings of safety, but also broader adjustments such as the introduction of aids, i.e., communication materials and specialists in communication such as, e.g., Intermediaries (Cooke & Davies, 2001).

The Special Measures were intended for specific groups of vulnerable and intimidated witnesses as follows (C.P.S., 2021; MoJ, 2013):

- **Vulnerable witnesses** aged under 18 years

- **Intimidated witnesses** who might feel fear or distress due to testifying.
- Witnesses of **serious crime** might also be considered as intimidated (e.g., human trafficking, attempted murder).
- **Sexual offences** witnesses who are, for example, automatically granted the possibility of providing evidence via a pre-visually recorded statement.
- Any **other witness** whose quality of their evidence is likely to be diminished because they:
 - Have a mental disorder or learning disability, or
 - Have a physical disability or physical disorder.

While more of these measures are only to be used for victims and witnesses, the Police and Criminal Evidence Act (PACE) (1984) also recognises the possible vulnerability of suspects. Together, YJCE and PACE both consider young people to be highly vulnerable, regardless of their role in the proceedings (McEwan, 2009; Ahmad *et al.*, 2021), and the same can be said about those with mental or learning disorders. A better appreciation of the vulnerability of suspects has more recently become visible through the extended the use of Intermediaries for defendants, family courts, and tribunal courts in April 2022 (H.M. Courts & Tribunals Service, 2022). However, the appointment of an Intermediary and other measures remains at the discretion of the Judge and is not statute. This continues to be a very unsatisfactory situation and not a level playing field (Fairclough 2017; Fairclough & Backen, 2023; Taggart, 2022), in contrast to the Intermediary scheme in Northern Ireland, where the principle of equality of arms demanded that *all* vulnerable individuals should be eligible for Intermediary assistance. As a high percentage of defendants have high ACEs. scores, it is reasonable to assume that there will be a very high incidence of early complex Trauma and that more is needed to support them, regardless of their standing in the JS.

The Truth Project during The Independent Inquiry on Child Sexual Abuse (ICSSA 2022) worked through a trauma informed approach. The project was based on public hearings and was of a vast scale. It took almost a whole year to hear evidence in person from more than 700 witnesses. The recollections and thoughts of the victims/survivors giving this evidence was crucial for the project as they provided a

first-hand account of the failings which happened to them when the system failed them after surviving childhood abuse. What is key to note in terms of the findings of this research was what happened after the evidence was given. Each individual who gave this complex evidence was appropriately supported throughout the whole process with *tailored* support specific to them.

The Truth Project is an example of adapting the process to accommodate a sensitive psychological approach. The Independent Inquiry into Child Sexual Abuse (IICSA 2021) ran parallel to the inquiry, The Truth Project, where more than 6000 victims/survivors shared their thoughts, feelings, and experiences. This was all carried out in an environment promoting safety and respect. The participants discussed the need for the JS to be Trauma-aware and to adapt its practices. They called for training for all those working in the JS to understand the far-reaching effects of PTSD and traumatisation caused by the system. A common theme given to the inquiry was, 'I kept trying to tell them'.

Another adjustment to the process has been the introduction of Intermediaries, which is available across the different justice systems. Intermediaries use many strategies to help with adapting the process, such as psychoeducation and co-regulation. By assisting a vulnerable person to communicate, understand and share information, the Intermediary improves awareness and effective participation (Henry *et al.*, 2021). When survivors are equipped with knowledge and understanding about trauma reactions and coping strategies, the reactions are more contained, allowing them to take control and enabling them to create order in the chaos. Sanderson (2022) states that in order to give some control back to survivors, psychoeducation is critical before a therapeutic process can start. This also applies to the investigative process. Intermediaries may use tools for communication, de-escalation and grounding techniques to regulate. It is vital to have support from an intermediary skilled in the management of what may be seen as odd or inappropriate behaviour. The Intermediary must have detailed knowledge and experience of assisting that witness/defendant to their non-fragmented 'self'. This is gained from their specialist knowledge and assessing every new person they work with in the JS. Only then can a traumatised or vulnerable child or adult continue to understand questions and

communicate their best evidence. What we do not know is whether this approach is understood in the JS, and more research is needed.

Recently, a Judge has introduced Schwartz Rounds for all parties involved in her division. The definition of a Schwartz round as used in the N.H.S. is as follows:

"Schwartz Rounds are a place where people who don't usually talk about the heart of the work are willing to share their vulnerability, to question themselves. The program provides an opportunity for dialogue that doesn't happen anywhere else in the hospital." (Schwartz, 2023, p.3)

The Advocate's Gateway includes Informed Toolkits, which describe working with various needs and vulnerabilities (The Advocate's Gateway, 2019-2023). It is available to *all* working in the JS to enable the effective participation of victims, witnesses, and defendants, though the reach of its use remains a gap this thesis seeks to address. Its focus is on the ethics and practice surrounding the questioning of victims, witnesses and defendants. While a step in the right direction, it still does not contain more specific information about working with Trauma (at the time of writing this thesis, the former toolkit on working with traumatised people is under review). The ICCA runs training to help advocates adapt their practice to question vulnerable people in a fair and accessible way. The aim is to achieve effective participation. A revised version of 20 principles was published by ICCA (2022), which now refers to Trauma and gives examples of simplification of language and helpful sentence structures for questioning.

It has only been in the last few years that terms such as 'trauma informed' have started circulating across the JS. The concept itself was only coined around two decades ago by Fallot and Harris (2009). They describe T.I.P. as a system where processes and setups are all created with the knowledge of what Trauma is, what it looks like and how it impacts individuals. This means that anything which happens is always considered through a trauma informed lens. At the core, rather than simply following processes, trauma informed justice is centred around trauma awareness, promoting safety, respect and compassion between the different parties (McAnallen & McGinnis, 2001). Furthermore, whilst some research has investigated the concept in specific settings (e.g., understanding of ACEs: Bateson, McManus, & Johnson,

2020; or rape victims: Rich, 2019), there is no official guidance on T.I.P. in the JS. Overall, despite essential developments made in the realm of the need to adapt practice through the lens of vulnerability or Trauma, it is crucial to understand further whether the JS is equipped to work with traumatised individuals.

The acceptance that the system does work with traumatised people and children opens a realm of questions. The fact is that many traumatised people are required to talk about an incident or events while being in their 'safe place'. Potentially contaminating this space is a question that needs addressing, as 'this could have profound and long-term consequences for their psychological wellbeing (Milne *et al.*, 2020; Smith 2023). This thesis seeks to address a key gap in research relating to the current practitioner perceptions of a system which is, indeed, adapting, but is still described as failing its users and own staff.

2.7 The Need for Trauma Informed Practice in The Justice System

The Scottish Government (2022) in their 'The Vision for Justice in Scotland', have produced a T.I.P. toolkit and have a new service delivery model: *"from fear to safety, from control to empowerment, and from abuse of power to accountability and transparency"*. Scotland, due to this vision, was the very first U.K. country to start a whole training programme (the National Trauma Training Programme), which took on a public health approach and left N.H.S. Education for Scotland (2022). It aims to build practitioner confidence in T.I.P. by providing evidence-based resources at different levels and topics. In line with the model of practice noted earlier, it considered awareness building, knowledge building, as well as confidence among the Scottish workforce. Importantly, they note: *"Our workforce is our most important resource and have stepped up to the enormous challenge... But to keep taking care of others, we need to take care of each other"* (Thomson, as cited in N.H.S. Education for Scotland, 2022). They have, therefore, recognised the effect of working with traumatised people on practitioners and acknowledge the need for their JS to make provisions for those working in it.

While the case in England has yet to be made, there have been calls for T.I.P. The National Association for People Abused in Childhood (NAPAC 2019) states that T.I.P is of crucial importance – considering their focus is on childhood abuse, it is not

surprising they are calling for a better understanding of the long-lasting effects of Trauma. They further highlight the need to prevent re-traumatisation (NAPAC, 2019). Therefore, they advocate for more training and overhauling policies and procedures. NAPAC acknowledges the importance of wellbeing practice to help reduce avoidable costs such as staff sickness (CHCS, 2023).

As was explained earlier, vulnerable people in the JS are likely to be suffering from Trauma following the events they have witnessed, experienced, or been accused of or from other incidences they may have encountered during their lives. Even if the presenting communication difficulty is due to a disability, whether congenital or developmental (e.g., Learning Disability, Autism, ADHD, Specific Language Disorder, Cerebral Palsy or acquired communication issues due to a Stroke or neurological issues, Motor Neuron Disease/M.N.D., Dementia), Trauma should always be considered. This is because it can further significantly affect the ability of a witness/defendant to understand language, communicate answers, process and think logically and cooperate with court procedures when giving evidence, hearing the case against them and participating during the trial in general. It is, therefore, important for those involved to have a good understanding of the brain and the effects of Trauma. Through studies which are becoming more frequent, we now have a better understanding of the fact that traumatic experiences are disproportionately experienced by those in contact with public services (Cooper *et al.*, 2012; Dillon, Johnstone, & Longden, 2014; Morrison, Frame, & Larkin, 2003) and that there is a relationship between the severity, frequency and range of traumatic experiences and the subsequent impact on mental health.

The evidence from other fields is that T.I.P is essential. The following studies on trauma informed practice based in other organisations, such as health services or educational establishments, indicate a need to adapt and offer a potential path for the JS to follow (Azeem *et al.*, 2011; Bloom, 2013; Cooper *et al.*, 2012; Domino *et al.*, 2007; Harris & Fallot, 2001; Messina, Calhoun & Braithwaite, 2014; Morrissey *et al.*, 2005; Overstreet & Chafouleas, 2016; Sweeney *et al.*, 2016). The studies continuously show that with the embrace of T.I.P., organisations function more effectively, with more satisfied staff and clients. Without an understanding of where

we are now in terms of knowledge and experience of T.I.P in the JS, the associated sectors cannot address the need and move in line with the 'outside world'.

Trauma has significant implications regarding the speed of investigation, the need for safety and adequate support for a witness or defendant to participate effectively in the legal system (Jacobson, 2020). There is a need for traumatised people to build trust, which requires time for rapport building. At times, therapeutic intervention is required, and there may be a need to stop the investigation. Moving at a slower pace during the investigation could yield information which might otherwise be blocked by terror or dissociation. Rushing into an interview without building trust and confidence, which stems from rapport-building and before any necessary therapeutic intervention, may be detrimental to the witness/defendant and counterproductive to the investigation.

Risan, Milne, and Binder (2020) outline what they would consider recommended practice for those police officers interviewing traumatised adult witnesses and highlight the importance of looking after their wellbeing, which is the best way to reach investigative aims. Jakobsen (2021) looked into the role of empathy after the 2011 Utøya terror attack in Norway, and whilst he found contrasting views and understandings of empathy, the general takeaway is that empathy (often the only emotionally charged factor taught to police officers) is not the only way which can improve an interview. This raises the point that perhaps T.I.P. would be the most appropriate approach as Scotland has taken.

A trauma informed approach pays particular attention to rapport building and informed consent, assesses immediate and longer-term concerns for safety, provides an assessment of needs and goals, strengths and deficits, and provides a history which explores without re-traumatising the interviewee (Vallano & Compo, 2011). The assessment looks for the presence of vulnerability factors and provides a narrative of the person's Trauma. The assessment aims to give an understanding of the person's cognitive, psychological, mental health needs and communication needs.

There seems to be a gap in available research on this subject. However, some papers have emerged from the U.S. system regarding asylum. In his paper *Telling*

Refugee Stories: Trauma, Credibility, and the Adversarial Adjudication of Claims for Asylum, Paskey (2016) looks at Trauma, the perceived credibility, and the impact of Trauma on refugees. This research explained how a Judge talked about inconsistency in the applicant's account, which is why they decided to conclude with a rejection. However, research among survivors proves that such discrepancies cannot be taken as evidence of falsehood. This demonstrates the importance of trauma informed approaches to be used during assessments, informing reports and statement-taking. If this does not take place, trauma reactions such as the brain going 'offline' or the inability to sequence in words a narrative order of events. This may be due to traumatic memories being stored somatically. Studies show that traumatic memories are disjointed from other autobiographical material in posttraumatic stress disorder (PTSD) (Kleim, Wallott & Ehlers, 2008; van Der Kolk, 2014). Paskey (2016) argues for a complete overhaul, removing asylum claims from traumatising immigration courts and instead hearing them in a non-adversarial adjudication.

It is reasonable to assume that mistrust may also impact the assessment process. Courtois (2004) suggests that this can be addressed by considering the pace when speaking and moving an interview along, as well as appreciating that some omitting of information is a natural trauma response. She accepts that the interview process can trigger avoidance, a classic symptom of traumatic stress. Thus, a full and complete narrative might not be the end goal of an interview. This is underpinned by research that shows traumatic memories tend to be fragmented, as explained earlier in this literature review, with some aspects retained in vivid detail and other elements of the trauma experience being completely dissociated from awareness (van der Kolk 1996; van der Kolk, McFarlane and Weisaeth, 2012). It is assumed that minor gaps and inconsistencies are acceptable within the narrative. A trauma informed approach recognises this as a subconscious coping mechanism (Herman, 1997; van der Kolk, 2014). Likewise, shame and blame have a significant effect on causing re-traumatisation and have been well documented (Miller *et al.*, 2017, p.114; Risan, Binder & Milne, 2016, p.410). The cited research indicates that accurate and coherent evidence can be best achieved by taking an approach which is similar in concept to trauma awareness and practice.

Ellison and Munro (2017), in their reflection suggest that despite policies and reform measures, the state of the JS simply continues to fall short of any Government aspirations. They argue that when looking at these initiatives via a trauma informed lens, it explains the failure. Barriers to effective participation still exist, and the system is continuously found to exacerbate Trauma rather than mitigate it. Most recent reports continue portraying the system as failing, for example, when it comes to rape victims (CJJI, 2022) or those with mental health needs (CJJI, 2021).

As already stated, Scotland seems to be leading the field in trauma awareness and their Vision for Justice in Scotland (Scottish Government, 2022) they state: '*We have effective, modern person-centred and trauma-informed approaches to justice in which everyone can have trust, including victims, those accused of crimes and as individuals in civil disputes.*' Their claim surrounding its effectiveness needs further evaluation; however, some positive outcomes have been observed. In a Scottish study by Brodie and colleagues (2023), two groups of Police were taken; one group received brief trauma awareness training, including an understanding of ACEs, and the other one did not. After the training that the one group received, the assessment of T.I.P. attitudes in relation to victims, witnesses, as well as suspects were measured. In general, T.I.P. attitudes were greater for victims and witnesses than for suspects. Other characteristics supporting more significant T.I.P. attitudes were being female, longer extended time in service and older age. Most importantly to the discussion of the importance of training, there were some positive outcomes found, e.g., T.I.P. attitudes towards suspects in females, but the effect was not strong across the board. The recommendation is that some brief training cannot replace a paradigm shift, which is needed, and much more is required to engage in T.I.P. successfully.

The International Association of Chief Police (IACP, 2020) have produced a helpful paper with guidance on trauma informed Interviewing examples – though these were majorly focused on the victim/witness side only. They note that only through a T.I.P. approach, which is victim-centred, can victims and witnesses truly participate. There will be better relationships between the Police and the community, and more offenders will subsequently be held accountable. Similarly, to the previous discussions relating to the need for a long and thorough process of effectively

utilising T.I.P, Cossins (2020) found that in its current state, too many re-traumatisation triggers are still present, and those engaging with the JS continue to feel shame or blame (especially concerning rape survivors). She very strongly voices the opinion that we should entirely replace the current adversarial system with a trauma informed one. The issue of current policy, practice and setup exists widely across the JS; for example, Vaswani and Paul (2019) investigated T.I.P. in the context of young people in custody and concluded that T.I.P. is entirely impossible in the current custodial context.

While T.I.P. seems somewhat of a 'buzzword' and has been observed in wider settings, it is not the case in the JS. It is critical to note that the interest in T.I.P. seems to fluctuate, and the actual 'practice' often lags behind more theoretical underpinnings of its importance (Becker-Blease, 2017). In the true essence of T.I.P., appropriate responses not only sit with the understanding of an individual's past and present but in the individual's pathology, in the context of the system they find themselves in (e.g., the power imbalanced JS). Without a change to *all* parties involved, any empowerment of individuals through individually based trauma informed approaches might only be a 'patch-up' rather than an appropriate response (Rosenthal, Reinhardt & Birrell, 2016). It is, therefore, of key importance to continue researching T.I.P. in the JS and embed evidence-based strategies which can change the current state of justice permanently.

Is there a gap and a slowness to develop T.I.P. in the JS? Is the system fit for purpose? Despite some more recent focus on A.C.E becoming more already visible, a much wider recognition of Trauma and a need to adapt is necessary, as well as the recognition that Police, Solicitors, Barristers and Judges are working with people, not just books, who have complex needs. Addressing Trauma requires awareness-raising education and effective trauma-focused assessment and adaptations. It is, therefore, highly significant to ascertain information and address the research questions to understand the current level of awareness and knowledge of T.I.P. For the JS to become a trauma informed organisation, in line with current practices in other fields, we need to explore the existing knowledge and practice, which is the core aim of this PhD. As can be seen throughout the previous text, justice professionals work with extremely high numbers of traumatised people and often

work on traumatic cases. Thus, whilst a significant element of T.I.P. relates to how we deal with victims, witnesses or defendants, an equally essential element is for organisations to look within and understand Vicarious Trauma and its effect on legal professionals' working practice as discussed in the following section.

2.8 Vicarious Trauma in The Justice System

The above sections have provided a thorough understanding of what Trauma is, how it can manifest and where the place of T.I.P. within the JS lies. It has, however, only focused on the 'outward' facing T.I.P. approach towards victims, witnesses or defendants. Events or hearing of events, whether personal or experienced within the work environment, impact on those working within the JS and can also cause Trauma. A person may not have experienced the primary traumatic event themselves but may have vicarious/secondary Trauma having heard accounts of acts against humanity such as torture or having heard colleagues retell a traumatic event. As was showcased above, the JS itself can be traumatising and is far from set up to deal with traumatised individuals and traumatic events. Together, with the notion of a 'broken' system set out in the introduction, such interaction is likely to impact on those working within the system negatively. This is accumulative and can impact people's emotional and psychological wellbeing through work-based empathic exposure, called 'Vicarious Trauma' (B.M.A., 2022).

Vicarious Trauma, or secondary Trauma, needs to be a concern of all who work with traumatised individuals. Secondary traumatic stress can occur when we engage with an adult or child who has been traumatised (Figley, 2002a, 2002b). Charles Figley (1995, p.7) defines secondary traumatic stress as "*the natural consequent behaviours resulting from knowledge about a traumatising event experienced by a significant other. It is the stress resulting from wanting to help a traumatised or suffering person.*" Pearlman and Mac Ian (1995), experts in the field of Trauma, prefer the term Vicarious Trauma to describe the cumulative transformative effect of working with survivors of traumatic life events and emotional duress, following and during listening or seeing a traumatic experience of others. Research into the understanding and the experiences of therapists show how Vicarious Trauma can change their perception of themselves, as well as the world (van der Kolk, 2014).

Marriage and Marriage (2005, p.114) report on the effect on clinicians of hearing '*too many sad stories*' and concludes that a degree of Vicarious Traumatization is the main result of engaging in working with traumatised people. They found that clinicians need to be able to, and have as part of their workload, the monitoring of and reflection on their own wellbeing, being able to access appropriate formal and informal support, as well as continuing with educating themselves. They recommend addressing these issues of Vicarious Trauma by warning during training of an expectation that these factors/feelings will be encountered, being encouraged that their expression is welcome, and top-down strategies by managers need to be in place. This is highly relevant to the JS.

It is important to note that whilst often a cumulative effect, Vicarious Trauma can occur after exposure to only one incident. Secondary traumatic stress is sometimes confused with burnout. However, there are key differences which need to be understood and accepted, as burnout, in general, tends to be easier to manage and does not entail as much long-term impact. Burnout symptoms are often more aligned to negative feelings around the work/ work environment. Manifestations of Vicarious Trauma tend to be more widespread and generally more varied; what is more, it can even develop after only one significant traumatic incident (Lerias & Bryne, 2003). Having to listen to or even intervene in a severe crisis, often even violent, or simply witnessing, observing or looking at events which can only be described as tragic and highly distressing, does leave an impact on the individual (Eriksson *et al.*, 2001; Lind, 2000; Lugin, 2000).

Considering the accepted concerns about Vicarious Trauma and the JS, it is essential to reflect on the position of jurors. In their research, Robertson, Davies, and Nettlingham (2009) found that jury service can significantly endanger the mental health of those who serve, particularly women. The researchers recommend that a questionnaire focusing on past experiences may be helpful in '*eliminating potentially vulnerable jurors from potentially traumatic trials for the benefit of the JS and the mental health of the individuals.*' They conclude that no change can occur without further investigation into the topic. At the same time, social scientists and researchers are precluded from talking to jurors about their experiences while observing juries at work (Robertson *et al.*, 2009, p.11).

There are many different manifestations of Vicarious Trauma which are in line with trauma manifestations which were discussed earlier in the literature review (2.5), and so only some more unique manifestations are now presented: negative feelings and emotions (e.g., anger, sadness, hopelessness); co-experience of emotions (e.g., shame, guilt); becoming overly involved in a case or someone's life (inappropriate boundary maintenance); becoming disengaged/distanced or feelings of isolation (B.M.A., 2022).

To bring this into more context, Keenan and Royle (2007) provided a helpful case study example of the development of Vicarious Trauma in emergency responders. They cite the case of a police officer who, in his role, also served as a family liaison-FLO. By its nature, this role included hearing about demanding situations, including homicides, suicides or other serious incidents. Through using empathy as a supportive tool, he started feeling the accumulative effects of what he was exposed to in his role. What further worsened the situation was his feelings of lack of support in the Police, being stigmatised and misunderstood. These organisational/structural issues, therefore, worked to increase the accumulative effect of his role rather than mitigate it. He experienced several common Vicarious Trauma symptoms, including feeling inadequate, unmotivated, generally psychologically unwell, and more. His is a prime example of perceiving the presence of Trauma in the job as an 'occupational hazard' (Pearlman & Saakvitne, 1995) rather than a normal and natural outcome for some people in these occupations, and so systems need to be established to enable early access to help. The following sections provide a closer look at Vicarious Trauma in some sections of the JS.

2.8.1 Vicarious Trauma and the Police

Foley and Massey (2021) researched secondary Trauma specifically in the field of policing. They perceive policing as a role which is a caring one and then discuss the 'cost' of such caring, especially when working with traumatised people. On top of Vicarious Trauma itself, they also looked into associated topics of burnout, compassion fatigue and secondary traumatic stress. The research found a widespread negative impact on police officer wellbeing. The authors recommend looking into shift patterns and staff rotations in order to provide a 'break' to staff, better training and better appreciation of the impact of working in specific roles, such

as working with rape or child abuse survivors. This original research is one of very few in the area, and the authors themselves reflect that the area of Trauma and policing is very under-researched.

The lack of research into the effect of exposure to traumatic material has been raised by numerous academics and professionals before (e.g., Brown *et al.*, 2022; Hensel *et al.*, 2015; Levin *et al.*, 2021; Goodall, 2022). However, limited research about its impact and the prevalence rates within policing has occurred. Findings are lacking, especially in the area of exposure to traumatic material, which was raised by several researchers (e.g., Brown *et al.*, 2022; Follette *et al.*, 1994; Hensel *et al.*, 2015; Levin *et al.*, 2021; Goodall, 2022; Parkes, Graham-Kevan & Bryce, 2022 or Tehrani, 2016). However, research from other professions, such as counselling, shows that cumulative trauma should be appropriately accepted as a concern.

As a reaction, some police officers may find themselves re-experiencing personal Trauma occurring during their work and notice an increase in arousal and avoidance reactions. They may experience changes in their memory, depletion of personal resources and disruption in their perceptions of safety, trust, and independence (Hurrell, Draycott & Andrews, 2018; MacEachern, Jindal-Snape & Jackson, 2011). Former Met Commander John Sutherland (2017a) stated that it is impossible not to be affected by all the incidents police officers are exposed to. He experienced, after years of service, a breakdown and was referred to counselling. He stated that the impact of Trauma is still not understood. The College of Policing (2023) show awareness that Trauma does need to become much more central to everyone's operations, as it has been hiding behind a 'be-strong' culture for far too long. This culture was the accepted norm as a response to crisis, but it is now understood that this takes its toll. The refusal to acknowledge the presence of Trauma is part of its existence, i.e., denial of the impact of events on the emotions (Foley and Massey, 2021).

Hesketh and Tehrani (2018, p.14) state that the risks of traumatic stress faced by officers and staff fall into three main areas:

1. Front liners who are involved in the role of high unpredictability, (e.g., Houdmont, 2013; Huddleston *et al.*, 2006; Skogstad *et al.*, 2013). As per

Fragkaki and colleagues' (2016) findings relating to neuroscience and Trauma, due to the unpredictability and high trauma exposure, it is safe to assume that the 'stress hormone' cortisol can be at atypical levels across a prolonged period of time. This may be the situation for many working in the JS.

2. Individuals working in specialist roles – this area was already noted earlier, and specialisms could include working on cases relating to sexual abuse, domestic abuse, and child abuse, being a family liaison officers, a firearms officer, attending road traffic accidents or being a hostage negotiator (Hesketh & Tehrani, 2018). Consistent psychological support should be seen as an absolute necessity.
3. Individuals experiencing/witnessing sudden and major disasters (e.g., such as the Grenfell Towers fire or the Manchester terrorist attacks). The third area of concern is the need to respond appropriately to major disasters such as terrorist attacks. The demands during COVID and the sudden adaptations required created further pressure. Intermediaries had to look for support from each other. Intermediaries for Justice (IfJ) joined with Talking Trouble to produce guidance on remote working (Kedge & O'Neill, 2020), and guidance provides safety, which is key to reducing traumatic effects.

While these three groups seem to be at a heightened risk, any police officer can develop Vicarious Trauma. The outcomes depend on the systems which are set up which can mitigate the Trauma at least to an extent: 1) early interventions, including ones like psychological first aid (Hobfoll *et al.*, 2007); and 2) effective, trauma informed debriefing (Hawker & Hawker, 2015). Hobfoll and colleagues (2007) introduced the concept of Trauma first aid within the remit of five principles: promote (1) a sense of safety, (2) calming, (3) self- and community efficacy, (4) social connectedness, and (5) hope. The next stage was to develop this further, and he suggests '*dissemination, delivery, and prioritisation*', which also are key and essentially mean training.

The Police have developed The Blue Light Wellbeing Framework, and Oscar Kilo includes a website and trains champions to assist colleagues. There are centres such as Goring House where Police who are suffering from the effects of Trauma

can receive help. The need for these additional support services, although highly effective, may be due to the longstanding attitude of the 'stiff upper lip' and "just get on with it" attitude and the lack of systemic acknowledgement of the effects of Trauma in the Police. As already mentioned in this literature review, this public service is under-resourced and depleted. The question needs to be raised as to whether this is a result of the consequences of dealing with a traumatised and traumatising system without an inbuilt reflective management system with wellbeing check-ups and adequate management.

Reports such as the Casey review (2023) have exposed areas of great public concern. Chief Superintendent and former Commander of Southwark, John Sutherland (2017a, 2017b), developed Vicarious Trauma. He has written extensively about the demands on the Police and queries in *'How Policing Broke Me'* that policing is at a crossroads. Queries are raised such as *'How has it come to this? How have we ended up here? How has policing ended up seemingly on the wrong side of almost everything? How has it become the focus for so much blame and rage?'* (Sutherland, 2021). This rhetorical questioning, while not having immediate answers and solutions, is a welcome step towards reflective practice. Without this type of self-appraisal, change may be difficult to affect.

Police, like other front-line workers, constantly move from one traumatic incident to another. The research carried out on PTSD and the Police is transferable to the work of Intermediaries and other professionals in the JS. No research on the effect on Intermediaries working with highly distressing cases has been carried out to date.

It is important to reflect on what goes on psychologically when a person is confronted with horror and the worst of human behaviour on a regular basis. There have also been many turning point cases that have impacted policing recently. The tragic murder of the two sisters, Bibaa Henry and Nicole Smallman, at Fryent Country Park, when Police took photographs of the murdered sisters' bodies and shared the images. Likewise, the kidnapping and murder of Sarah Everard and allegations of misogyny at Charing Cross Police Centre others, too.

Whilst there is an appreciation that supervision is an important aspect of policing with statements by the College of Policing (2022) such as:

'Whatever your role in policing, be it a constable on the front line, member of police staff, volunteer or senior manager, the relationship you have with your supervisor is crucial to your performance, development and wellbeing'.

Previous reports show it is inconsistent, the support is often insufficient, unavailable or much delayed, and still within the machismo police culture, which does not appreciate the importance of mental health (Cohen, McCormick & Rich, 2019). Supervision is another area we need to learn more about and is fundamental to the research question.

The Police do have occupational health standards to safeguard their health and wellbeing – this is set out by the Foundation Occupational Health Standards for Police Forces (2018) – the aim of the standards is to ensure national consistency across the U.K., and benchmarks for police services were also designed. This is indeed a positive step in that there is a clear recognition of the need to appreciate Police Officers' wellbeing, as recognised in the latest Policing Vision 2025. All police organisations are aiming, by 2025, to have systems in place so that every police officer can be confident that they are being appropriately supported. A shift in culture to a more supportive one is anticipated. There may be a disjunct between the reality and the practice or intention, but this is an essential factor which has formulated part of the research question.

2.8.2 Vicarious Trauma and Solicitors/Barristers

Whilst lawyers do not engage with crime in the same way as police officers do, they do deal with many of the same offences, including the most serious ones. There are very few studies which investigate Vicarious Trauma in lawyers. Sagy (2006) has identified a series of 'psycho legal soft spots' that can arise in the work required in the legal process. The legal professional must meet highly distressed clients and listen to highly distressing accounts of things that have happened. They need to use skills to enable a full account to be obtained. This needs to be approached in a skilful manner which avoids re-traumatisation and facilitates complete and coherent evidence. Legal professionals have no training in counselling skills or training in T.I.P unless they choose to embark on courses of their own choice. This is a manifestation

of the little of acknowledgement of the impact on lawyers of the stresses of working with Trauma.

Some studies in the U.S. have been conducted to investigate Vicarious Trauma amongst attorneys and the impact they felt following listening to their clients and their traumatic experiences. Levin and colleagues (2011) investigated attorneys (n=238) and their administrative support staff (n=109) in Wisconsin. Overall, the negative impact of absorbing Trauma was felt more by the attorneys than the support staff. Importantly, demographic characteristics did not play a role, indicating that Trauma indeed does not discriminate. The traumatic nature of the work, alongside overworked lawyers, means that more support is necessary for them to mitigate any long-term and significant issues. This intensity of contact with trauma-exposed clients is a high risk in the JS in England and Wales. The exposure is the nature of the work. The key to assisting this potential mental health risk is support. The area of supervision and reflective practice formed a significant research aim in this study.

A study conducted in Australia by Kelk, Medlow and Hickie (2010) and further built on by Medlow, Kelk and Hickie (2011) has shown growing evidence about the psychological distress lawyers are experiencing, and it was found that the prevalence is much higher than in the general population. While vastly under-researched, the significance of Secondary Trauma on this decreased wellbeing was noted, as well as workloads and more general working conditions. While lawyers are often perceived not to be emotionally invested in their cases, the findings in this research found the direct opposite that traumatic materials or testimonies indeed impact lawyers.

These studies resonate with the findings of (Francis and Fleck, 2021). The authors noted the necessity to know more and do more for legal professionals, alongside publishing some practical guidelines. What is more, when working in the JS, there is an element of lone working. The adversarial system does not promote joined-up thinking and working as a team but is very dependent on the Barristers conducting their cases and fighting fearlessly for their clients. Perhaps seeking help is viewed as a risk or sign of weakness. The research enabled further exploration of this suggestion.

2.8.3 Vicarious Trauma and Judges

The area of Vicarious Trauma is also visible in The Judiciary. While studies are sparse and predominantly from overseas, studies do support the point that Judges are indeed also at risk of Vicarious Trauma and/or burnout. Zimmerman (2002) conducted interviews with 56 Judges in Canada, and the way he described their perspectives was through the use of the word 'torment', especially when dealing with cases related to sexual offending, domestic abuse or children. Dr Zimmerman (2002, p.1), a faculty member of the American Judicial College, stated:

'Some very painful things have been said to me... The Judges who have great difficulty are very conscientious and keep pushing and pushing... they don't look after themselves... They don't pay attention to their emotional balance. They wind up like proto-machine humans who just grind out the decisions. It is tragic.'

Jaffe and colleagues (2003), also in Canada, researched 105 Judges across the sector, and 65% suffer from at least one symptom of Vicarious Trauma (e.g. fatigue, flashbacks, lack of empathy). In the U.S.A., Levin and Greisberg's (2003) study found that those lawyers working with domestic abuse cases and those who work in criminal defence report high levels of Trauma-induced stress, even higher than those in mental health or social work. An Australian Wellbeing Survey of Judiciary surveyed over 150 Judges (Schrever, Hulbert & Sourdin, 2019), and unlike other surveys, it highlighted some good levels of coping. However, like others, there were also high levels of distress and burnout. Further, a third of the respondents did note high secondary trauma symptoms. They state: *'This is something that courts and governments need to turn their attention to, particularly as the pressures on the system seem to increase in terms of workload and other stressors... It's an unsustainable state of affairs. No individual or system can sustain elevated and increasing stress indefinitely without showing signs of functional impairment and distress'* (Schrever et al., 2019, p.141).

The loneliness of the role was found to be a factor, and the change from the life associated with chambers to court was a significant aspect of the isolation. The findings reveal a judicial system not yet in a mental health crisis but under considerable stress.

Schrever and colleagues (2019) also note that the Judges perform their role, which is required to be in the public's view, despite dealing with some of the most traumatic cases. Sometimes it can manifest as 'inside humour' or 'gallows humour' (Moran, 1990; Rowe & Regehr, 2010; Maxwell, 2003). They further note that Judges see the very worst of humanity and what humans do to others. They do it all within the confines of high workloads, a complex system to navigate and the public eye, through the media, constantly on them. The job itself, the vast weight that a decision they make significantly affects people's lives, is a stressor. The Judiciary for England and Wales (2022) published findings from their Wellbeing Survey in 2021 during the COVID-19 crisis. Out of the surveyed members, only 33% reported no symptoms of stress, and only 24% reported not being anxious. Among the different stress triggers, participants agreed with non-work-related issues, COVID-19, judicial workload, remote working, and screen time. Again, attention was not paid to Trauma, a methodological shortcoming, and a critical omission. The report noted that whilst services are available, they are not advertised or used as much as they should be to maintain healthy support while dealing with horror in its many forms. This apparent lack of systemic positive regard for the importance of wellbeing and understanding of the effect of Trauma on Judges is a fundamental flaw in the current system.

For this current research, it was imperative to invite Judges to participate and to include their experience, understanding and knowledge of T.I.P. and Vicarious Trauma. Despite ten months of constant communication with the Judicial Office of England and Wales and although many Judges offered to be interviewed, permission, unlike the Australian judiciary, was not granted, rendering Judges voiceless. Further explanation and reflection are provided in the methodology chapter.

2.8.4 Vicarious Trauma and Registered Intermediaries

Registered Intermediaries (RIs) work within the bounds of the Witness Intermediary Scheme in England and Wales and are specialists who can support the effective participation of vulnerable witnesses through facilitating communication. Their professional intermediary services are available to victims and witnesses with communication needs, as well as defendants (Plotnikoff, 2015). A new scheme, HAIS (HMCTS court appointed Intermediary scheme), was introduced in April 2022

to regulate Intermediaries working outside the witness scheme (H.M. Courts & Tribunals Service, 2022), for example, those working with defendants in the family courts and tribunals. Until recently, there has been a very unfair and unequal playing field where anyone could put themselves forward as an Intermediary as there was no regulatory body. It remains an issue that there is a statutory right for witnesses to be assisted by a Registered Intermediary, but those outside the witness scheme do not. It remains at the discretion of the Judge rather than in statute. This concerns inequity and inconstancy (O'Neill & Lewis, 2019). This situation has been referred to as playing Russian Roulette when entering a Judge's court, as uncertainty regarding the attitude towards the role and, indeed, the knowledge and understanding of the skills and role of Intermediaries remains a problem. This can lead to Vicarious Trauma and adds to the cumulative stressful factors experienced while working in the role and can be a contributing factor towards Vicarious Trauma.

Being an R.I. is an isolated role which needs a supervisory scheme to support it and someone to turn to at an official level – services now not in place. An example of a traumatic experience due to the system was when an intermediary was stepped down for six months as a disgruntled witness had wanted her to act outside her role. When she explained it was not within her communication specialists' remit, the witness raised a complaint. Based on unpublished procedures, the RI had no support or income while being investigated. This is a very insecure position to be working in, which causes stress. Any person during the legal process could make a complaint against an Intermediary. While the potential to make a complaint is necessary, the role is neither promoted nor explained by the MoJ, and many inaccurate assumptions can be made, which the Intermediary is left alone to defend. The Quality Assurance Board (Q.A.B.) have clarified that their role was to oversee the quality of care of the witness, not the welfare of the R.I. (MoJ, 2022). The processes related to R.I.s, as well as what they do and how, are generally under researched.

In the research 'Falling Short' (Plotnikoff & Woolfson, 2019), it is stated that Intermediary respondents to their study raised concerns about The Ministry of Justice's Q.A.B., which, surprisingly, does not currently include an R.I. on its board despite repeated requests to do so. There is, at this time of writing, a movement to

redress this following a concerted campaign by the Intermediaries for Justice and RIRT (IfJ, 2022). Plotnikoff and Woolfson (2019, p.123) also quoted the Victims' Commissioner's observations that the Board '*by its own admission, does not have sufficient resources to [quality assure the work of those on the register] in an effective and consistent manner*'.

Despite these concerns, from the researcher's own experience, Police are asked to give feedback about an Intermediary's assistance on a case. This can be escalated to the MoJ, and the Intermediary is investigated. This potentially traumatic process, due to Q.A.B.'s lack of practical knowledge about the role and the lack of trauma informed awareness, can render an Intermediary vulnerable and without the protection of a manager. This situation of living on a knife's edge can be highly traumatic.

R.I.s are not offered supervision by the M.O.J. who trains and regulates them. After many years of requests, they are currently offered 6 hours of mentoring following registration. Some Intermediaries pay for a private supervisor, which is not regulated and ad hoc. Their work is highly demanding, with every case involving traumatic material of some form. At the time of writing this, many requests have been made to M.O.J. to provide details about exit interviews. Plotnikoff and Woolfson (2019, p.135) highlight:

'In the absence of information from recently instituted exit interviews for registered Intermediaries, it is impossible to know to what extent Vicarious Trauma contributes to high turnover in the position. It is, however, an aspect of the work discussed by the Intermediaries themselves. An experienced Intermediary recently described on R.I.O. (Registered Intermediaries Online, the confidential website) her need to access private clinical supervision 'to process the horror I have been exposed to' in a specific case. The psychiatrist 'really helped me, framing and normalising the symptoms of secondary trauma I was experiencing and named my symptoms as Acute Stress/ Trauma Reaction.'

Despite recognising the traumatic cases Intermediaries are most used for (e.g. child abuse cases) and subsequent risk of Vicarious Trauma (Messman-Moore, 2016; Mc Elvaney 2022), the MoJ offers no comparable provision to that offered by the

Australian Department of Justice. In Victoria, an official scheme is in place with a focus on wellbeing (Plotnikoff and Woolfson, 2019). This strategy is composed of several steps: it starts with immediate debriefing opportunities and regular debriefings, which are a part of the scheme. The supervision is carried out by a professionally trained external facilitator. Wider opportunities for wellbeing maintenance are also available. The success of such a system is visible through surveys where Intermediaries, whilst understandably still at risk, are managing the demanding role.

Additionally, the demand for Intermediary assistance is very high, with case numbers increasing, as noted in the Introductory chapter, and a small number of Intermediaries on the register, as many have learnt to pace themselves. Turning cases down is highly stressful and yet another potential trigger. With the severe lack of research on Registered Intermediaries in England and Wales, the current research will present necessary new evidence.

2.9 Literature Review Summary

The presented literature review aimed to provide the reader with important context relating to trauma and how it interlinks with the JS. It aimed to consider the importance of better-understanding trauma and T.I.P in the JS. This was to support the overall research question of this PhD:

How do Justice System Professionals Perceive the Current State of Trauma Informed Practice in The Justice System?

It started with an explanation of Trauma itself and the many ways it can manifest, especially during a triggering event. The wide array of manifestations, from being completely closed off to overcompensating with detail, from speaking quietly to shouting and swearing, from overly relaxed posture to stiffness, from slightly increased sweating to very significant physiological reactions. Without understanding the role of Trauma, how can we enable the effective participation of those entering the JS? Attention was then paid to its relevance to the JS specifically. While there are theoretically a variety of ways in which T.I.P. can be embedded in the JS, it was found through the literature review that efforts could be more present and consistent.

Consequently, it was uncovered that there is a lack of knowledge on the area of how T.I.P. is embedded within the JS, allowing for the raising of the following research aims:

1. What level of knowledge do professionals have about (T.I.P.)?
2. What does T.I.P. training look like in The Justice System?
3. How do professionals approach working with traumatised individuals?
4. Do Justice System professionals feel equipped to deal with the demands of working with traumatised people?

After attention was paid to the 'outwards /outsider' looking T.I.P. elements of working with witnessed or defendants, the focus shifted to T.I.P. within the system. It can be summarised that those working in the JS, be it police officers, lawyers, Judges or Intermediaries, all face traumatic situations on a near daily basis. It would not be unreasonable that their mental health should be a key consideration in organisational business planning. However, this is not the case. The work itself, alongside organisational barriers and cultures, contributes directly to the possibility of the development of Trauma, including Vicarious Trauma, in working legal professionals. While some appreciation of this trend exists in literature, it is limited, resulting in the following aims in this research to explore:

5. Is there Vicarious Trauma among Justice System professionals?
6. What does supervision and reflective practice look like in The Justice System?

The following chapter adds to this literature review by engaging with the researcher's lived experiences in the JS.

Chapter 3: The Practitioner's Voice – a lived experience.



Reflective Practice Image: 4 Flashbacks.

The route to my research has been practical and philosophical. In being a silent witness to a system, I have been pushed outside my comfort zone/window of tolerance and had my ethical and moral viewpoints stretched. The previous chapters provided the reader with key information surrounding the JS and T.I.P from an academic perspective, through published reports or research studies. However, much of what is happening in the system is not readily available in published literature and due to the nuance of embedding T.I.P within the JS, it is important to write about my personal journey entering the JS.

The transition from a caring profession to working in the JS was a very steep learning curve and came as a shock. I had been attracted to the advert which spoke of fair trials for vulnerable people. On the second day of my training, a very experienced and battle-worn barrister explained that although we may be expecting to find Justice in the System, our first learning point was that truth and justice are not the essence of the current system. This initial reflection has never left me. Bryan Stevenson (2014), founder of the Equal Justice Initiative, suggests that people working in the JS need emotional proximity to poverty and crime to understand the multitude of complexities. He warns to be prepared to be scarred by the work which links closely to the research question regarding Vicarious Trauma. I feel my lived

experience is an integral part of this research and wish to reflect and share some observations which link closely to the research questions.

I am scarred yet continue to carry on in the name of Fair Access to Justice, believing effective participation for all must be the just way. I have experienced symptoms of traumatic stress following an extremely difficult ground rules hearing where I was used as a pawn in the adversarial gladiatorial battle, when the prosecutor 'roughed me up' in front of a highly vulnerable defendant. This can be traumatic for not only me, but the defendant as well. The Judge allowed this to happen. This lack of understanding of T.I.P at the top led to the research question which explores the level of training of legal professional and understanding of T.I.P.

In that case, I was accused of ambushing the court as I had written down some bullet points to assist the court. These were my recommendations, taken from my report. However, perhaps the real dynamic was that the prosecutor was angry as I had needed to interrupt his opening speech at the advice of the mental health team, who were in the dock with the defendant and myself, as the defendant was shaking uncontrollably. The prosecutor was furious, but I was doing my job. Then, every arrow was directed at me. I was questioned as to why I had been in contact with the prosecution's expert witness. As two neutral officers of the court, part of my role can be to liaise with the Expert Witness, particularly if they happen to be the defendant's treating psychiatrist. A year later, the Judge wrote a letter saying I was totally exonerated. This is an example of lack of understanding of the role of the Intermediary but perhaps more central to the thesis, adapting to the needs to avoid traumatisation which relates to the research questions.

Following this sudden trauma, my sleep became disrupted, and I found I was dwelling on the shock and lack of protection I had experienced. There was no one to turn to. QAB do not cover work outside the witness scheme and QAB also make it clear that their role is to support the vulnerable witness, rather than the Intermediary. When in another court the next month during another case, I shook as I entered the witness box. I recognised that the witness box had become an associative trigger – a trauma response often seen in individuals as discussed in the literature review (section 2.5).

At times I have reflected on feeling as if I am a different breed from the legal professionals in court and indeed, now with a few more years of experience, I sometimes joke about this with the Barristers I work with. One supportive barrister commented that it was refreshing to work with an Intermediary, as they felt we were the first small step to psychological awareness entering the court room. While this is a necessary step, it is also a problem, because hearing what we hear and having no power to change things often leads to misunderstandings or even a conflict. Hearing comments such as: 'my client has the intelligence of a monkey; 'I'm dealing with pond life;' and 'I never reflect on my cases, I just move on,' have raised the importance of understanding T.I.P in the JS more. Alongside assessed literature, the research questions began to form. I have experienced all sorts of emotions ranging from stress, anger, rage and yet job satisfaction. More recently, feelings of empathy and sadness have emerged in seeing what my colleagues, from each participant group, are expected to deal with. This has led me to want to understand more about the level of T.I.P. in the system leading me to the research.

I have witnessed and reflected on the often-exhibited trauma reactions of resignation, such as staff turnover, sick leave and other forms of resignation as discussed in the previous chapters. Likewise, 'numbness' of some legal professionals, which fall into the manifestations of a trauma category and could be described as a sign of Vicarious Trauma (Porges 2009; van der Kolk, 2014). There seems to be a fear of speaking out against certain behaviours, such as shouting and bullying tactics towards and between the professionals in court, including Intermediaries. I have wondered about the level of understanding and knowledge regarding adapting the process to the needs of a vulnerable people or children "measuring up" (Plotnikoff & Woolfson, 2009) or are we still "Falling Short?" as Plotnikoff and Woolfson (2019) investigated. How much training have the legal professionals, police, Solicitors, Barristers, and Judges received to allow competency when working with various forms of disabilities, effects of trauma and individual needs? I have questioned whether the adversarial system is geared up to cope with the ever-increasing knowledge about vulnerability that has informed us educationally, clinically, and socially. The research questions are key to understanding if there is a gap in the system between the needs of the person or child and the professionals working with them and how vulnerable people are

enabled to achieve fair access to justice and effective participation. Should the legal professional training involve work placements in youth clubs, schools, and hospitals as they are dealing with people not just laws and books?

The need for rapport building has been well researched (Risan, Binder & Mildne, 2016; Gabbert, *et al.*, 2021, p.329). The emergence of remote and hybrid working where using technology such as 'Teams' with vulnerable children and adults is complex. (Milne, Dando, and Smith, 2020; Smith 2021)

This raises questions about accessibility, ethics and practice of working remotely. I have witnessed the socio-economic difference of those that come to the JS compared to those working in it. On one case the vulnerable mother in a family case struggled to access the hearing on her old phone, while the Judge had perhaps forgotten to obscure the background displaying a grand room. It somehow felt uncomfortable and made visible a concern already known, understood and perhaps beyond change. Traumatized people can often be alone when accessing these hybrid hearings which makes it very difficult to co-regulate, evaluate their mental state and is of concern regarding their safety at the finish of the hearing.

Many family court cases have been conducted in a hybrid manner with vulnerable people battling to use their phones to hear judgements about the future of their family and children. Remote assessments in immigration cases which include an interpreter, Intermediary, solicitor and the vulnerable person, while convenient, in my experience lack the ability to assess total functional communication and restrict rapport building which is fundamental to the assessment and longer-term involvement with the case. Likewise, remote hearings from court to prisons were used during the pandemic and continue. Remote working is still used by some for assessments and suspect interviews. It seems that in England and Wales police were and remain cautious about using remote approaches with witnesses and non-custodial suspects.

'This caution stems from concerns about the ability of interviewers to control the interview environment, build rapport and manage trauma throughout the process.'
(Smith, 2021, p.53)

I have wondered if a vulnerable child or adult's behaviour and responses due to early

complex trauma brought them to the criminal JS. Whether they are viewed as a risk to themselves or too damaged to be safe in the community? Is this based in a foundation of knowledge or is it fear? During one case, a highly vulnerable young person aged 19 years old with a very low IQ, was neurodiverse and had selective mutism, was sent to a category A prison as there was no Learning Disability bed available. The Judge was put in a very demanding position as he had to protect the public by removing her from the community. However, he had no options, apart from sending her to a prison which was inappropriate for her needs. This is a traumatic position for the Judge to be in. The Judge was clearly distressed and said: 'Shame on society,' indicating that he knew that the only action he could take would be inappropriate and that society had let this person down. He went on to say that our prisons should be the safest places in the country but very sadly they were the opposite. This was stressful not only for the family of the vulnerable person, but the police who had arrested this person for breach of bail conditions (which she could not cognitively understand), but also for all the professionals involved. This leads to accumulative distress, helplessness, and Vicarious Trauma for all involved.

I have spent time with prison officers to prepare them for an autistic person's safe transition to prison. In other words, to ensure the guards knew the person's sensory needs and emotional triggers, such as a recommendation that he showered alone, as showers were an emotional trigger for dysregulation as he had been raped as a child by a male; his need to have soft food, and his fear of noises and other sensory issues. Six weeks later, I visited the prison with his probation officers to assist with the disposal report. A very detached word perhaps? The recommendations had not been relayed and the person had tried to kill himself. I mentioned to the guards how the vulnerable person had attempted hanging himself with the flex of his phone. He had left his assistance dog at home, was highly distressed and needed to speak to his mother. Her endless attempts to call the prison had failed and her son, who could not read above a 7-year-old level, could not cognitively cope with requesting a Visitor's Order. I received the familiar response of resignation and numbness from guards when I queried the suicide. They said they had 'logged it.' After some reflection, I was able to find empathy for the overloaded guards and see their signs of Vicarious Trauma. In the past, I have run trainings on vulnerability and neurodiversity for dock officers at a large London court, which, after initial resistance,

were well received. The guards asked for more, explaining they needed to understand the people they were working with. I approached Serco (a private company contracted by HMCTS) to extend this training, but there was no response.

There are so many situations/cases in my mind and perhaps my body (van der Kolk, 2014). In the shortest of descriptions, here are a few situations which drove me to take on a PhD and feed into research questions.

A young man with autism had 18 hearings before they finally appointed an Intermediary. I attended with him for three more hearings and the trial. He sat with a face cloth over his head and fell asleep constantly. He had attended a special school, and his language skills were at a two-word level, and he had the mental age of a 6-year-old. The initial Judge at the hearing had not accommodated his needs but the trial Judge was new to the role of Judge and excellent. He accepted my recommendations and adapted the court room and process.

When entering a Judge's court, it is an uncertain situation; What will be accepted? What is their belief system about the role of the Intermediary? What is their level of understanding about the needs of vulnerable people? What do they believe about mental health and trauma? This unpredictability feeds stress and Vicarious Trauma.

At one court, I had the experience of working with two different vulnerable people on different trials, but the common factor was the same Judge. This Judge had been helpful with a vulnerable witness in one trial and in a later trial, very unhelpful with a vulnerable defendant. Both had been diagnosed with Mental Health Disorders, both were female, and both had been employed at some point. The Judge's reaction was completely different towards the vulnerable witness compared to the vulnerable defendant and he exhibited a very different attitude about my role as an Intermediary in each case. The Judge was far harsher towards the defendant and also to me, telling me I could be a chaperone and that I must not intervene. I tried to explain that was my role if required but he vetoed it. The defendant took an overdose before court, and I recognised the signs. He was clearly annoyed when I informed the court. She went to hospital and the Judge ruled that we would continue in her absence. This unexpected response from the Judge was a shock to me, but I had to keep calm in order to facilitate co-regulation when she returned the next day (Perry &

Winfrey, 2021). This erratic uncertainty does cause confusion to a point of triggering a fright, flight or freeze reaction (Ogden & Minton, 2000) in potentially the vulnerable person and/or the Intermediary. This, as stated, is a physiological response to threat and is not under conscious control. It can be demanding, as an Intermediary, to employ techniques (like breathing with a long outward breath) to coregulate a traumatised person following a difficult encounter with legal professionals who may wish to destabilise, feel threatened by the Intermediary role, or are resistant to change. This experience formed my route to research.

I have been shouted at in court, which is humiliating and traumatic for both me and the vulnerable person I am assisting. While assisting in court I have been witness to ferocious arguments between Barristers. Once, a barrister and I had to prevent a physical fight between two Barristers in front of a vulnerable defendant. I had to usher her, a victim of domestic violence, out of the court where we both used some grounding techniques (Sanderson, 2022) to help deescalate her mounting emotions and volatility. Her associative memories of the past had been triggered (concepts discussed in section 2.5).

While working on some cases, I have witnessed some Barristers verbally fighting in an aggressive manner, oblivious to those in the courtroom. A vulnerable defendant can often become invisible in the process and can be witness to adversarial battles while sitting in the dock, sometimes when the Judge is absent. I do question what this does to all parties involved in the process. Thomas (2023) queries this in his research on *'Does the adversarial system serve us well.'* Does constant adversity and struggle – which can take place in the legal process, create a level of disengagement from the reality of working with people, not just laws and books? Surely it is a contradiction of the term 'Justice' that this behaviour is still allowed to take place in the presence of a youth or vulnerable person?

There have been numerous cases when I have questioned what has happened to society. I worked with an eight-year-old vulnerable witness. The defendants were 10 and 12 years old. The Judge shouted at one of the defendants when he arrived late, saying she would have him detained at her Majesty's convenience if he arrived late again. I wanted to explain that the child would not understand her language and that he was travelling two hours from his foster home and did not drive. But no, I

swallowed this inside, as did every other person in the court room. What is the reason for this reaction? Fear of stepping out of line? Shut down or freeze or flight? Contempt of court? Being a lone voice? Being unheard and voiceless just like the vulnerable participants? This formed part of the research question formulation in a quest to understand trauma reactions of clients and professionals.

Swallowing/internalising significant emotions can be a fast route to Vicarious Trauma. As explained in the literature review (section 2.4), the amygdala – the smoke alarm for threat – is triggered into action to defend ourselves by flight, fright, freeze, friend, or flop. I froze, and this is a common reaction in court. But how do we professionals process this trauma reaction? Is it a common reaction to all, many or some? Is it understood by The Judiciary, the Bar and Police Forces?

The content of this case involved the children acting out a very violent video game. During reflection, I wondered who should be in court, the game manufacturer, or the children. Is this a societal problem? Should this be diverted to Child and Adolescent Mental Health Services? I voiced this with the Barristers who all agreed, but they must move onto the next case, and so it continues. Reaction with little time for reflection.

There have been many times when I have not swallowed it down, voicing my questions about whether the court is fit for purpose to work with and understand a highly traumatised person. As Intermediaries we use our clinical skills and expertise in communications to make recommendations to help the court adapt. At times, the Intermediary can be the most unwelcome person in the room. At other times, we are respected for our clinical expertise. Another recipe for insecurity and Vicarious Trauma due to the unpredictability. Safety and trust for the client is the basis of remaining within the window of tolerance, the optimum place for effective communication (see section 2.5.1). Likewise, the police, Solicitors, Barristers, Intermediaries, and Judges surely need the same level of predictability and trust in the system to protect them, so as not to become traumatised themselves.

At times, the system is unfathomable and frustrating. I worked with a man who had lived in the woods for 30 years. He had mental health issues and had heard that Prince Harry was also suffering. He decided to go to the Palace to give Harry some advice. On arrival, he spoke to the security guards at the palace and showed them

his 'kitchen knife' which he carried since he lived outside. He was arrested for carrying a bladed article. I assessed him in prison, where he had been stuck for many months. He worried about his friends, the fox and the robin, and told me about rolling in the morning dew. I enjoyed that visit. We attended court and they released him, as he had already served longer than any potential sentence. He was at court in a tracksuit, it was a freezing day in January when there was an alert to try to move homeless people in London inside as an emergency. The guards said he was unable to be taken back to the prison in the van, as he had been released. He had a few belongings at the prison, like his tarpaulin, but it transpired that the possessions department was due to shut at 16:00 and it was already 15:30. The probation service was unable to help. Fortunately, his newly qualified barrister cared. He ran to a charity shop and bought some warm clothes and a bag. The man was worried, as he had to get to his wood in Sussex in time to find his home, but he also had to present himself to the probation service the next day at 14:00. If he failed to do so, then he would be arrested for breach of conditions. He knew that if he went to a busy London station he would be triggered and overwhelmed to a point of hyperarousal and may erupt and risk being arrested again. The barrister kindly gave him some money and we took him to the station and wrote on his hand the name of the station where he needed to get off the train. He could not read or write, but my assessment informed me that he would be able to match up the patterns of the words. It felt good to be proactive, but the trauma and stress of dealing with the unfathomable lack of care is accumulative. A sense of madness and disbelief of the situation can cause a feeling of helplessness; again, a frequent route to Vicarious Trauma. I was heartened by this newly qualified barrister who gave his all – but it must be said that he went beyond what would be expected of his role. I have had to find quiet rooms for police officers who have cried through frustration at the 'madness' of the system.

Another example of feeling frustration and hopelessness mounting up in a case with a highly traumatised young woman, a modern-day slave, who was on a tag order. She was given bail and taken to a place of safety. She was arrested 8 times and taken to the police station and then the next morning to Magistrates' Court. She was accused of breaching her bail conditions and being out at night. Her support worker each time was able to give evidence to show she was at the residential setting with the staff. The tag was faulty - but it happened repeatedly. This highly traumatised girl

could have easily become dysregulated and lashed out, causing all the progress she had made to be undone. There are no words to describe this Kafka-esque situation. It was truly a nightmarish, bizarre and illogical thing happening over and over to her. She kept asking why no one looked after her, why bad things happened to her. She had been sexually abused from the age of five years old and then trafficked. I had to breathe and ground myself each time I heard she had been arrested. It was stressful for her solicitor, and all concerned.

Perhaps the most distressing case in terms of approach of the system to a highly vulnerable man with Parkinson's disease and Autism needs to be documented. This man had been in prison for a year when I assessed him, and this was the third attempt at a trial. The first time the court was not accessible and the second time the prison had forgotten to collect him from his cell. He had found prison extremely difficult as before being remanded, he had had daily social service assistance for dressing and self-care. He had during his time in prison been admitted to hospital several times having lost half his body weight. He had also lost several toenails due to lack of care. Major problems also seems to be the erratic administration of medication which is time sensitive causing increase in his tremor . This continued to be an issue through the trial.

I wrote a detailed report using my clinical skills to assist the court. Two days before the trial was due to begin, I was stood down , which was a shock considering the level of his communication needs , frailty and that two expert witness reports and an intermediary report had recommended he needed assistance by an intermediary . However, on the first day of the trial I was reinstated by a new judge and asked to come to the court asap. A rushed Ground Rules Hearing was put in place but it became apparent that neither counsel or the judge had read my report. I was allowed to sit in the dock but was questioned about helping him hold a cup to drink some water, something he needed due to the severity of his Parkinson's Disease. Without water he would not be able to participate. He took several minutes to move from standing to sitting and I was asked to hurry him up. I was shut down when I reported back to the court that the prison had not being constant with his medication. So many other shocking things occurred.

When he started to give evidence, the prosecution asked for the assistance of the intermediary as counsel could not understand the accused. I pointed out that I had recommended that I could act as a communication bridge. I repeated his words for two days. The defendant collapsed at the end of his evidence and the air medical team were called.

When recounting this, the words seem inadequate. There were dynamics such as, being disbelieved when I had used my clinical experience to make recommendations based on his needs; being deskilled ; being dismissed when I offered ways to reduce the communication demand and my offer to assist with questions being rejected as he was 'a very clever man'.

I remain baffled as to why a highly vulnerable man could be neglected in prison and then be treated so harshly in court. The legal professionals were very disturbed by the court experience, but the Judge seemed to take a different view. I was left wondering if I could be party to cruelty anymore .

Another example of helplessness is being a silent witness to seeing Barristers 'roughed up' in court by a Judge. During a remote hearing, where the barrister was making an application to have an Intermediary to assist a highly traumatised vulnerable woman, the Judge refused to allow me to speak. He questioned the barrister for 45 minutes about her reasons for requesting an Intermediary, insisting that Barristers should be communication experts. The barrister had my report and recommendations and tried hard to refer to these and to hand over to me. I was silenced by the Judge who said he wanted to hear from the barrister first. After asking her the same questions over and over about communication, the Judge said he had heard enough and did not allow me to speak. It was undermining and frustrating to be placed in this position but particularly to see someone floundering out of their depth trying to answer questions about the things I had highlighted and written in my report. The barrister afterwards said she had felt like a mouse being mauled by a lion and, sadly, that description and the imbalance of power is how it seemed to me as a gagged observer. This type of primary trauma for the barrister and secondary trauma for the Intermediary can lead to Vicarious Trauma. The Judge seemed pleasant but then turned out to have a strong agenda and the barrister was reduced to helplessness. Unpredictability arises as many other Judges are accommodating and do welcome the role of the Intermediary. Therefore, entering a

court can be uncertain, like playing Russian Roulette, as there is no consistent pattern and decisions are placed at the discretion of the Judge. The situation of unpredictability and inconsistency from one court to another is stressful and can cause hypervigilance or hypo vigilance and numbing, in the legal professionals and Intermediaries, rather than calmness necessary to facilitate effective participation.

Working with the police has been a positive experience for me in terms of collaboration and joined-up thinking. Generally, it is the enlightened specialist operations officers who call in an Intermediary via the National Crime Agency (Gibbs, Drew & Melly, 2018). The police do seem to listen to Intermediaries and some police attend trainings for ABE (Achieving Best Evidence) interviewing skills and techniques. Sometimes, Intermediaries are invited to present about their role and how to adapt communication. I have run trainings at various Police Training Centres and include T.I.P. as part of my presentation. During these trainings, discussions about trauma and Vicarious Trauma from working as a police officer has underpinned the formation of the research questions.

The trainings have enabled the police officers to understand, for example, the trauma associated with non-recent sexual abuse and how memories may have been pushed down and hidden for many years. The Interviewing Officer, if trauma-aware, will understand that time is needed to allow 'things' to surface in order to achieve best evidence. Shame and self-blame (Maddox, 2008) require sensitive handling. It can be difficult for the police to understand the manifestation of trauma, such as laughing, bravado, or shutting down without adequate training. The joint working of an Intermediary and a receptive police interviewer is a good combination.

The horror of the accounts of abuse, rape and fraud of the elderly, and similar, is difficult. I have frequently observed the police in a state of overload and flight. Some of the worst accounts I have heard have been when the police have picked me up in their car to go off to a 'job.' They spot my therapist radar and empty out. There is an evident need for this debriefing, 'a sharing' and it seems they can be unaware of what they are carrying emotionally. Over the years they have given mixed accounts of whether they are supported or not; have helpful supervision or not; are concerned to seem weak during their annual occupational health check-up, some have said they do not feel comfortable ticking the 'danger' boxes declaring if they are sleeping

badly or have increased their alcohol intake etc. Trust of colleagues is variable and attitude to wellbeing is variable from force to force. These sharing moments have led me to ponder on researching this area further.

Another potentially traumatising situation already mentioned in the literature review is the fear of negative comments from the police about the Intermediary performance, being escalated to the Quality Assurance Board (QAB). This can be very disturbing and at times, the Intermediary is stepped down while the complaint or comment is investigated. This may sound like a sensible method to regulate and assure that vulnerable people are receiving a good standard of care. However, the police do not always understand our role, as they are not communication specialists and may not have understood the need to employ certain strategies used to assist achieving best evidence. As stated in section 2.9.4, QAB does not have an Intermediary as part of the board and therefore their judgement is without a working knowledge of the role. Many Intermediaries frequently discuss the feeling of uncertainty as if they are working with a time bomb which could leave them without an income while the investigation – which can take many months – takes place. There are also feelings of shame, isolation and trauma which arise during the complaint procedure.

I have been reported to QAB. The Detective Sergeant I worked with had not indicated there was any concern. The police were satisfied that there was a conviction with a long sentence. It came like a bolt out of the blue. I received a call on a much-needed day off. I was driving and pulled over as the person from QAB explained that although I had been given the highest score of 5 for all the criteria which the police are asked to report on, the DS had made a negative comment, writing that I had “mollycoddled” the children and impeded their evidence. The DS had no understanding of T.I.P. These children had witnessed the death of their 2-year-old brother in a particularly distressing manner, they had witnessed the paramedics try to resuscitate him, they had been to his funeral and then been placed in two foster placements. During their evidence I had recognised signs of glazing over and ‘shutting down,’ and freezing. I had to intervene and called for a break. I asked to speak to the Judge in the absence of the jury and explained that the live link facilities were creating an extra layer of difficulty. I recommended that counsel came into the live link room and questioned the children in person. This is a well-

established approach where human contact can assist and can facilitate communication and at times prevent dissociation (depending on the client and the information gathered from the assessment; section 2.5.3). This took place, and the children, individually, gave evidence using a doll and other props to demonstrate what they had witnessed. The KCs were happy with this approach, as was the Judge. Somehow, the DS was not. This had been a very emotionally taxing case where very young children had to give evidence against their father. The investigation by QAB hit deeply, adding to cumulative material with the potential for Vicarious Trauma.

Despite this situation, some police have described to me how there seems to be a shift happening in the understanding of PTSD in the forces. I have valued these discussions with the officers, as I have gained an insight into the culture of the organisation. It has also given me a chance to talk to them about trauma and the mind and body and they seem generally to welcome information about psychoeducation and T.I.P. (Goodall, 2022). Generally, this is well received as people do like to understand what is happening to themselves and to the people they are working with. Sadly, there is not enough time given to do so properly. All these discussions have created many questions in my mind about the JS and how adequately it is adapting to the scientific understanding of trauma reactions and an understanding about diversity. Each experience has fed my research questions.

As Chair of Intermediaries for Justice, I was invited to contribute as a member of the panel to the ongoing IICSA (The Independent Inquiry into Child Sexual Abuse in England and Wales), which is looking at the handling of and duty of care to protect children by institutions, including the JS, from sexual abuse. The survivors informed the panel that the term 'historic' abuse was not appropriate, as they felt they continued to experience the abuse daily (IICSA, 2018). This inquiry was set up by The Truth Project, using a trauma informed approach. I was struck by the direct questioning of the survivors about T.I.P. The survivors asked for assurance that all future investigations and court processes would be conducted with all parties being trauma aware.

As a survivor myself, I do understand the feelings of being invisible; unable to wear earphones in the street as the strong need to be hypervigilant persists; the fear of

people running up behind me; the feelings of being second rate, unbelievable, and not being good enough. I recognise the downward spiral of descent into feelings of worthlessness and low self-esteem. It is a lifetime's journey to recover once violated and derailed.

These well-researched trauma reactions need to be understood by the JS. I think it was important to share my personal experiences and reflections on the JS. My colleagues, Intermediaries and other professionals, will have dozens of stories of their own. Together with published literature discussed in the previous chapters, there is a very strong case to state that a much better understanding of trauma and its many faces, are a vital key for fair access to justice for all .This is the core element of this thesis, and its research question, *What does Trauma Informed Practice look like in The Justice System?*

Chapter 4: Methodology

This study stems from several motivations. Firstly, the researcher's own experiences, as described in Chapter 3, led to inquiring further from an academic perspective. Experiences stemming directly from being involved in the system, while also training those who are involved, provided a strong basis for the motivation to learn more. The position of the researcher from the 'insider/outsider' perspective is noted at the core of this research and accepts that it does not seek any kind of universal 'truth.' The experiences of all involved, including the researcher, all intertwine.

Secondly, upon embarking on the PhD journey, literature uncovered multiple key factors relating to the area. It was shown that trauma is, by the very nature of the JS, an especially crucial factor to consider. This was thoroughly discussed through a holistic lens, not only looking 'outwardly' at the trauma of JS 'users' - be it complainants, witnesses, or defendants, but also 'inwardly' due to the possible development of Vicarious Trauma and other trauma related issues. Based on these elements as the backdrops to the research, it takes on a pragmatic approach. This pragmatic approach, alongside research design and specific methods, are at the core of the discussion in this chapter. This is followed by ethical considerations relevant to the PhD and researcher reflections.

4.1 Research Question and Aims

Following observation of the interactions and my own lived experience in the JS, alongside the identification of key gaps in literature, questions arose regarding the understanding of T.I.P. This research aims to generate an understanding of the level of knowledge and understanding about the effects of trauma on all those either working in the system or participating as a complainant, defendant, or respondent. The aim is to highlight knowledge and understanding, as well as experiences, views, and narratives of these groups.

Research questions arose from first-hand lived experience of working as an Intermediary in the JS, coupled with a clinical background and working experience of the philosophy and neuroscience of T.I.P, all embedded within a thorough literature

review. This led to acknowledging the need for a valid and meaningful focus inquiry leading to multiple research methods to be utilised. This resulted in the route to research.

Based on these aims, the following overarching research question evolved:

What is the current state of Trauma Informed Practice in The Justice System?

To gain answers to this research question, specific aims were subsequently developed.

- The literature review identified that T.I.P is a relatively new concept in The Justice System and hence it was important to understand: **What level of knowledge do professionals have about T.I.P?**
- It was also uncovered that whilst the concept of T.I.P is penetrating through the layers of the Justice System to some extent, training required to work in a T.I.P manner seems inconsistent, not mandated, without any systematic literature; and so, the second emerged as follows: **What does T.I.P training look like in The Justice System?**
- As noted, appreciation of the importance of trauma to the work of justice system does exist and it is undeniable that The Justice System encounters a higher prevalence of traumatised individuals than typical, resulting with inconsistent training and lack of guidance. This led to the questions: **How do professionals approach working with traumatised individuals?**
- Whilst professionals *do* work with traumatised people, it is unclear from literature how they perceive this 'addition' to their role, and so the following question needed to be addressed: **Do Justice System professionals feel equipped to deal with the demands of working with traumatised people?**
- Working with traumatised people is only one element of T.I.P, and an appreciation of trauma *within* the organisation is also key. As literature is sparse and highlights only limited aspects of the knowledge of Trauma Informed Practice and its development, the question emerged: **What are Justice System Professionals' perceptions of Vicarious Trauma?**
- Lastly, following along T.I.P principles, if there is an appreciation of trauma occurring within the organisation, therefore effecting legal professionals, due

to the type of work in the organisation with associated demands and pressures, then it must be acknowledged. The acknowledgement and acceptance that the system is inconsistent with possible negative consequences, has led to the question: **What does Supervision and Reflective Practice look like in The Justice System?**

4.2 Research Approach

After an extensive literature review on T.I.P and the JS, the starting point to fulfil the research questions was to gather information about the current knowledge and experience of legal professionals. The research question and associated aims seek to understand if there is a 'common currency' or a common understanding and language of T.I.P; whether there is a psychological understanding of trauma and its impact, and whether practices have been adapted for the client group (providing Fair Access to Justice for All) and for use in the legal system. Further, they seek to understand the lived experiences and personal narratives of those working in the JS as trauma cannot be looked at through a purely clinical lens. The journey was to make sense of, or interpret, phenomena in terms of the meanings people bring by gathering information about the current knowledge and experience of legal professionals.

In the words of Denzin and Lincoln (2011, p.2), I embarked on the journey to '*make sense of, or interpret, phenomena in terms of the meanings people bring to them.*' A socio-legal approach applies social theories and methods to the study of law and its institutions in their social, cultural and psychological contexts. The collection of data allows for the analysis of how the system is adapting to emerging psychological and physiological knowledge of trauma in the current climate. The starting standpoint of this research is the acknowledgement that it does not seek some universal 'truth' and the findings are dependent on the professionals' perspectives. It was for this reason that the 'pragmatic approach' was deemed most relevant as it allows a realistic outlook on practice and allows for multiple methods (Saunders, Lewis & Thornhill, 2012) to be combined to find answers.

Pragmatism is also an approach which is used to not only understand real world phenomena but also enables to create recommendations for addressing them.

Pragmatist research philosophy accepts concepts to be relevant only if they support action (Feilzer, 2010). Pragmatics 'recognise that there are many different ways of interpreting the world and undertaking research, that no single point of view can ever give the entire picture and that there may be multiple realities' (Saunders, Lewis & Thornhill, 2012, p.140). It allows for qualitative and statistical data which allows for triangulation of findings and increased validity (from the qualitative perspective) and reliability (from the quantitative perspective).

The Pragmatic Approach using a mixed methods design was therefore considered the most suitable for gathering a descriptive understanding of the experience and knowledge of T.I.P., at various levels and amongst various legal professionals, alongside professionals' narratives (Burr 2003; Clarke & Visser, 2019; Robson, 2015). The practical methods and flexibility of the pragmatic approach allow for a range of research questions to be answered using a range of different methods (Caelli, Ray & Mill, 2003).

The Pragmatic Approach is appropriate for this study for two key reasons. Firstly, as the purpose of this study is to provide information that can be used to implement change within the JS, it aligns with the pragmatic approach's call to social action. Secondly, in gathering the views and experiences of a diversity of professionals (police, Barristers, Intermediaries, Judges), this study needed a research methodology that would embrace and utilise multiple realities of knowledge.

4.2.1 The Research Pathway

The Pragmatism approach also fits well with the pathway taken in designing and executing this research study which happened in the following steps:

- Step 1: Identifying the topic of interest based on observations from practice and lived experience in the JS.
- Step 2: Gathering Information.
- Step 3: Reviewing the related literature regarding T.I.P.
- Step 4: Developing a research plan.
- Step 5: Implementing the plan and collecting data using a survey and interviews.

- Step 6: Analysing the Data. A) Develop inductive categories through systematic data analysis/coding. Search for variation in the studied categories or process. B) present narratives of professionals relating to their experiences
- Step 7: Discussion. Synergising findings across the work (literature review, survey, narrative interviews and lived experience 2) and providing recommendations for practice as well as further research (Hevner et al. 2004).

4.3 Research design

A pragmatic approach relates to the idea that multiple realities exist and are used to explain different phenomena in the world. Knowledge can only be gained by understanding how different realities are experienced (Saunders, Lewis & Thornhill, 2012; Lichtner *et al.*, 2010). The integration of both qualitative and quantitative methods used in this PhD enables exactly this. It offers an understanding of more generalised and wide views, often using closed option questions, with a more in-depth examination, in order to reach holistic and balanced conclusions (Brierley, 2017).

Mixed methods research allows for such holistic exploration of a phenomenon. It is often understood as a “third community” of research as it combined the more traditional approaches, namely qualitative and quantitative, into a viable third route. This integration then makes it possible to better understand complex phenomena – and trauma indeed is such complex phenomenon. It therefore deviates from the more commonly understood research dichotomy of qualitative versus quantitative research. Whilst a relatively ‘new’ way of conducting research, it has gained much appreciation in the research community, indeed in social and behavioural sciences, and can be done robustly especially if methods used are thoroughly explained (Creswell & Creswell, 2017; Gelo, Braakmann, and Benetka, 2008; Teddlie and Tashakkori, 2009).

The current research is of a predominantly qualitative nature, utilising a phenomenological design (see 4.3.1) with supplementary descriptive quantitative data (see 4.3.2). It was decided that this mixed-method design will happen sequentially. With concurrent data collection, both quantitative and qualitative aspects of the study are conducted at the same time. In the concurrent method, all

data in the research set are collected simultaneously and whilst they can be used to triangulate findings, they do not lead one onto the other. Comparisons of these different and importantly separate data are then made. Sequential mixed method design, on the other hand, are two-step (or more) procedures. One element of a study must be completed before moving onto a different one. This is because the former then informs the specific methods (e.g. questionnaire or interview design) of the latter. For example, a quantitative study using surveys done on a national sample of individuals might be conducted first and then, based on those results, a smaller sub-sample might be invited to participate in focus groups to contextualise the data obtained in the first step.

The aim of this research in T.I.P lent itself to a sequential approach, dividing the research into two phases:

- A mixed-methods survey, incorporating descriptive and phenomenological designs, will serve as the first data collection method. Survey data will be gathered from diverse legal professionals, focusing on two intertwined areas of T.I.P: working with clients outside the organisation (e.g., victims, witnesses, defendants) and addressing trauma within the organisation (e.g., the impact on legal professionals themselves and working within a demanding system). The aim of the survey was to describe these issues (using thematic analysis for qualitative data and descriptive analyses for quantitative data).
- To augment the survey findings, in-depth semi-structured interviews were conducted to explore the lived experiences of participants and their narratives of these experiences. This qualitative approach aimed to provide deeper context and insight into the survey-based research, offering individual perspectives and personal accounts that are essential for answering the research questions. Following the in-depth interviews with participants from each group, working within phenomenological design framework, a narrative approach to analysis was employed to give an even wider and deeper understanding of the current understanding and experiences in the system.

4.3.1 Phenomenological Research

The qualitative methodology of this research, for both the qualitative elements of the survey and the interviews, falls under phenomenological design (Wilson, 2014).

This is a qualitative research approach, therefore non-numerical, and its aim is to enable an understanding of a certain phenomenon from the point of the participants; it does not seek 'the truth'. It enables for the participants themselves to have their voices heard and analysed, rather than trying to understand some wider truths about a topic. It is commonly used in social sciences to gain a deep and thorough insight into how people think, feel, or understand certain things – in the instance of this research, T.I.P in the JS (Neubauer, Witkop & Varpio, 2019).

A phenomenological approach aims to understand the nature of a phenomenon or common factor by exploring the views and experiences of a mixture of people witnessing the same process or system, but from different perspectives – as with various legal professionals in the JS (Wilson, 2014). This approach is frequently used to study lived experience to gain a deeper understanding of how human beings think. This expands the knowledge about a phenomenon. For example, the knowledge and understanding of the phenomena surrounding T.I.P in the JS will highlight whether there is a current need for change and work towards answering the related research questions. It is important to note that whilst the overall design for the qualitative elements in phenomenological, the way data were analysed differed based on the aims of the specific element (i.e., either survey or interviews). Qualitative methodologies and methods can have blurred boundaries, they overlap but all bring something new to our understanding (Roulston, 2019) combining different analytical methods within one design is appropriate to reach the aims of this PhD.

4.3.2 Descriptive Research Design

The quantitative elements of the survey fall under a descriptive design. Considering the aims of this study, it was important to understand how individuals feel about certain phenomena. Due to lack of previous research, this needed to be researched from the basis before any further inferential designs could be implemented. As this research is very nuanced, there was not enough previous literature to hypothesise impact of profession, age, length of service, or other demographics on perceptions of T.I.P in the JS. Through utilising a descriptive design, some statements about

generalisations can be made and applied to many different types of people or situations across the JS (IWH, 2006; Tripp, 1985).

4.4 Participants

4.4.1 Sampling strategy

Howard Becker (2008, p.67) states: '*We can't study every case of whatever we're interested in, nor should we want to*'. He suggests that the essence of sampling is to persuade the reader that the studied population meaningfully represents the whole from which it is drawn. In other words, the reader should be satisfied that while 'full and complete description' of the phenomena being researched is unachievable, justifiable steps have been taken towards selection of those individuals included in the sample.

In survey research, the aim is to gather a sample which can represent the whole population. This is not always possible, especially with hard to reach groups; however, the aim in this survey was to give opportunity to as many professionals who fit the criteria as possible. In other words, the sample from the whole population 'stands in' for the whole population. This research is based on non-probability sampling. Probability sampling, or random sampling, works on a 'truly' random basis – the sample is picked with no biases surrounding it (e.g., picking every fifth person from a list). Non-probability sampling is more selective, where the researcher picks individuals for the sample based on their research goals or knowledge. In this instance, the researcher utilised convenience sampling which is when individuals are selected based on their profession, availability and willingness to participate.

To decrease bias which can occur in convenience sampling, the research data were collected via organisations such as Police Training Centres, Chambers and Associations, with added elements of snowball or referral sampling, as people within these organisations who took part in the survey were asked to invite other legal professionals to take part. The participation has the potential to radiate through the various legal professional groups. The online discussion group, RIO (Registered Intermediaries online/MoJ), was used to publicise the research and all members of the charity, Intermediaries for Justice, were emailed with the survey. Police forces across the country placed the survey on their intranet. A request was made to CBA

(The Criminal Bar Association) to inform their members about the research and survey, but unfortunately, they were unable to assist. However various chambers across the country were sent the survey and asked to participate. The Judiciary were approached through The Judicial Office, and 10 months of correspondence took place before a final refusal was received. Utilising different sampling strategies can be seen as appropriate in the context of JS, considering the applied setting of this research and how overworked professionals are in the first place. These tools were used for the survey collection; participants were given the opportunity to present the researcher with their contact information upon completion of the survey.

Judges are pivotal to the inner working of the JS, since as key legal professionals, gathering their experiences and knowledge to inform the analysis of this data and research is vital. Many Judges had agreed to participate prior to the Judicial Office's refusal, as they had indicated that it was very relevant and important research. Consequently, a selection of *retired* Judges agreed to participate in the research. This was via a snowballing effect and self-selection. Judges are the only participant group only utilised in the multiple case study stage of the research.

4.4.2 Recruited participants

4.4.2.1 Survey participants

In order to collect rich and reliable data, the aim was to gather information from 50 participants from each group using a carefully designed survey through the online platform JISC (see more under '4.5 Measures'). The participants from each group work across the JS, such as in immigration, employment, criminal and family sectors. The final number of respondents was:

- Barrister/Solicitors: n=46
- Police: n=53
- Intermediaries: n=56

As a result of the lack of support by the Judicial Office, five retired Judges were surveyed and interviewed. This was not included in the main part of the survey results due to the small sample as compared to the others, but all qualitative data were utilised to understand their narratives.

Solicitors/Barristers

All Solicitors and Barristers were sent the same survey, and the distribution of participants was as follows: Barristers (n=37; 80%) and Solicitors (n=9; 20%). The reason for the difference in numbers of respondents in each group is uncertain. The same approach was taken in distributing the survey to solicitor firms as it was with chambers. Individual Solicitors were also approached and asked to distribute the survey to colleagues, in the same way as the Barristers. During the survey collection period, it became evident that Solicitors were feeling very overwhelmed with work, perhaps partly due to COVID-related issues in the JS. Several offered to be interviewed rather than spend their limited time completing a survey. Participants' experience ranged from one to 35 years and their roles included: Kings' Counsel, barrister/solicitor advocate, barrister trainers, barrister, solicitor. 63.6% (n=28) were female and 34.1% male (n=15), with one person opting not to answer. The vast majority (the open-ended nature of the question does not allow for exact numbers) referred to themselves as white/white British/British/white other.

Police

The experience of the 53 surveyed police officers ranged from one year to 46 years, 65.4% female (n=34) and 32.7% male (n=17), with one opting not to say. The vast majority (the open-ended nature of the question does not allow for exact numbers) referred to themselves as white/white British/British/white other. The respondents were undertaken a wide variety of roles and ranks, and the self-reported responses included: sexual offence investigation team officers (SOITs); safeguarding investigative unit officers (SIUs), detective constables; response officers; detective sergeants; police constables; major investigative team officers (MITs); public order and event planning officers; police sergeants; police trainers; and a national firearms instructor.

Intermediaries

Respondents' experience varied from one year to 16 years. Those who responded included both Registered Intermediaries and Court Appointed Intermediaries (CAI – ASP/MASP). 94.5% were female (n=52), 5.5% male (n=3). The vast majority (the

open-ended nature of the question does not allow for exact numbers) referred to themselves as white/white British/British/white other.

The final question in the survey asked if participants would like to participate further in the research in the form of being interviewed. Their details were coded and they were approached randomly, aiming to select an equal number from each group.

4.4.2.2 Narrative interviews

A sub-section of self-selecting participants was invited for a follow up interview to better understand their lived experiences. The following participants were recruited:

- Solicitors/Barristers: n=4
- Police officers; n=5
- Intermediaries: n=4
- Retired Judges: n=5

More descriptive detail relating to the participants is presented at the beginning of the narrative chapter (Chapter 7). This gives an understanding of the relevant context to their experiences prior to discussing the findings.

Participant recruitment only continued until data saturation (Saunders *et al.*, 2017) was achieved. Data saturation was reached when no new nuanced experiences were being captured and when no new themes or codes were emerging. At this point of saturation further data collection would not produce value-added insights.

However, each new participant had new specific stories to uncover and if time had permitted, more in depths factors could have been researched such as differences in geographical regions and gender.

For the narrative interviews, in-depth interviews from each of the four research groups were used to yield further understanding of experiences and knowledge of T.I.P.

4.5 Measures

4.5.1 Survey

The first stage of this research utilised a survey as a data collection method, enabling the collection of a variety of factors (e.g. opinions and experiences) across a number of different groups of participants (Gelo, Braakmann & Benetka, 2008). Whilst convenience sampling automatically decreases how much generalisations can be made, a survey method allows for some generalisability of the results (Schreier, 2014). The developed survey (Appendix 2) focused on the two interlinked areas of T.I.P. The first set of questions focused on knowledge and experiences related to working with those outside the organisation – the ‘clients’, be it complainants, witnesses, defendants, appellants and others (Chapter 5). The second (Chapter 6) relates to trauma within the organisation, for example: the effect on legal professionals themselves of working with traumatised people; working in a highly demanding and perhaps dysfunctional system. The questionnaire was uploaded online to JISC Online Surveys.

The survey was developed based on gaps identified in literature (Chapter 2) and constructed around the following topics:

- 1) Trauma and those ‘outside’ the organisation:
 - a. Topic 1 – Prevalence of Trauma and T.I.P amongst legal professionals (e.g., *Do you work with traumatised people?*)
 - b. Topic 2 – Legal professionals’ knowledge of the impact of trauma (e.g., *Do you know about the impact of trauma on an individual's ability to communicate?*)
 - c. Topic 3 – Practical knowledge of techniques to assist with trauma (e.g., *Which adaptations may assist a child or vulnerable person to best communicate their evidence and participate effectively?*)
 - d. Topic 4 – The drive/desire for training amongst legal professionals (e.g., *Have you attended any formal training on T.I.P.*).
- 2) The second area investigated via the survey was related to working within The Justice System and looked at:
 - a. Topic 1 – Understanding of Vicarious Trauma (e.g., *Do you know what Secondary/Vicarious Trauma is?*);

- b. Topic 2 – Personal experience of Vicarious Trauma and personal ability to deal with trauma; (e.g., *Have you experienced secondary /Vicarious Trauma yourself due to your work*); and
- c. Topic 3 – Wellbeing at work (including organisational culture, supervision and reflective practice; e.g., *Did you have regular supervision?*)

Each group of participants was asked largely similar questions with a few questions designed to the specific role and relevance for the professional group. For example, Intermediaries were asked about their experience of the MoJ, as in Question 30a: *Do you feel comfortable discussing your well-being with MOJ/NCA?* Whereas, Barristers/Solicitors and police were not asked this question, but were asked questions such as: *Do you feel comfortable discussing your well-being at work?* As well as questions about their knowledge of the Intermediary role, for example: *Do you know what an Intermediary is?* And: *How would you describe the role of an Intermediary?* These questions were not asked to the Intermediaries.

4.5.2 Interview schedule

Following the survey, the next step was to utilise semi-structured interviews to explore the lived experiences of participants, providing further context and greater insight into the survey-based research findings (Smith, 2015). The focus was on analysing the multiple facets of the research and the phenomenon in depth, which included the participant's lived experience of working in the JS. Individual perspectives and personal accounts are central to answering the research questions and for utilising a narrative analysis. The questions which formed basis for the interviews stemmed directly from the topics of the survey itself (Appendix 2) and were enhanced on an individual basis based on the conversation. In a narrative approach specifically, the interview is much more of an interactive process than in some other approaches – this is to gain the participants' personal experiences and depth to answers (Holstein & Gubrium, 2012).

The core points which were highlighted following the thematic analysis in the surveys were: The System, Training, Vicarious Trauma and Supervision/Reflective practice.

These emerging topics became key elements for exploration in the narrative interviews.

4.6 Procedure

As discussed in the 'Participants' section (4.4), the recruitment of participants for the survey happened via different channels. An introductory e-mail was sent to individuals, briefly outlining the main research question of the study. Those who were interested could then follow a link directly in the e-mail. Upon opening the link, a thorough information sheet was presented to them, explaining the aims of the study, what participants are required to do, and ethical issues. After, a consent form was presented which included 'forced response' questions for the participants to answer – this was so that participants could not continue with the survey without giving their informed consent. Then, the survey was presented. At the end, a debrief form was presented which reiterated the aims of the study but also included resources for professionals in case they felt impacted by the survey. All the above can be found in Appendix 2.

At the end of the survey, participants could select whether they would be willing to be contacted for follow up interviews which is how they were recruited. A suitable time and date were selected which was most suitable to participants and all interviews took place via MS Teams as a secure platform – this is where the interviews were also recorded. Due to the online aspect, steps were taken to ensure privacy (e.g., interview not taking place in a public place). Upon transcription of the interviews and ensuring no identifiable information is included in the transcripts, the interviews were deleted.

4.7 Data analysis

The survey included quantitative and qualitative elements. The quantitative elements were input into SPSS software package where descriptive statistics were computed. The aim of this research was not to compare or contrast variables and so descriptive statistics were most appropriate (e.g., frequency analysis). Visual representations of data analysis (e.g., graphs) were created in Excel.

The open-ended survey questions were analysed using thematic analysis, with the aim of identifying themes within the data by following patterns, driven by the research question (Braun & Clarke, 2022; Firth & Gleeson, 2004). Braun and Clarke's (2022) framework was then used to analyse the data as it fits well with the range of data which were obtained in the survey. These qualitative data ranged from very short answers all the way to long and thorough explanations of feelings or experiences. Using the software, NVivo, appropriate to Braun & Clarke's (2022) framework, alongside coding by hand, a thorough thematic analysis was carried out (Appendix 4). Ishak and Bakar (2012, p.102) state: 'NVivo is just another set of tools that will assist a researcher in analysing qualitative data. It is vital, no matter what software is used, that the researcher must make sense of the data within the context of the phenomenon being researched'.

Following the framework, the researcher first thoroughly familiarised herself with the data provided by the participants. It was at this stage that it became clear that very rich data were captured, rather than simply short responses. This is likely due to the topic of the research. Codes were then generated, as will be described below, which were thematically placed into interconnected themes. The analysis was *within* questions but also *across* questions. Further, themes were developed within pre-defined topics of interest (as discussed above) leading to the themes themselves reflecting participant perceptions across all the interview questions. After the themes were established, the researcher went back to the data and the research aims, reviewing them as well as assigning their significance. Considering the aim of this study, not every unique response is presented while common themes across participants are reported. Finally, the last step relates to the reporting of the findings.

Coding itself was also a multi-stage process. Themes are predominantly conceptualised in two different ways, topic summaries or as patterns of shared meaning underpinned by a central concept/idea which provides reflexivity. Reflexive Thematic Analysis stresses the importance of the researcher reflecting on their own assumptions and practices and how these may shape the data analysis (Bryne 2021). In the interest of objectivity, a second person, who does not work within the JS, was asked to engage in an inter-rater process. The two sets of suggested codes were then compared to select the common denominators and shared meaning

patterns from both researchers. This ensures a more robust data analysis, eliminating or minimising a degree of researcher bias, as it reduces the influence of any one coder over another (Cornish, Gillespie and Zittoun 2014). The two coders then met and reviewed all codes together, with the aim of reaching an agreement based on discussions. The final codebook can be found in Appendix 4. The selected themes and codes following the surveys and interviews were checked by a third-party objective person who was not given any prior information on what the researcher expects to find or anything they observed in the data themselves (Silverman, 2013), ensuring that this process truly does increase the credibility of the analysis. The researcher and independent person then met and compared notes and it was found that high reliability was sustained across the observations (Gibbs, 2002). This approach assisted with inter-rater reliability, as codes, subcode or nodes were identified and noted in terms of frequency by two people.

Whilst a thematic analysis suits a phenomenological research design well, its aim is to present more general themes which provide an overview of a populations' thought and experience. Considering the topic of this research relates to trauma, a very emotional topic, it was key to ensure that it also captured a lived reality from a more in-depth or even emotional perspective. This is why the interviews were analysed using narrative analysis. There is some debate in the academic world about the relationship between phenomenology and narration. There is agreement they are closely related but different books/articles present their role as a research 'design' or 'analyses or 'method' differently (e.g., see Saunders, 2016, original post and replies among the academic community). For clarity, the current thesis retains an overall qualitative phenomenological design as the overall aim is to understand peoples' lived realities, However, for the purposes of the interviews, it was key to engage in storytelling and an interactive approach, especially as the researcher also works in the JS. This is in line with the intersection between narration and trauma even more widely. Narration, as a recovery technique, is commonly used in trauma survivors or in trauma debriefings; it is also a utilised design and analysis technique. This was showcased in Hall's (2010) study on survivors of childhood trauma which utilised several different qualitative methods related to narration and in doing so was able to provide a holistic, rich analysis with the survivors' voice at the heart of the study, enabling them to provide their narratives. A narrative method (though note not

narrative *analysis*) was also utilised in understanding trauma in emergency responders (police officers, firefighters and medical responders) in the USA by Casas and Benuto (2022).

As with much of qualitative research, there are numerous approaches to narrative analysis and the researcher wanted to ensure that the participants' own unique voices were heard as much as possible; hence a combination of approaches (Holstein & Gubrium, 2012) was used. The steps taken to analyse data in this specific research were as follows: 1) familiarisation with data and re-reading of transcripts; 2) coding of storytelling by participants, with focus on specific examples, personal experiences and emotions 3) comparison across cases 4) grouping of narratives into wide themes 5) the reporting of the findings with focus primarily on the participants' own quotes and the researcher posing as an knowledgeable narrator. Following the narrative analysis of four from each group, reference was made to similarities and differences between them. This cross referencing enabled the recognition of commonalities across the groups and likewise differences.

4.8 Research ethics

Ethics approval was granted by CCCU following submission and application of the research concept. All participants of this research were guaranteed anonymity and confidentiality. Anonymity was only not guaranteed for the interviewees but only the researcher herself knows the identity of the participants. Participants were presented with a full information sheet at the beginning of the study, at both stages, in order to be able to make an informed decision. Consent was then sought via the online survey or verbally during the interview. It was vital that all participants had the option to withdraw within the agreed time scale and that they remained anonymous with no identifying factors which could lead to Jigsaw Identification. The researcher followed all appropriate UK GDPR guidelines relating to data management and storage (See Appendix 1 for ethics application).

4.9 Researcher reflections

As was explained, the current project was of a predominantly qualitative nature with supportive quantitative data. Qualitative methodology 'is a commitment to seeing the

social world from the point of view of the actor' and tends to involve close human involvement (Robinson *et al.*, 2015). Therefore, gathering information from the 'actors' i.e., legal professionals such as Barristers, Solicitors, police, Intermediaries and Judges, is essential. Such research methodology also tends to centre on verbal, visual and other non-statistical data with a view to improving how we view and, in turn, understand social phenomena and human behaviour, including intersectionality. It is reasonable to suggest that mixed methods allow meaning to be decided by the participants rather than the researcher, or perhaps in co-creation together. This resonated with the fact that this research is not intended to attack the system, but rather to understand if there is a gap in research and how T.I.P is currently experienced and included in the JS. The information gathered could be useful for expanding T.I.P, if the people at ground level suggest there is a need. There is a strong need to collect information about the well-being of legal professionals, as there is a general move to raise trauma awareness emerging in other professions outside the JS.

Furthermore, pragmatic research generally accepts hallmarks of qualitative research. For example, Maxwell (2012) states that qualitative research involves the researcher striving to better understand three main things about the study population. Firstly, the meanings and perspectives of those being studied. Secondly, how these perspectives are shaped by cultural, physical and social contexts.

The concept of an insider/outsider researcher fits well with this research and the wish to explore from every angle. I am an insider – a Registered Intermediary. This places me in a good position to investigate perceived notions as they share attributes with the participants of the study. A researcher is considered an 'outsider' when they do not belong to the group to which the participants belong (Braun & Clarke, 2015). As I do work alongside the groups of interest, I am an 'inside insider' which allows for a unique understanding of issues discussed. It also contributed to the development of the research interest in the first place, and the research question.

During the surveys and interviews, all four groups of legal professionals showed highly emotional reactions to the discussed topic, including emotions of anger, disgust, fear, and more. As the researcher, working with this amount of distressing data was the substance of accumulative traumatising. It is well-researched that

researchers can suffer from secondary Vicarious Trauma from listening to multiple traumatic accounts of despair. Regular supervision was therefore important, and I endeavoured to use techniques which I practice with clients in order to self-regulate. This mirrored the need to work within my window of tolerance , as in the justice system, despite the information being offered not being experienced first-hand. This is material of vicarious trauma and, although receiving supervision ,the impact of these surveys and interviews will live with me for a long time.

Chapter 5: Working with Trauma: results of a mixed method survey



Reflective Practice Image: 5 Triggers

5.1 Introduction

As explained in the methodology chapter, the survey focused on two interlinked areas of T.I.P. The first focuses on knowledge and experiences related to working with those outside the organisation – the ‘clients’, be it victims, witnesses, defendants, appellants and others. The second relates to trauma within the organisation, for example, the effect on legal professionals themselves of working with traumatised people. The current section provides results of the first part of the survey. These results are presented in themes and combine quantitative and qualitative data to triangulate results and provide in-depth information.

The main topics which were explored and will be presented in such order in this chapter are: Topic 1- the Prevalence of trauma and T.I.P training amongst legal professionals; Topic 2- Legal professionals’ knowledge of the impact of trauma; Topic 3- Practical knowledge of techniques to assist with trauma; and Topic 4- The drive/desire for training amongst legal professionals.

In the interest of inclusivity and fair access to all and ease of comprehension, the data is presented with a mixture of numbers, words and visuals per theme.

Descriptive statistics were used to analyse quantitative data (e.g., frequencies).

Qualitative data are presented in themes which are supported by direct quotes from participants. It seemed vital to the research and to the understanding of the depth of feelings, to include many examples of qualitative responses from all three groups. This was in respect for those who have given their time to perhaps 'dig up' what they are carrying which they may not have had the opportunity to share. The quality of insight into their experiences of working with trauma is best portrayed in their own words, therefore giving a realistic perception to the work and attitudes in the system.

5.2 Findings 1: Working with traumatised people in The Justice System with a Trauma Informed Practice Approach. What is the level of knowledge and training?

Whether someone enters the JS already traumatised from what has happened to them; what they have been accused of; from early developmental trauma; PTSD; from seeking refuge from conflict and war; family struggles; or whether they become traumatised as a consequence of the experience of being involved with the JS, it is reasonable to assume that knowledge of trauma and its effects is of paramount importance. T.I.P is more commonplace in other professions, such as education, social work and medicine. As noted in the literature review, the current JS also meant to operate within the remit of T.I.P. This is visible through policy papers, such as Policing Vision 2025 and YJCEA 1999, which highlight the importance of knowledge and training in T.I.P. Scotland's government has justice and trauma at its centre: *'Our new Vision for a just, safe and resilient Scotland sets out that justice services must be person centred and trauma informed.'* (Scottish Government, 2022). However, levels of training, its usefulness, its application and recognition of importance are not clear. Also, the publication of the Casey independent review into police standard of behaviour and internal culture (Casey, 2023) highlighted grave concern about the Metropolitan police in relation to understanding of, and working with trauma. In response, The Police Federation of England and Wales (2023), have called for more training stating: *'We must nurture a culture of learning and development.'*

The following results are not an exhaustive account of all the different views, considering the number of responses given and their depth. They are also not

mutually exclusive. What is presented here captures the main findings of respondents' views.

5.2.1 Level of Knowledge and Training: Quantitative results

The current section details quantitative results relating to T.I.P as a concept the participants had been trained in. To start with, it was important to understand the self-reported perception of whether participants thought they worked with traumatised individuals and whether any training was received for T.I.P. The results of this questions can be seen in Figure 1.

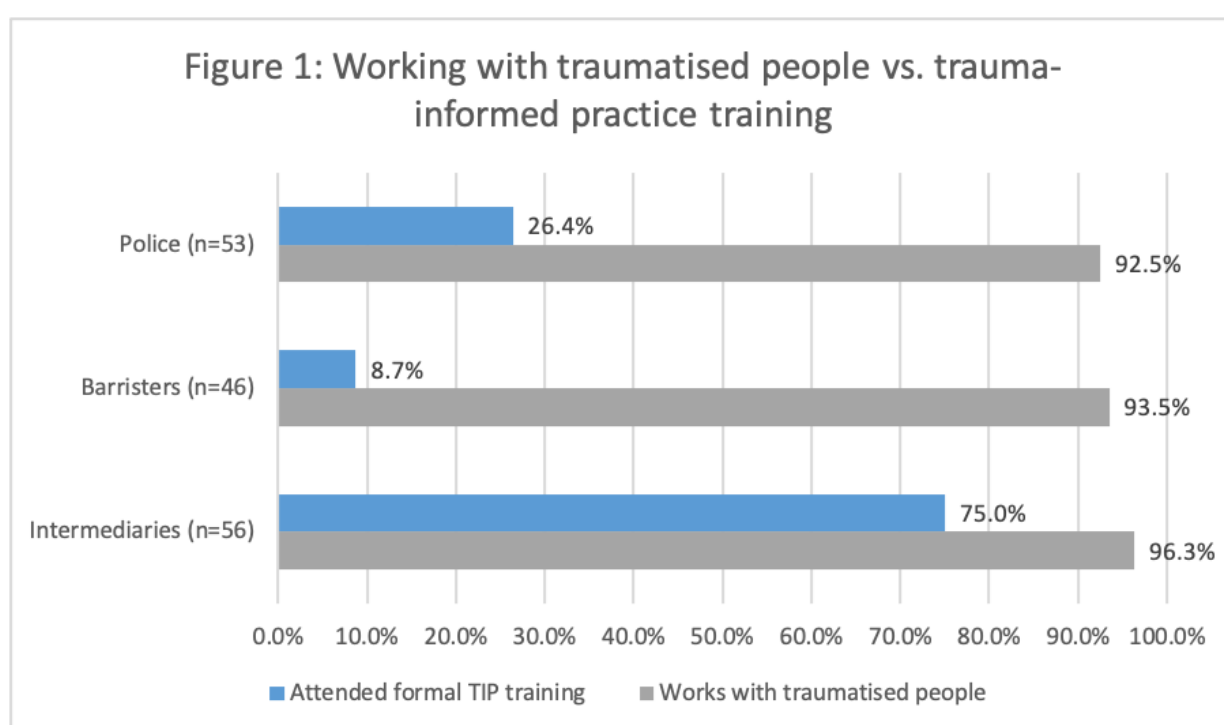


Figure 1 Working with Traumatized People vs. Trauma Informed Practice Training

The results in (Figure 1) demonstrate that most police (73.6%) and Solicitors/Barristers (91.3%) stated that they had not attended any formal training on T.I.P. Whereas most Intermediaries (75%) had. So, all professions were highly aware that they do, indeed, work with traumatized people: police (92.5%), Barristers (93.5%) and Intermediaries (96.3%).

The data indicate that while high numbers of these legal professionals are working with traumatized people, they have often not been trained to do so. This brings into

question whether they are well-equipped to work with traumatised people, especially as research continuously highlights that levels and quality of training do impact on the Justice experience (Carr, 2022).

Training might not always be the most important factor in successfully working with traumatised people and might occur experientially. For instance, it is possible that a person has the necessary knowledge through learning on 'the job'. However, it is key to understand more about the topic and this will be done through analysing the gap in perceived understanding of T.I.P vs. attendance of T.I.P training and relevant qualitative responses.

5.2.2 Level of Knowledge and Training: Qualitative results

Respondents mostly self-reported that they work with traumatised people, and this was corroborated by asking them to describe why they thought their clients were traumatised. When assessing these answers, it was clear that this self-reporting is reflective of their working environment. There are two main themes visible through participant responses: visible symptoms and experiences. As per the former, participants listed symptoms commonly known to be related to trauma (e.g., fight, flight, freeze; dissociation; flashbacks; changes in eye contact, disrupted breathing and heartrate, posture, skin colour, etc.) as visible manifestations.

Alternatively, they listed reasons relating to a person's experiences which likely contributed to them being traumatised e.g. '*They have been a victim of some of the most serious crimes, including serious sexual offence.*' (PO883) and '*Usually I am told about traumatic events they have suffered in the past and/or diagnoses of PTSD or similar conditions.*' (SB494)

While some knowledge of the participants is apparent, it is important to understand more about training, considering participants were overwhelmingly aware they work with traumatised people but noted low levels of any official training. The significant lack of training within the two professions, and some lack of training for Intermediaries, is further corroborated by their responses to the reasons they have not received training or the reasons it has been insufficient. Three main areas of interest emerged:

The first, which became visible throughout the responses, related to *reasons behind lack of training* which was mentioned by all three groups. The second theme related to the *satisfaction with training* and the third theme related to *self-initiative* where trauma training has not been perceived as a core part of training for a role. Intermediaries seemed to be the main group who had taken the initiative to seek out training themselves.

Police

Of the 37 police respondents who answered why they thought training had not been provided, 30 cited reasons such as not being offered or formally provided; a lack of resources and time; such training not being considered a priority and lack of funding and prioritisation by the force.

POL150 noted insufficiency of the course: *"The course was 5 hrs long and wasn't solely on trauma and only provided an intro into it"* and this was also reflected by POL200: *"The course was half a day -Memory and impact of Trauma on memory. Including recognition of biological and physiological responses personal wellbeing"*.

POL20 elaborated: *"Because the Police training in our area is in a state of crisis there is no adequate training on any subject."* It is visible, however, that training is needed, as noted by POL250: *"I'm not sure why I haven't been on a training, but I'm dealing with trauma"*.

Solicitors /Barristers

Only four of the 46 barrister/solicitor respondents had attended training. Of these, one cited their training as only being "2-3 hours", with the other saying "half a day". Neither of these lengths being sufficient for practice given the complexity of the topic.

SB262 explained the length/type of training they had participated in which still only 'partially' prepared him: *"I have been on a training run by Doughty Street Chambers for half a day. It was online lectures and speakers. It partly prepared me for my work with trauma"*. The vast majority of statements can be summarised through SB562's quote: *"I haven't been on any trainings and I have little understanding of trauma"*.

It must be noted, however, that some appreciation of training seems to be developing in the profession as one of the participants is a T.I.P practitioner who noted: *"I have run various training on trauma. It was a Practical and theoretical training on: Vicarious Trauma, burnout, trauma informed working practices and collective care"* (SB180).

Intermediaries

A majority (88%) of the Intermediaries who received training described being satisfied or partially satisfied by the level, detail and amount of training. However, there were complaints about it not being provided as part of the mandatory initial Intermediary training and it having to be self-funded. Training for Intermediaries in T.I.P has been very much left to each person to self-select or not, as it has not been part of the mandatory training to qualify to work as a Registered Intermediary:

INT273 stated: *"I didn't get training on trauma in my initial RI training and I believe this made it hard for me to make sense of my reaction to complex case experiences."*

INT312 added to this by explaining that they had to seek the training elsewhere to feel equipped to do their job: *I booked training as part of my cpd, as I felt the training by MOJ was not sufficient for my role as an Intermediary. I paid for this myself and it highlighted the need to learn as much as possible about T.I.P. I have been on other self-funded workshops."*

As well as complaints about the training only being optional and insufficient for practice, Intermediaries stated that even self-initiated CPD has limitations:

INT723 explained: *"The training was informative and thorough given the time available. But it was only really able to scratch the surface of the area."*

Similarly, INT568 also felt the course was only the beginning and made them realise that much more learning is needed: *"I was satisfied with the course as no mention of trauma in MoJ training ... but it was an introduction to the concept - just a short course. So, it opened my mind to the theories and informed my practice but I don't feel qualified in any way."*

To understand how to improve access to training in the JS, more understanding of the attitude to the subject is needed. The current results question the accessibility and availability of T.I.P training, as not everyone will have the motivation or the means to privately seek out and fund their own training. This is despite overwhelming recognition that the participants' work includes working with traumatised individuals.

5.2.3 Knowledge relating to T.I.P training: Quantitative Results

What has been shown so far is a discrepancy between professionals' working demands and the training provided. However, it is also key to understand the intersection between training and actual knowledge surrounding trauma. While training is key to the successful delivery of any service, it can be reliably assumed that T.I.P knowledge itself can also be a good indicator of working effectively with traumatised people. Therefore, participants were also asked about the extent of their current self-reported understanding of T.I.P (Figures 2-4). As what someone thinks they know/understand is not necessarily accurate, participants were also asked specific questions to gauge their trauma informed practice knowledge, which will be discussed later.

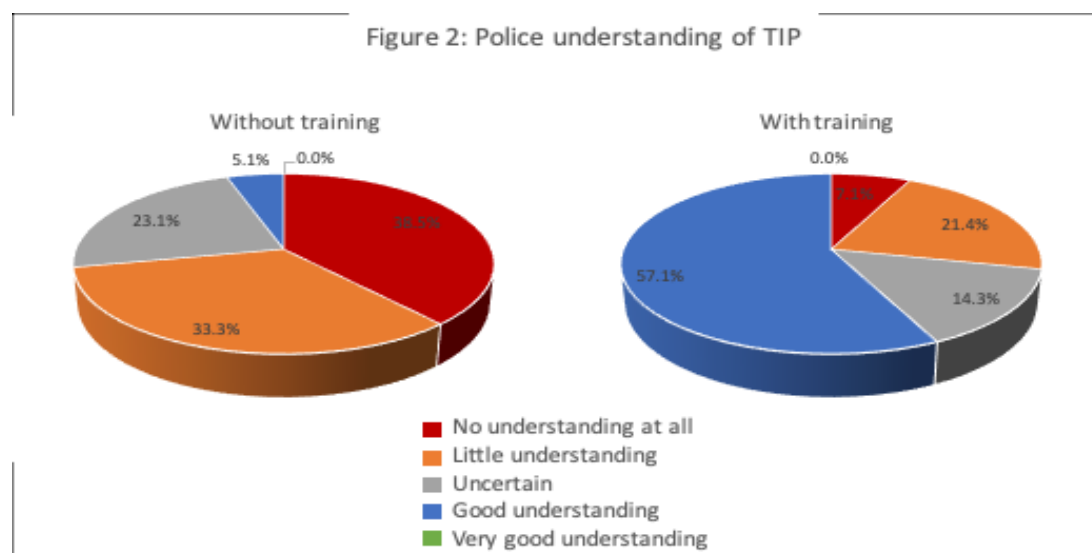


Figure 2 Police understanding of T.I.P

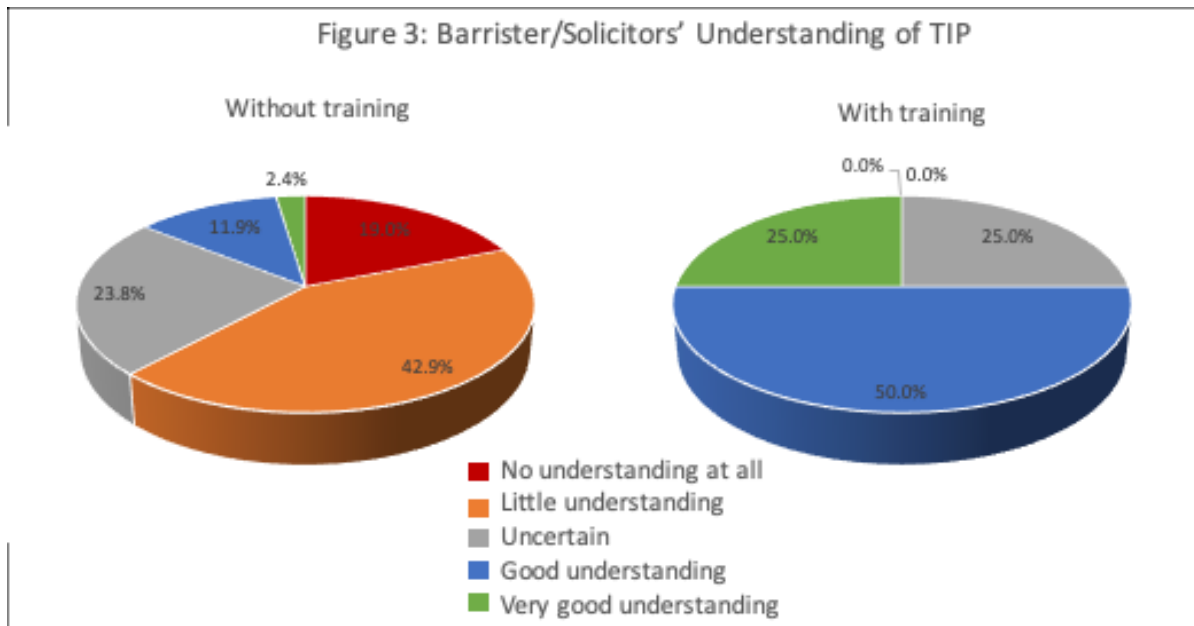


Figure 3 Barrister/Solicitors' Understanding of T.I.P.

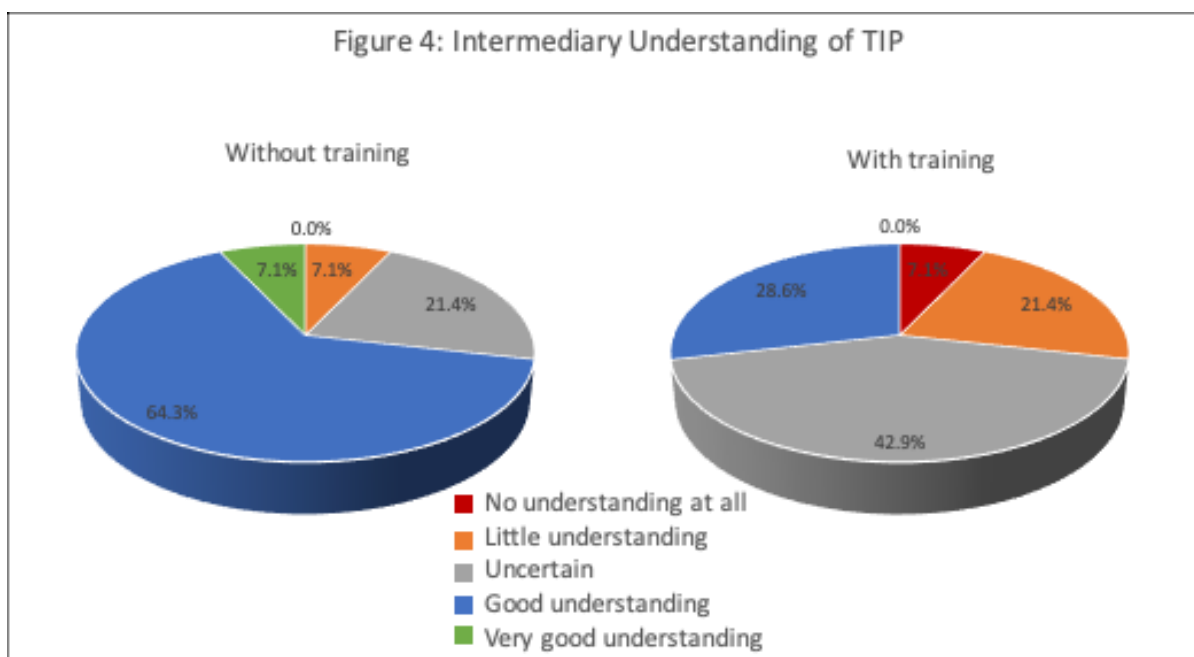


Figure 4 Intermediary understanding of T.I.P

As noted in the previous section, police and Solicitors/Barristers had the lowest percentage of T.I.P-trained professionals. From the results shown in figures 2-3, 71.8% of police who had not attended training claim to have little to no understanding of T.I.P. While 61.9% of Barristers without T.I.P training claimed to have little to no understanding of T.I.P. While each professional group with training

claimed to have a good to very good understanding of T.I.P compared to those without. This shows the positive difference training makes to perceived levels of knowledge for all professional groups. These comparisons only provide an indication of the impact of training because the data only included small numbers of participants with trauma informed training. Figure 4 notes the knowledge of Intermediaries without training of T.I.P. What is interesting to see is that the most common answer was 'Uncertain,' which is something to explore further through later qualitative responses.

It is important to explore why, despite having training, not a single police respondent claimed to have a very good understanding of T.I.P, and only a small percentage of both Barristers and Intermediaries did. It is reasonable, due to previous results, to assume that the type (length, aims) or training impacted on the results. Likewise, the variables in the training have not been fully captured in this research. The analysis of types and length of training is covered in some of Chapter 7. Also, however, the phenomenon of the more you know the less you feel you know could be at play. Also, what you don't know you, you don't know, and an established institutional/organisation belief may give people false confidence.

5.2.4 Section Summary

Insight and understanding about the importance of T.I.P would affect the above results and it is key to understand how this relationship manifests in the real working practices of the participants. Perhaps the relationship may be impacted on by several different issues, for example, in line with the Dunning-Kruger Effect (Dunning, 2011) which occurs when a person overestimates their level of knowledge through their confidence alone. It is a type of cognitive bias that causes people to overestimate their knowledge or ability, particularly in areas with which they have little to no experience. As Charles Darwin wrote in his book *The Descent of Man*, "Ignorance more frequently begets confidence than does knowledge." Also, we just do not know what we do not know. This only happens to a certain point and perhaps the existing lack of training is due to cultural and organisational arrogance, ignorance and an inability to keep up with developments in neuroscience and psychology. There needs to be a shift from focusing on books and laws, to a realisation that we

are working in a system where human beings are fundamental to the process. Another factor that may be present, for example, when Intermediaries have attended training, they then realise the enormity and complexity of the subject of trauma and its effects. This may produce feelings of 'imposter' syndrome. This could be the reason 21.4% of Intermediaries following training rate themselves as 'uncertain' in their knowledge of T.I.P despite having attended training. This was explored in interviews and will be revisited in Chapter 7.

5.3 Findings 2: T.I.P understanding

What the above results do not show is whether perceived knowledge translates to actual knowledge and working practice. It is possible that without the training, some professionals may still understand the impact of trauma on those they work with and its effect on gathering effective evidence. Additionally, even with training, the level of knowledge may be dependent on the type and length of the T.I.P training or other factors.

Accordingly, as a trauma informed practitioner and following on from the literature review, six questions/topics were selected to discern participants' T.I.P knowledge level. This was key as level of understanding of T.I.P is linked to ability to appropriately work with individuals, impacting on quality of evidence and participation.

These six topics (these are explained in the Literature Review) were separated into two categories. The first category involved understanding the impact of trauma, with further questions delving into the detail and relevance to the JS:

- the physiological/behavioural effects of trauma
- the impact of trauma on communication
- the impact of trauma on quality of evidence and participation.

The second category includes three key knowledge areas that facilitate working with traumatised people:

1. The Window of Tolerance
2. De-escalation knowledge

3. Grounding techniques and emotional regulation

Analysing these topics together is of interest because it is possible that the professionals may know more about the first category (the impact of trauma on individuals) but without training and knowledge of the second category (facilitating working with traumatised individuals), may not be able to manage these effects and work within a trauma informed approach. The data below examine these two categories and corresponding topics in turn. The next section considers the first three areas (5.3.1 and 5.3.2); whereas a later section considers the latter three topics (5.3.3 and 5.3.4).

5.3.1 T.I.P Understanding: The impact of trauma on those coming into [the JS](#): Quantitative results

5.3.1.1 Physiological/behavioural effects of trauma

As covered in chapter 2, trauma is a somatic response occurring in the body and the brain. It is a physiological response to threat beyond conscious control. It takes a person into sensory motor mobilisation causing the vagus nerve to be activated into hypervigilance/hypo vigilance. This can cause the language centre to 'shut down' and communication is affected. This will impact on evidence and effective participation.

Figure 5 below shows that most respondents with training from all three professional groups self-report as knowing about the physical effects of trauma. Of all these respondents, only one police respondent answered 'no'. This signifies how training has a positive impact on the self-reported knowledge of the physical effects of trauma. How the respondents answered further questions detailing these impacts will further reveal their knowledge level, which will be explored later.

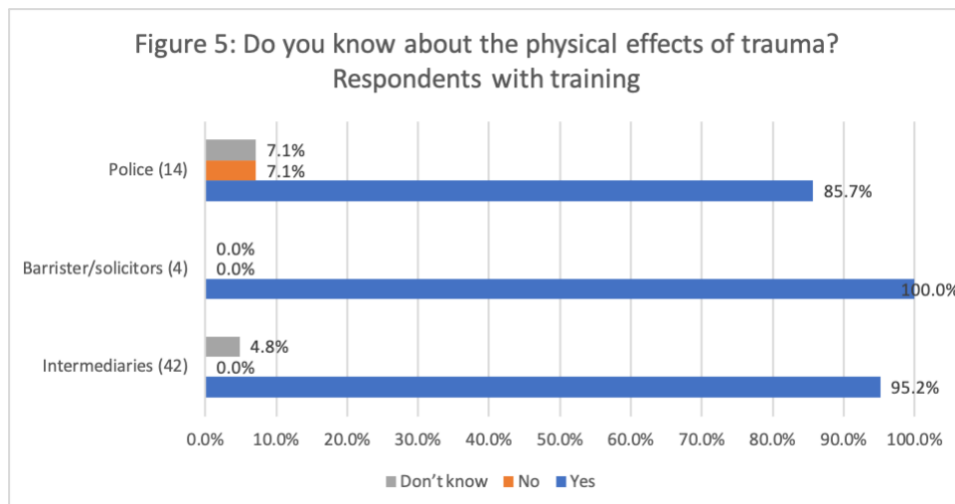


Figure 5 Knowledge of the physical effects -participants with training

Figure 6 (below) shows that most respondents from all professional groups without training still self-report as knowing the physical effects of trauma. There is, however, an increase in respondents answering 'no' to this question amongst both police and Barristers/Solicitors.

From these data it seems that those who have not attended training still seem to have some awareness of the physical effects of trauma. This is likely to be due to experience from working with traumatised individuals, learning through practice and their own sensory/body/somatic responses. However, there is also the complex factor to consider of not knowing what you do not know. Some aspects of somatic response/physical trauma reaction may not be recognised unless trained in T.I.P to recognise the signs and symptoms. Intermediaries, out of those who had not attended training, report knowing the most about physical effects of trauma. This is probably due to the clinical background experience of Intermediaries which gives insight to the needs and responses of vulnerable people regardless of whether trauma itself is at the centre of discussion.

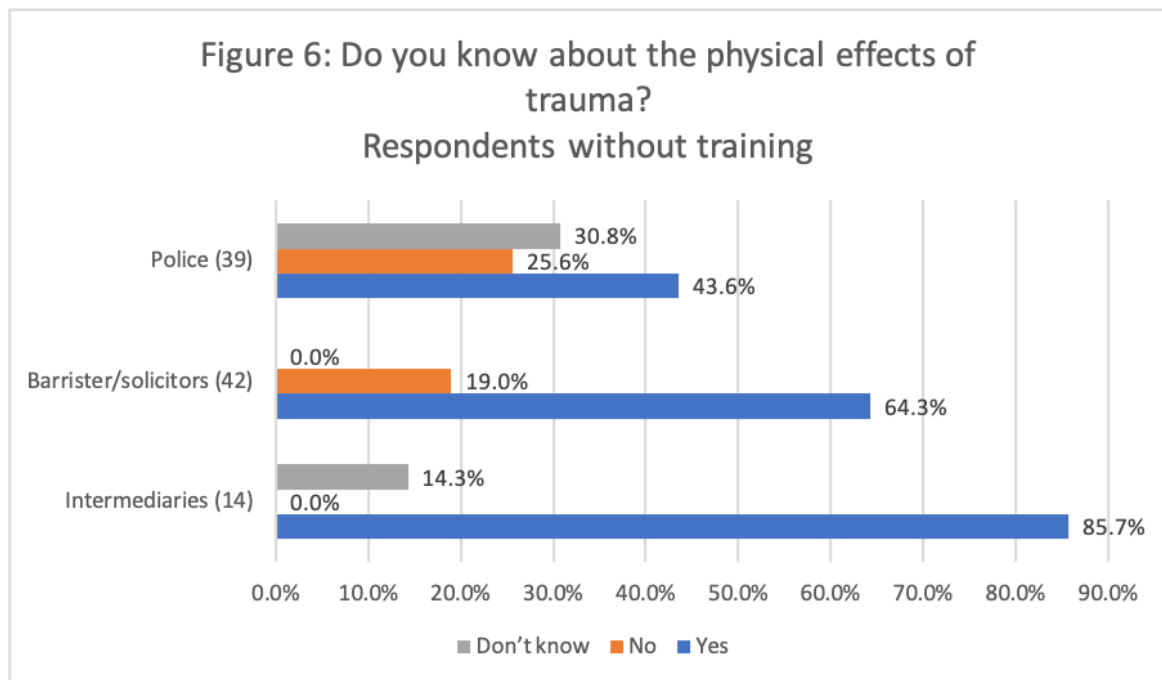


Figure 6 Knowledge of the physical effects of trauma -participants without training.

5.3.1.2 The impact of Trauma on communication

As mentioned, trauma can have a neuro-physiological effect on the neocortex and the language centres can 'shut down'. Processing of language and communication can be affected causing comprehension and expressive difficulties. This can be a hidden issue and may go unrecognised and misinterpreted.

Figure 7 shows that 100 % of the sample across the three groups who had received training, perceived that they knew that communication is affected by trauma. Whereas, from figure 8, 59% of police and 75.6% of Solicitors/Barristers who had not attended training did not know how trauma effected communication. 100% of Intermediaries who had not attended training claimed to know about the impact of trauma on an individual's ability to communicate. This is to be expected as Intermediaries are communication specialists.

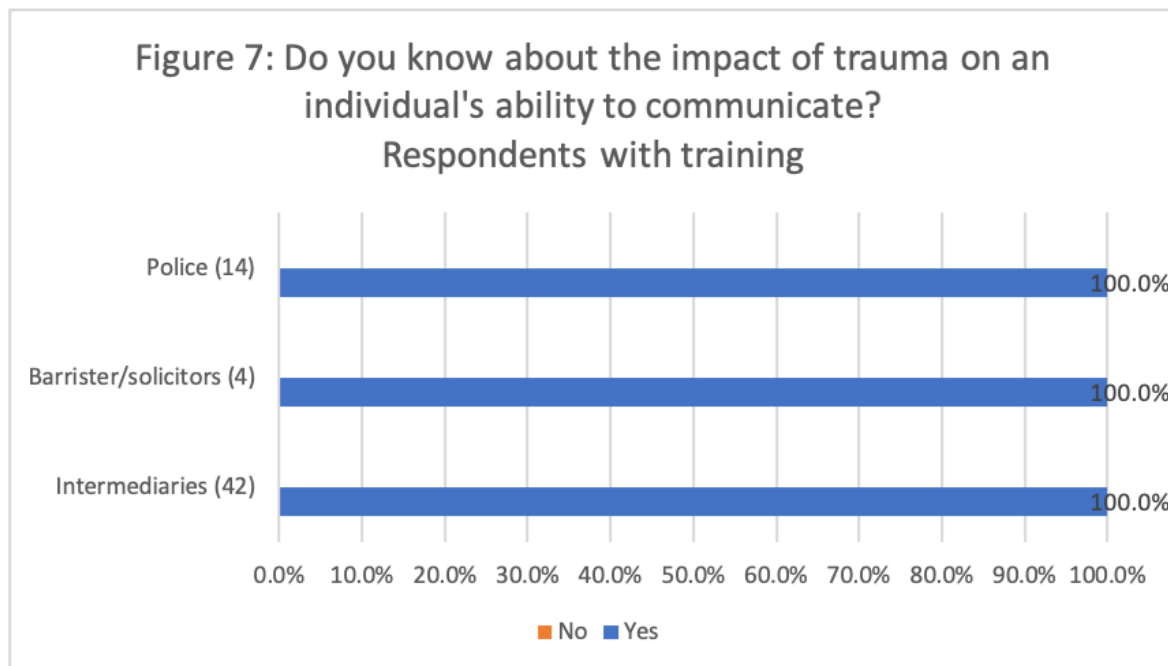


Figure 7 Knowledge of the impact of trauma on communication-participants with training

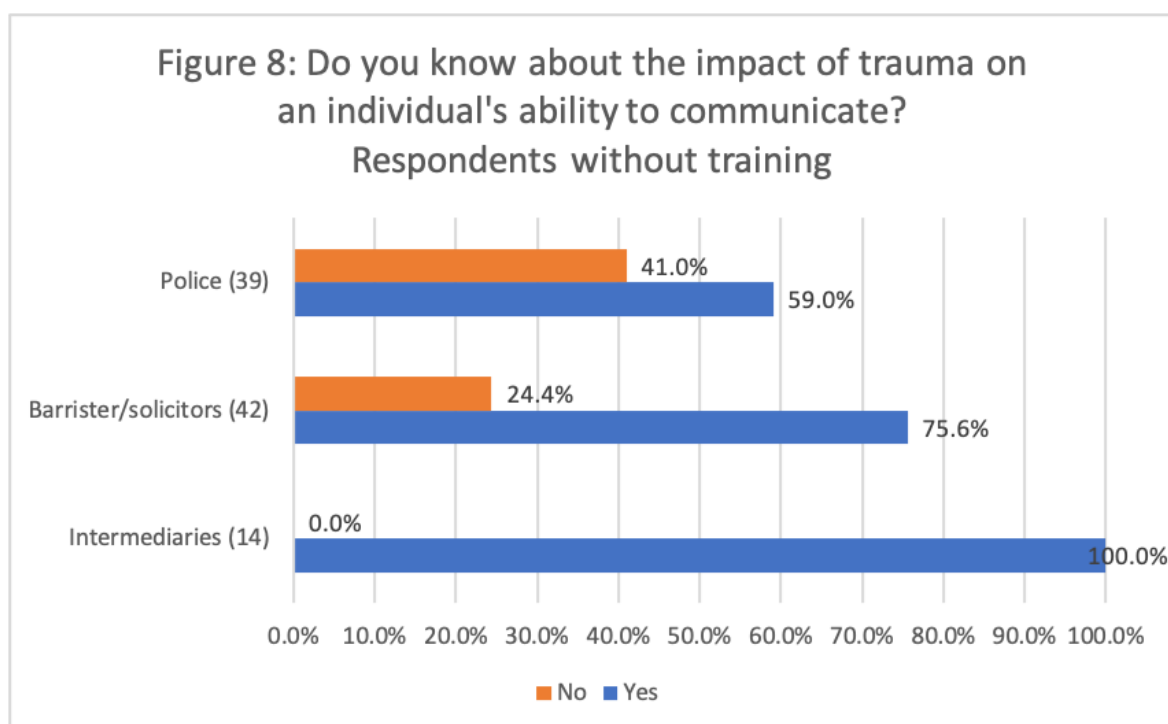


Figure 8 Knowledge of the impact of trauma on communication-participants without training

5.3.1.3 The impact of trauma on quality of evidence and participation

Drawn from figures 9 and 10, it is very well-accepted and understood that trauma impacts the quality of evidence and participation.

Of the three questions which explore the impact, the question about evidence and participation had the most positive response i.e. the most respondents stating that they understood the impact of trauma on evidence/participation. This demonstrates an awareness of the potential problems of working with traumatised people in a system that is dependent on language and communication.

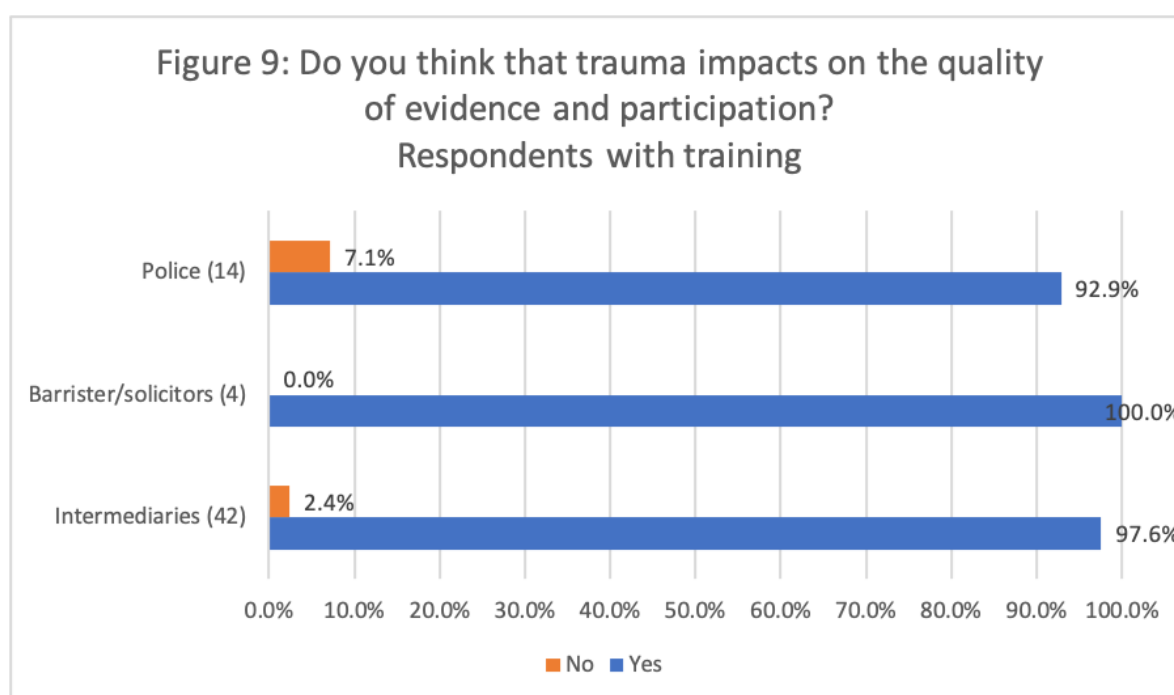


Figure 9 Knowledge of the impact of trauma on evidence and participation- Participants with training

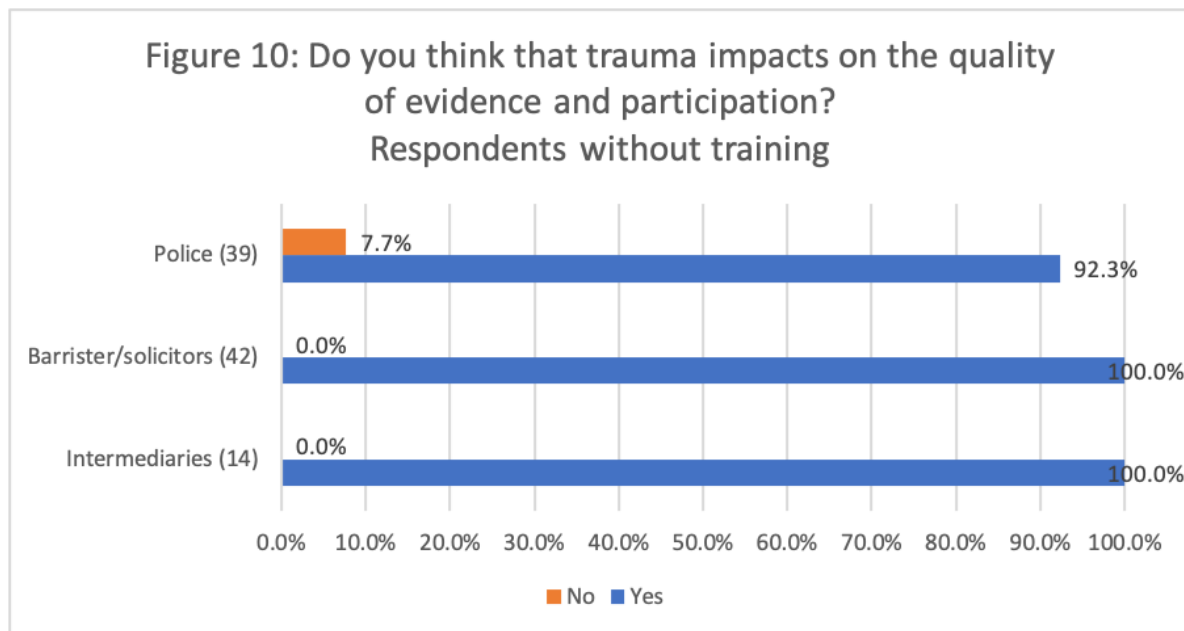


Figure 10 Knowledge of the impact of trauma on evidence and participation- participants without training

Further to the above notion of the impact of trauma itself, it was also important to explore how participants understood their role in effective participation; and the measures and support available to them. The figure below (Figure 11) showcases the median responses across the three groups in relation to what participants find important in achieving clear, coherent evidence and effective participation.

All three groups rated with the highest score 5 for the following: Understanding of and willingness to adapt to needs; communication style of the questioner; and preparation. Rapport building and trust were scored equally as high by the Intermediaries and Police, while Solicitors and Barristers scored this at 4.

All four groups rated support for other professionals at 4. Likewise, use of an Intermediary, time and multi-agency work was also rated at 4. Interestingly the Solicitors /barrister group scored information gathering at 5 while the police and Intermediaries scored this at 4. Solicitors and Barristers scored the importance of language at a higher level than Intermediaries and police rated this lower. This is probably since Intermediaries and police are aware of all the measures that can be used to assist language and communication when interviewing or questioning a vulnerable person. Likewise, age was scored higher in terms of importance by

Solicitors and Barristers and again police and Intermediaries rated this lower, indicating knowledge that all ages can be interviewed/questioned if adequate measures are taken to adapt.

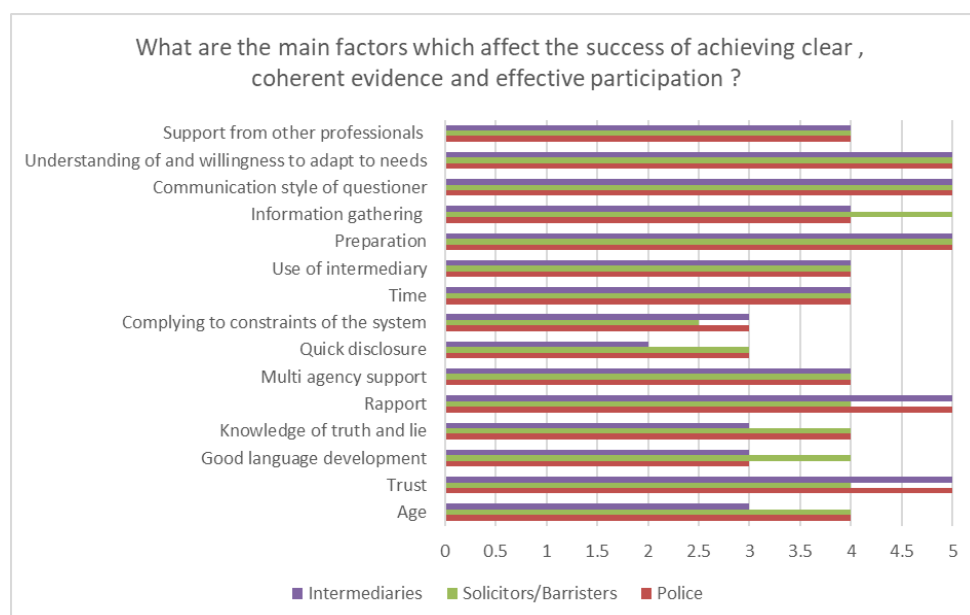


Figure 11 Factors which affect achieving clear, coherent and effective participation.

5.3.2 T.I.P Understanding: The impact of trauma on those coming into the JS: Qualitative results.

While there seems to be a general understanding amongst professionals of the impact of trauma, even more so with those who have received training, it is key to investigate and understand more about how this is manifested. This section provides participant qualitative responses relating to this area of the survey.

5.3.2.1 How trauma impacts on communication

Police officers

Many police respondent gave insightful examples about trauma impacting communication such as POL883 who noted the existence of coping mechanisms to trauma: *“Many deal with the trauma through drug use which further harms both their ability to communicate and their credibility through other associated conduct”*.

Others gave responses of quite specific forms of impact, alongside a worry of the setup of the JS deal with the impact:

“Loss of memory, disassociation and inability to give detail can be viewed as providing insufficient evidence. Shame can lead to self-blame which can be viewed as undermining. Distress/hysteria can make communication difficult. Lack of resources and time constraints only result in a victim/witness being given insufficient time and support to be able provide a better evidential account.” (POL444).

The traumatic impact of the offence itself was also one of the explanations provided to the question of impact on communication:

“Talking about details of the sexual acts can be extremely difficult, sometimes impossible... Also, the mental health of the people I'm talking about could easily preclude them from any court process. The CPS might see it as not in their interest if their mental health is extremely fragile.” (POL581).

These response show themes which demonstrate an understanding of the complexity of their role and the difficulty vulnerable people may have in giving evidence. Substance misuse is very common as a form of numbing inner pain and creates an overlay to an already difficult situation of engaging in a process that might seem threatening, such as the interview. It takes sensitivity and knowledge to recognise symptoms which might impede and mask evidence due to communication difficulties. Shame and self-blame were themes running through the responses. This can lead to inconsistency of accounts and is reflected in the quotes below:

POL918 noted issues surrounding inconsistency which can be misunderstood by others: *“There is a push because of investigative needs and practices to interview people when in trauma. This leads to inaccuracies and differences between first accounts and later accounts this will cause problems at court for witnesses at court and the court do not have or accept expert evidence to explain this”*.

While POL392 further added the importance of the role of the officer in recognising the need to adapt: *“The way that the witness is dealt with by the officer is important.*

They need to be supportive but need to ask the right questions in a compassionate way to make the witness feel comfortable to be able to talk about what has happened so they can be clear and coherent.”

The complexity of being able to achieve the demands of the legal process versus the reality of how the vulnerable person is able to function, is underestimated. A theme of comments about the restraints and demands of the legal process were mentioned such as a habit of requiring an orderly account with a beginning, middle and end.

The ‘need’ for a chronological response when recalling an incident was noted by POL188:

“The Justice System ideally wants an account which follows a timeline, with no gaps. A traumatised person may not be able to give that”. Perhaps even more worryingly, a misunderstanding of a trauma response for lying was also visible in responses: “Not enough is known about the effects trauma can have therefore it is perceived as lying by Judges/juries/police and evidence is not believed.” (POL188).

While the above qualitative responses show themes which demonstrate good understanding of trauma reactions such as; time pressure versus the need to go at the witness’ or defendants pace; fragmentation due to trauma therefore giving a lineal account impossible; or misinterpretation by legal professionals or jurors and physical reactions; Some of the qualitative answers on how trauma impacts quality of evidence and participation revealed a lack of knowledge or confusions amongst some police respondents, although this was not prevalent.

For example, POL395 responded that they do not think that trauma should be a consideration in the first place despite right away providing an example which can be considered as a trauma response. This shows a level of confusion about the subject:

“Personally, I don’t think trauma does has an impact on evidence but it’s not always possible for a person to continue to be questioned or cross examined due to the emotional and psychological response it causes and the fear which can be used to undermine the evidence - which it shouldn’t do.”

Solicitors/Barristers

Solicitors/Barristers seem to have insight and understood the potential impact of trauma on communication/evidence/participation. They voiced their experience of it impeding evidence and effective participation and a theme about 'getting the evidence out' in a clear and coherent way, seemed to emerge. Likewise, themes were apparent which commented on their concern about the effects of trauma giving the wrong impression to others in court, noting lack of understanding of trauma in the environment.

For example, SB836 recalled a case where complete refusal to give evidence took place:

"There is a difficulty in opening up about the experiences; sometimes a trauma victim may either not be willing to re-live that trauma, or the presentation may be flat and lacking in emotion. In a domestic violence-related murder trial, my client refused to continue to give evidence about the abuse she had suffered in the months and weeks leading up to the murder, and flatly refused to say anything at all."

SB563 noted how demeanour can be misleading: *"Trauma victims sometimes show little emotion when discussing particularly difficult experiences. This can be read by jurors as being less credible / less honest."*

Participants also spoke about the overall clarity of evidence, such as SB481:

"Trauma will impede an individual's ability to be able to provide a clear account of their experiences which can affect their ability to give a witness statement. It will impact their ability to give oral evidence in court especially under hostile cross examination. It will impact their concentration and their ability to participate in the court proceedings more widely - not just in relation to their evidence".

It was also noted how misunderstanding and mismanaging trauma can even lead to false statements being given: *"Under pressure, I think that people can accept statements put to them by the Judge or opposition. They might also not process the question or evidence due to fear/trauma/ panic. As a result, they could answer the question in a way which is not accurate/ not their best evidence."* (SB460).

Intermediaries

Intermediaries demonstrated significant knowledge on how trauma impacts evidence and participation, and many provided detailed responses, such as the need for rapport building and enough time.

INT387 recalled how trauma impacted on witness ability/willingness to give evidence: *“Have just returned this morning from a cancelled assessment. Witness was unwilling/unable to go through with the ABE as very anxious about possible consequences. Despite a lot of time and understanding from the police/RI this was still not enough to support witness to participate. Will need specialist trauma support in order for them to deal with their trauma response. Very sad.”*

Relatedly, INT553 noted that especially for those highly traumatised, finding ways to connect through rapport is a key process which is not fully appreciated: *“I find it very troubling that in the courts in my local area that so little consideration is given to rapport-building. I find myself struggling to convince Judges and Barristers that if they take just a little bit of time to meet child witnesses face to face before cross examination that this may well facilitate the gathering of more complete, coherent and accurate evidence. Without effective rapport-building children often give very limited responses and detail in cross examination”*

Themes ran through the responses about the trauma symptoms being misunderstood as obstructive behaviour rather than the body and brain shutting down as a natural defence mechanism: INT207: *Trauma-influenced behaviours can be misread as unwillingness to participate, or inability to remember/engage with the investigative process.*

Themes regarding adapting to the needs of the traumatised person by using techniques; explaining trauma to other professionals and changing the speed of the investigation were stated by Intermediaries.

INT883 recalled a case where without adaptations to the process, a defendant would not have been able to attend court at all: *“A shy young defendant with learning disabilities was traumatised by the thought of giving evidence in court and answering*

questions in front of people. He would not have given evidence in his case had steps not been put in place assist him to participate and give evidence”.

Understanding reasons for lack of willingness to participate and adapt appropriately, taking time if needed, was also seen as important:

“Multiple attempts at a VRI are sometimes required which can be problematic if not managed well - it is not uncommon for a traumatised person to withdraw from the interview and then re-engage on a different date. Police can want to 'power on through' which can prevent re-engagement.” (INT723)

Themes emerged commenting on the need to understand triggers causing disengagement and terror with the resultant potential for emotional dysregulation and its effect on communication:

“If a person is feeling very afraid, they are triggered and are very unlikely to be able to attend, focus or respond appropriately. They may 'switch Off ' or be very distracted, not comprehending what they are being asked, may make quick responses, possibly agreeing with suggestions made in an attempt to 'get out' and leave wanting to exit the ordeal they are experiencing”. (INT975).

INT160 also shared such reflections noting the possibility of re-traumatisation:

“It impacts, sometimes severely, on emotional regulation which is the foundation of communication. It increases the chance of the person experiencing acute hypo or hyper-arousal which will have a negative impact upon their receptive and expressive communication. Questioning can provoke traumatic re-experiencing - flashbacks, dissociation which can add to the above”.

5.3.2.2 Factors associated with effective participation and evidence.

All three groups were asked what the most important factors are for enabling clear, coherent evidence and participation.

Police officers

Police named three key factors: building rapport; open/honest communication and trust. They also often referenced the need to be flexible, involve relevant professionals, general support, learning the vulnerable person's needs, and adapting levels of language/communication.

POL430 noted a common occurrence of lack of participation:

"They may not be able to participate - they may not be able to talk, they may discuss unrelated subjects, they may completely avoid speaking about the 'elephant in the room', they may not talk at all."

POL520 relatedly discussed that such lack of participation is trauma based: *"People can be unwilling to give evidence as it brings back too much pain. Refusing to talk about it, not wishing to relive or associating it with hurt and anger, so that they cannot give best evidence"*.

Solicitors/Barristers

Solicitors/ Barristers were more likely to answer this question including the following three factors: using an Intermediary; having extra time; and learning the vulnerable person's needs.

For example, SB474 noted the importance of an Intermediary, though underused: *"Sadly, in immigration, use of Intermediaries is rare, but it is enormously useful to have them"*.

They also referenced expectations management, taking breaks, adjusting the people present, and adjusting language/communication and the environment. Some Barristers/Solicitors referenced, which police did not, the importance of T.I.P training for acquiring clear, coherent evidence:

"To achieve clear, coherent evidence and effective participation, one needs trained Judges, advocates and openness to support and facilitate communication regardless of cost or time delays" (SB262).

This was also echoed by SB530: *"To achieve clear, coherent evidence and effective participation, one needs all practitioners being trauma informed"*.

Intermediaries

The themes which emerged from the Intermediary responses focused on the witnesses/ defendants/ respondent going into a traumatised state either due to the perpetrators being present or the poor handling by the system and professionals. INT350, for example, spoke about a need to rebalance the priorities in a police interview and being aware of triggering emotions of guilt and shame:

"Sometimes in interviews, it may have been possible to get more information, but a balance needs to be struck between focusing on getting information and not retraumatising the interviewee. Emotions of shame, guilt and fear can surface which can be because of the structure of the proceedings."

INT350 also discussed the effects of the system on the witness when, for example, there is an awareness of the presence of the perpetrator in the court:

"In court it can have an effect just with the fear of awareness that the perpetrator is in the same building, with overwhelming sense of fear, shame and guilt affecting how able the person is to participate".

INT80 further noted structural issues, opening the doors to misunderstandings and false statements, as well as the need for better knowledge in how to mitigate these issues:

"The quality of evidence can diminish significantly. ...when this same lady was in the criminal court, a lot of time and effort was spent enabling her to meaningfully participate in her trial. when giving evidence she wanted to agree with everything to get out of the witness box, she failed to understand what was being asked and careful scaffolding was required to assist her to give her evidence in court."

INT80 also recalled another case: *"A shy young defendant with learning disabilities was traumatised by the thought of giving evidence in court and answering questions*

in front of people. He would not have given evidence in his case had steps not been put in place to assist him to participate and give evidence”.

While the effect of trauma on the quality of evidence is accepted, whether the professional in question has attended T.I.P training or not, this does not equate to knowing how to manage trauma in a legal context. Therefore, ensuring effective participation takes place and that best evidence can be provided through easing the trauma response. The next section will therefore explore the second category and the next three topics (the window of tolerance; knowledge of de-escalation; and grounding/emotional regulation techniques) to explore to what extent participants were aware of and used practical trauma informed techniques and practices.

5.3.3 T.I.P Understanding: Managing the impact of trauma.

As discussed in the literature review, emotions and consequent behavioural regulation are fundamental to working with traumatised people. In fact, co-regulation, where the practitioner or legal professional is well-regulated themselves and assists the traumatised person to regulate through attunement, modelling, and enabling mirroring, is the essence of working with traumatised people who may enter the JS. The following section relates to the management of trauma.

5.3.3.1 The window of tolerance

Figures 12 and 13 below show how many respondents know what is meant by the window of tolerance. It looks at the difference in knowledge of those who have had T.I.P training and those who have not. It is evident that receiving training increases the chance that participants know about the window of tolerance. However, as is especially evident from the police, training does not guarantee knowledge of the topic is likely related to the shortness of training available. The overarching situation is that training is insufficient in the first instance.

These results indicate that the police have the lowest knowledge of the term Window of Tolerance with only 28.6% indicating that they knew the term . 50% of Solicitors

and Barristers, who had received training said they knew the term. This is a much lower score than 81% of Intermediaries who said they knew the term.

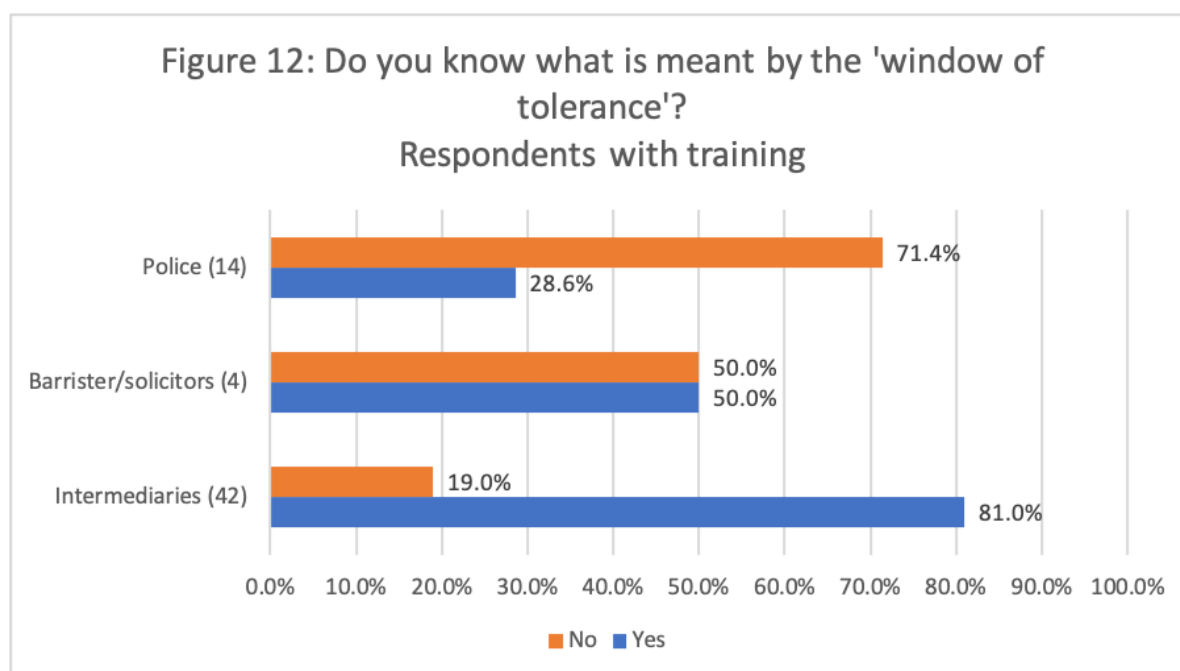


Figure 12 Knowledge of the concept of window of tolerance-participants with training.

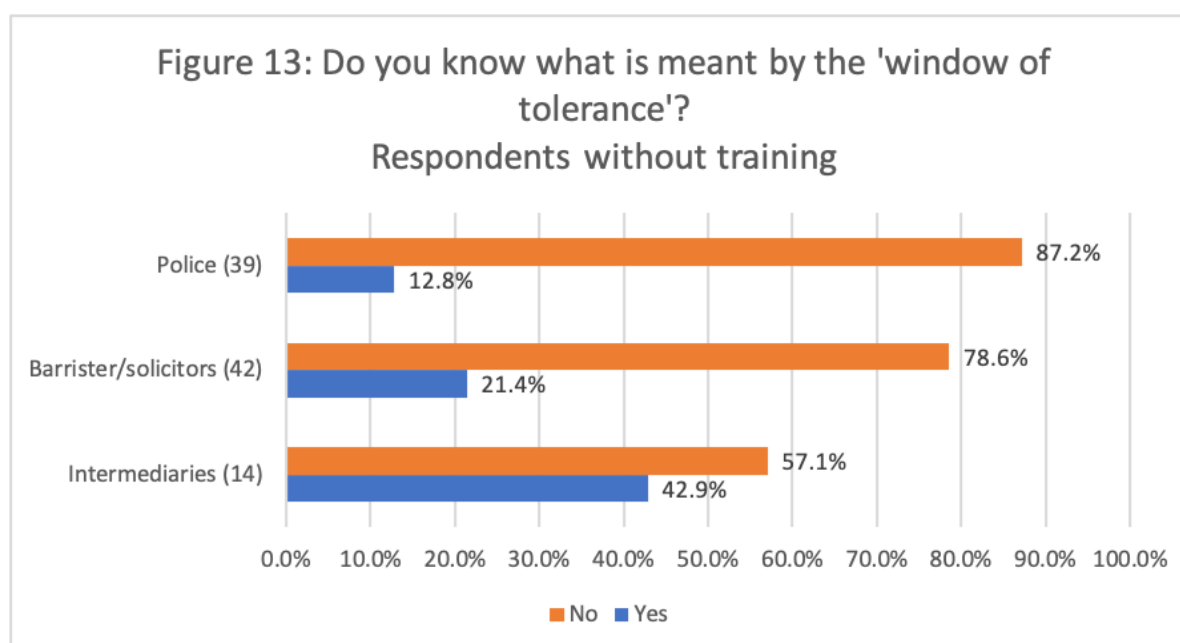


Figure 13 Knowledge of the concept of window of tolerance-participants without training.

The results of respondents who had **not** been trained in T.I.P. indicate that the police have the lowest knowledge of the term Window of Tolerance with only 12.8% saying they knew the term. Likewise, only 21.4% of Solicitors and Barristers, who had not

received training, said they knew the term. This is a lower score than 42.9% of Intermediaries who said they did not know the term. The Intermediary score is a concern with only 57.1% having knowledge of the term although working constantly with traumatised people. However, these groups could be intuitively working in accordance with keeping within the window of tolerance, despite not knowing the term. That uncertainty is far from ideal, and it indicates a need for systemic T.I.P. training .

If a respondent answered 'yes' to *do you know what the terms window of tolerance means?* , they were asked to define the term to confirm whether their understanding was accurate.

Of the nine police respondents who said they knew what the window of tolerance meant; five written definitions were not accurate. They refer mostly to time rather than psychological space or comfort. For example, POL863 considered time to build trust: *"You have a short amount of time to gain a person's trust"*. The four remaining responses demonstrate an understanding more in line with the concept, but not especially detailed definition. Effective functioning was noted by POL019: *"The zone of arousal in which a person is able to function most effectively."* and POL188 wrote about tolerance: *"What a certain person can tolerate before it all becomes too much and they begin to shut down"*.

Of the 11 barrister/solicitor respondents who provided a definition of the window of tolerance, five gave accurate and detailed definitions, such as SB530:

"The window within which a person can function, despite the impact of trauma (whether direct or vicarious) or burnout. It represents a flexible space, rather than a specific point, within which a person can manage the pressures that they are under and engage appropriately with the court process".

The remaining six respondents gave accurate, though less detailed responses; for example, SB760 focused on comfort as related to participation: *"A period when a person is comfortable and in a position to process and communicate what has happened to them"*.

Of the 40 Intermediaries who said they knew what the window of tolerance meant and provided a definition, 35 were correct definitions of varying detail; such as that provided by INT052: *“Where a person feels safe and comfortable and able to provide coherent information etc. They are able to access language centres of brain and not be in state of hyperarousal/reliving trauma etc”*.

The five incorrect answers deviated most significantly (compared to police and Barristers/Solicitors) from the correct definition. INT717, for example, spoke about the time *after* trauma: *“I think it is a time after times of extreme arousal/trauma when a traumatised person can access memories and their best processing ability with skilled assistance”*.

These responses provide an indication that it is of importance to provide more training and experiential learning to participants – this is because the window of tolerance is a highly significant and an important topic to understand. Therefore, misunderstanding the concept and/or not utilising it, might have negative impact on working with traumatised people effectively. It is a worrying trend that so few police, Solicitors and Barristers knew what the concept referred to and at times misrepresented it. Even Intermediaries, as communication specialist, are not all aware (or rightly aware) of the term.

The survey then provided participants with a definition of the window of tolerance and asked them whether they adapted their practice to accommodate for it. This was because it is possible that adaptations still take place without knowing the academic background of a concept. The results for this are shown with respect to those with and without training in figures 14 and 15. The results show that training impacts the likelihood that participants from all three groups adapt their practice according to the window of tolerance. However, those without training – although slightly less – are still likely to declare that they at least partially adapt their practice, whether they previously knew about the window of tolerance or not. This exemplifies the possibility that they have learnt relevant T.I.P through their work without the specific training. However, working with knowledge and therefore safety is the desired outcome of training. Knowing what and why you are doing something with sound rationale, creates safety and trust, which are key factors when working with traumatised people.

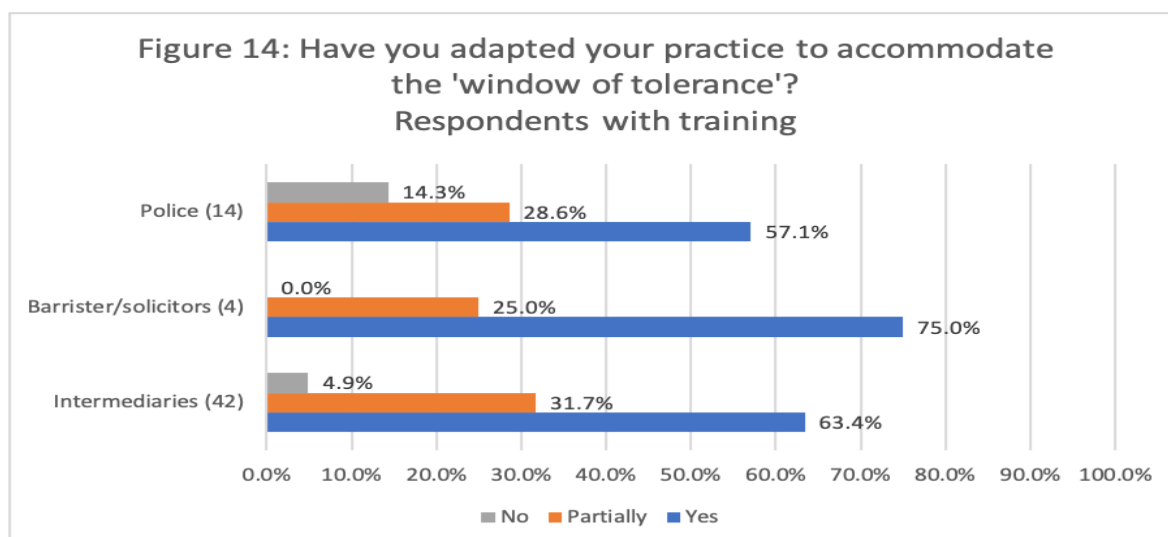


Figure 14 Knowledge and practice of adapting to the window of tolerance-participants with training.

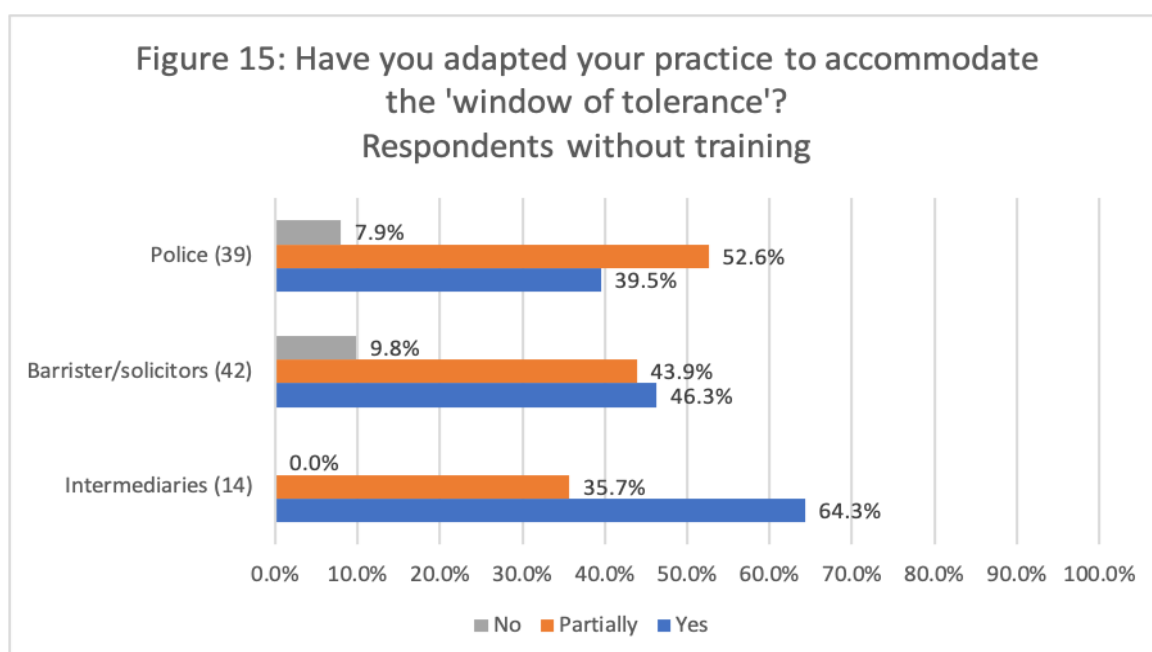


Figure 15 Knowledge and practice of adapting to the window of tolerance-participants without training.

The adaptations most mentioned in the responses are shown in Figures 16-18. The police officers' top three choices were: adjusting the environment; followed learning the vulnerable person's needs and then flexibility. Barristers'/Solicitors' top three selected responses were similar: adjusting the environment; learning about the vulnerable person's needs; and opposed to the third most frequent police response –

expectation management. Intermediaries' top three selected responses were also similar but in the first choice only: adjusting the environment; they then selected breaks and monitoring for potential dysregulation as second and third most likely adaptations. As their role is that of a communication specialist, they may have automatically assumed that their priority is adapting communication and therefore not stated it so often. It was interesting to see that all participants noted the role of the environment as of key importance.

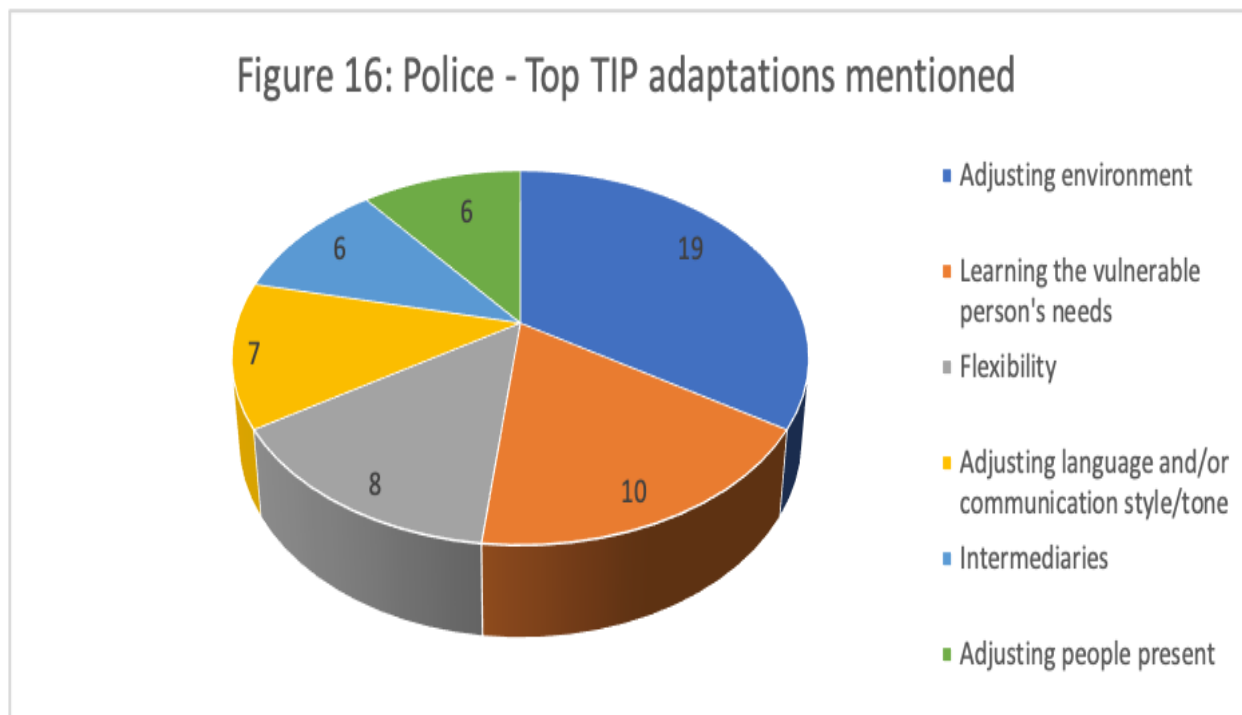


Figure 16 Police Top adaptations for T.I.P

Figure 17: Barristers/solicitors - Top TIP adaptations mentioned

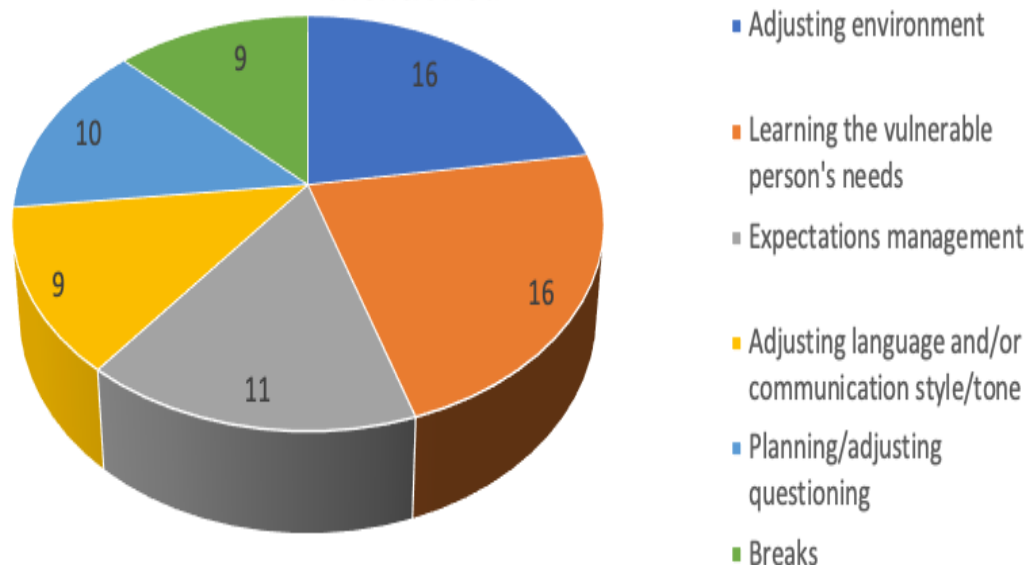


Figure 17 Barristers/Solicitors -Top adaptations for T.I.P

Figure 18: Intermediaries - Top TIP adaptations mentioned

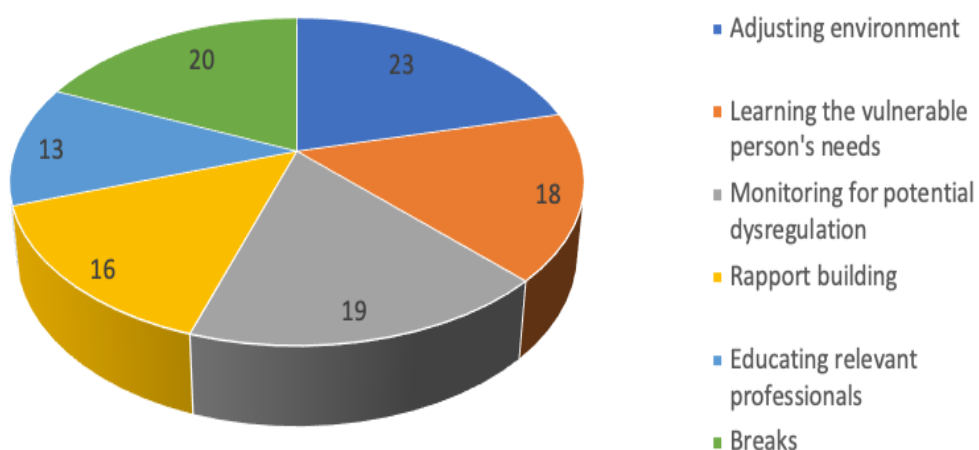


Figure 18 Intermediaries -Top adaptations for T.I.P

There were numerous qualitative responses related to the area of adaptation to practice. The adaptations noted by professionals varied but also overlapped. Word clouds were selected to demonstrate the frequency and variety of responses per profession. (The full lists can be seen in Appendix 5).

Police responses

The 45 police respondents who said they adapted or partially adapted their practice to accommodate the window of tolerance (whether they previously knew about it or not) named a number of different adaptations which were coded into themes.



Figure 19 Word cloud -Adaptations mentioned by police (exact numbers in appendix 5a)

Solicitors/Barristers

The 41 barrister respondents who said they adapted or partially adapted their practice to accommodate the window of tolerance (whether they previously knew about it or not) named the following adaptations:



Figure 20 Word Cloud- adaptations mentioned by Solicitors/Barristers (exact numbers in appendix 5b)

Intermediaries

The 51 Intermediary respondents who said they adapted or partially adapted their practice to accommodate the window of tolerance (whether they previously knew about it or not) named the following adaptations:



Figure 21 Word Cloud- adaptations mentioned by Intermediaries (exact numbers in Appendix 5c)

These findings show a variety of responses and knowledge. It shows the importance of multiagency working and knowledge because there is so much knowledge out there and utilising each other's experience can work to the favour of all. Interestingly no Solicitors/ Barristers selected Intermediaries as T.I.P top adaptation. However, they mentioned Intermediaries frequently when talking about the effect of trauma on evidence and participation. The importance of environment, as well as understanding the vulnerable person and communication all came out as important. This is a useful finding as there seems to be an understanding of the importance of adaptations. However, how well these adaptations are working considering the level of training is unknown and should be the aim of any further research.

5.3.3.2 The role of the Intermediary

The next step was to look at the understanding of the role and attitudes towards Intermediaries. Very few legal professionals mentioned Intermediaries' work with defendants/appellant or respondents. Several Intermediaries who responded expressed their experiences of encountering different attitudes towards them in court. For example, being treated differently from when working with a vulnerable witness, more harshly, greater difficulty having their recommendations accepted, not being allowed to speak in ground rules hearings, dates being set without their availability being checked or general hostility and lack of belief about the vulnerable person's communication or mental health needs (further discussed later in this section). This brings into question the courts values of "innocent until proved guilty". If this is truly about enabling vulnerable people to communicate in the JS, then there should be equality of arms and the same adaptations offered if the recommendation advice such.

When Police, Solicitors and Barristers were asked if they had worked with an Intermediary/Communication Specialist before and to rate the importance and use of Intermediaries, the following responses were given (Figures 22-24):

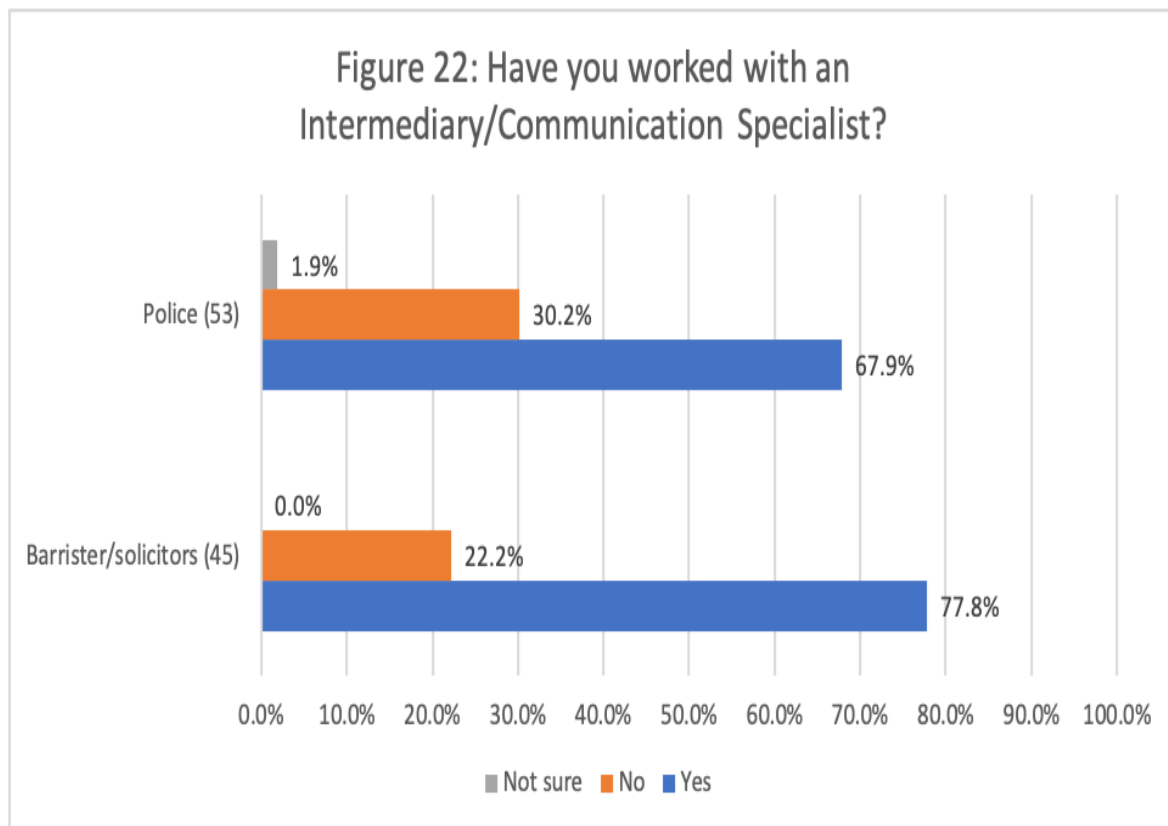


Figure 22 Experience of working with an Intermediary.

Police

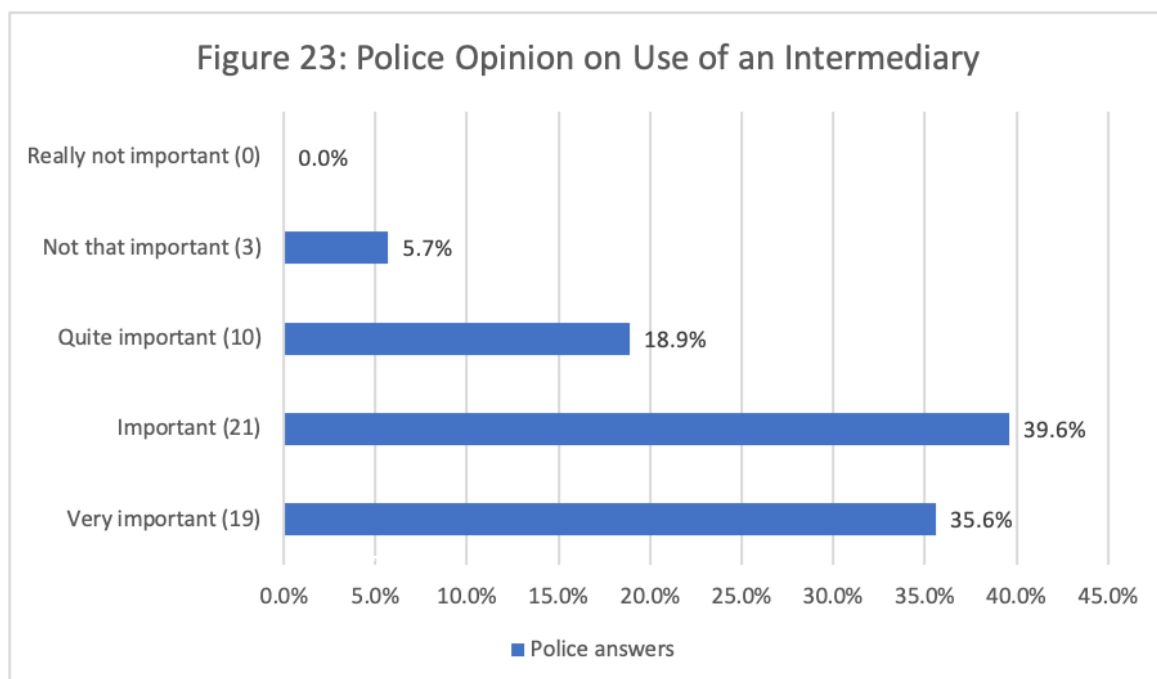


Figure 23 Police opinion of use of an Intermediary.

Around two thirds of the police officers had previously worked with an Intermediary (67.9%) and a third had not (30.2%). Somewhat concerningly, one respondent did not actually know who an Intermediary was. The police mostly perceived the role of the Intermediary as important, despite not immediately thinking of it as an adaptation and therefore likely underusing it. Some participants also provided qualitative responses giving their understanding of the role. The police officer's understanding of the role of an Intermediary seemed appropriate, for example: *"To assess the level of comprehension and understanding of the child/ person and assist the interviewee in formulating the most effective way to conduct interview; ask questions etc"* (POL 764). The role was also perceived positively throughout the responses, as POL528 noted: *"Invaluable! A specialist who assists with facilitation of communication"*. Very rarely was the use of an Intermediary mentioned for defendants or for the use of others outside the Prosecution process. Most responses related to their use were in relation to alleged victims and witnesses.

Solicitors/Barristers

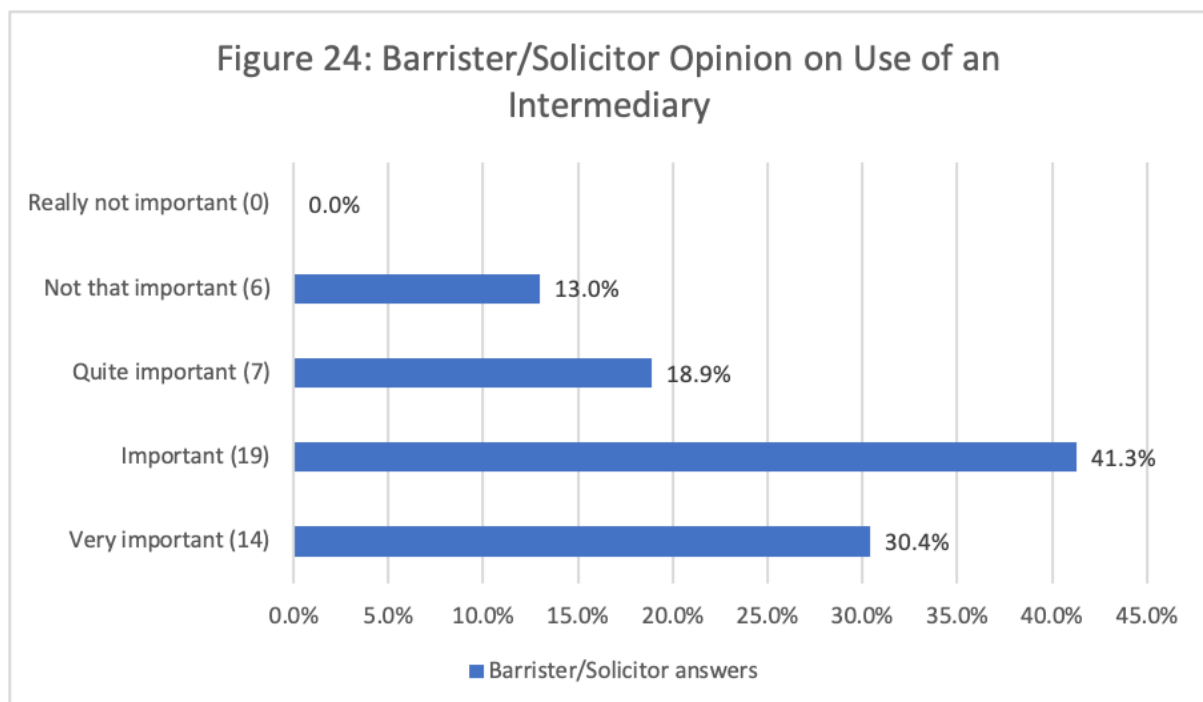


Figure 24 Barrister/Solicitor opinion of use of an Intermediary.

Of all the Solicitors/Barristers who responded, 35 (78.7%) had worked and 10 (22.2%) had not worked with an Intermediary. Not dissimilarly to the police officers, their views of the importance of an Intermediary were mostly positive. Still, the finding that 13% did not find Intermediaries important begs further questions.

Qualitative data from Solicitors/Barristers revolved around several themes. The main theme which runs through the responses shows overwhelmingly Solicitors and Barristers found Intermediaries assisted their clients in terms of regulation and communication. However, there is a factor that perhaps those who answered the survey had an interest in communication, trauma and participation and understood the role through positive experience. It is possible that those with a more negative view of Intermediaries might be less interested in this research, which would account for the fact that Intermediaries reported, as recorded later in this section, frequently encountering resistance, and at times, hostility.

SB310, for example, noted the usefulness of an Intermediary in terms of understanding: *“Intermediaries who have worked with the individual are exceptionally useful. They will know far better than any advocate when a question is likely to be understood, and how better it can be phrased.”*. SB999 discussed the way an Intermediary was able to respond to the client’s need:

“I was once in a hearing where the Intermediary was very in tuned with the needs of the individual and ensured that there were breaks to ensure that the person was not overloaded and overwhelmed. Also ensuring the language is clear and understandable to that person”.

Being able to respond to client needs in a meaningful way was further supported by SB481: *“Meaningful adjustments such as breaks, adjusting questioning styles and use of an Intermediary where necessary”.*

Importantly, and relevant to the Intermediary reflections below, the following response comments on the shock at the lack of respect and uptake of the Intermediary’s recommendations:

"I had a client who required an Intermediary and the matter was fixed for a ground rules hearing in the magistrate's court. The Intermediary was not treated with the respect they should be given. The legal advisor and prosecutor were reluctant to deal with the ground rules despite it being in the list for 6 months. There was a lack of understanding as to the purpose of a ground rules hearing. Directions were given for the defence to pre-prepare their examination in chief, which are composed of open questions but it was deemed appropriate for the Prosecution NOT to have directions to pre-prepare questions for cross examination which are all leading and to discuss these with the Intermediary rather than the defence". (SB450)

Intermediaries

Qualitative data were collected on Intermediaries' experience of the perception of their role by others they work with. One theme indicates that Intermediaries have experienced hostility and misunderstanding about their role.

INT273 noted such misunderstanding in relation to Barristers: *"Think they see us as assisting communication, but the grey area of helping someone stay regulated to communicate is not really understood... I think Barristers are only just beginning to grasp we can allow them to ask the questions they need to (rather than stopping them) but in the language the witness understands, and that this may mean we need more but easier to understand questions asking."*

INT564 also discussed some ignorance on the role of the Intermediary: *"Some are woefully ignorant of what our role is or is not...Others see us as caretakers/ companions/ advocates/suitable adults/ supporters/ nursemaids -or irritating busybodies!"*

Another theme emerged about their neutrality and as stated below their being on one side or another, assuming the Intermediary is 'working' for them. For example, INT074 noted this on the Prosecution side: *"I do think court professionals view RIs as being 'for' the Prosecution rather than neutral."*

An important theme also emerged about the 'right' use of an Intermediary for the right reasons, and not because of bureaucracy: this is very well summarised by INT553:

“Some Police make these referrals not because they genuinely feel the Intermediary adds value but because they think it'll be criticised if they don't. This means that my assessment is often perceived as a 'tick-box' exercise that needs to be done and got out of the way - instead of being viewed by the officer as an opportunity to build rapport, an opportunity to observe the child's communication and plan the ABE accordingly. It makes me sad that Barristers don't seem to read my reports - at least that's the impression I get as very rarely do their proposed cross examinations comply with the recommendations I have made. I think some Barristers view the Intermediary as a barrier to them being able to fully ventilate their case.

Responses indicated that there was lack of understanding of their role due to lack of experience and training – further support for the need for more training in T.I.P in the future. INT444, for example, summarised: *“The level of understanding is very varied, depending on experience and training of the professional”* and INT634 noted how many professionals do not actually even know who Intermediaries are: *“Some police have not heard of us. Some Barristers have no experience of working with an Intermediary and can feel out of comfort zone.”*

5.3.3.2 Grounding Techniques

During T.I.P training, discussion about resourcing and the use of grounding strategies (as explained in Chapter 2), should be fundamental to trauma informed training. The aim of these techniques is to increase effective participation and coherent evidence by keeping the vulnerable person or child regulated.

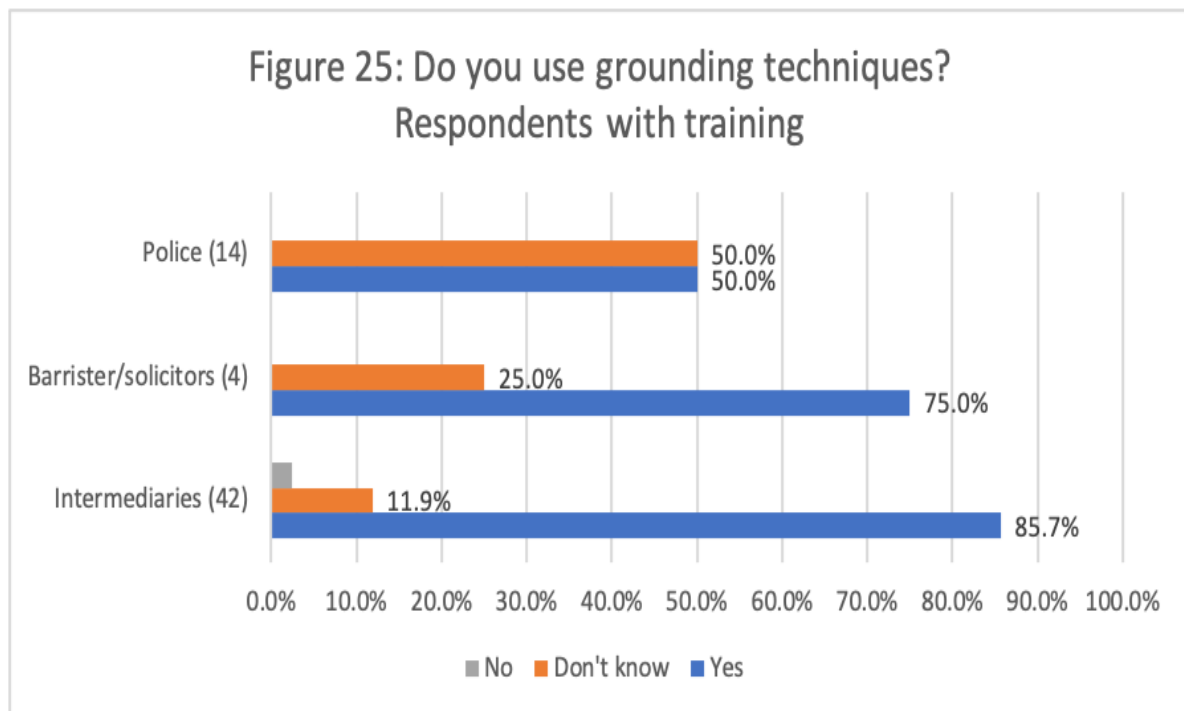


Figure 25 Knowledge and use of Grounding Techniques -participants with training

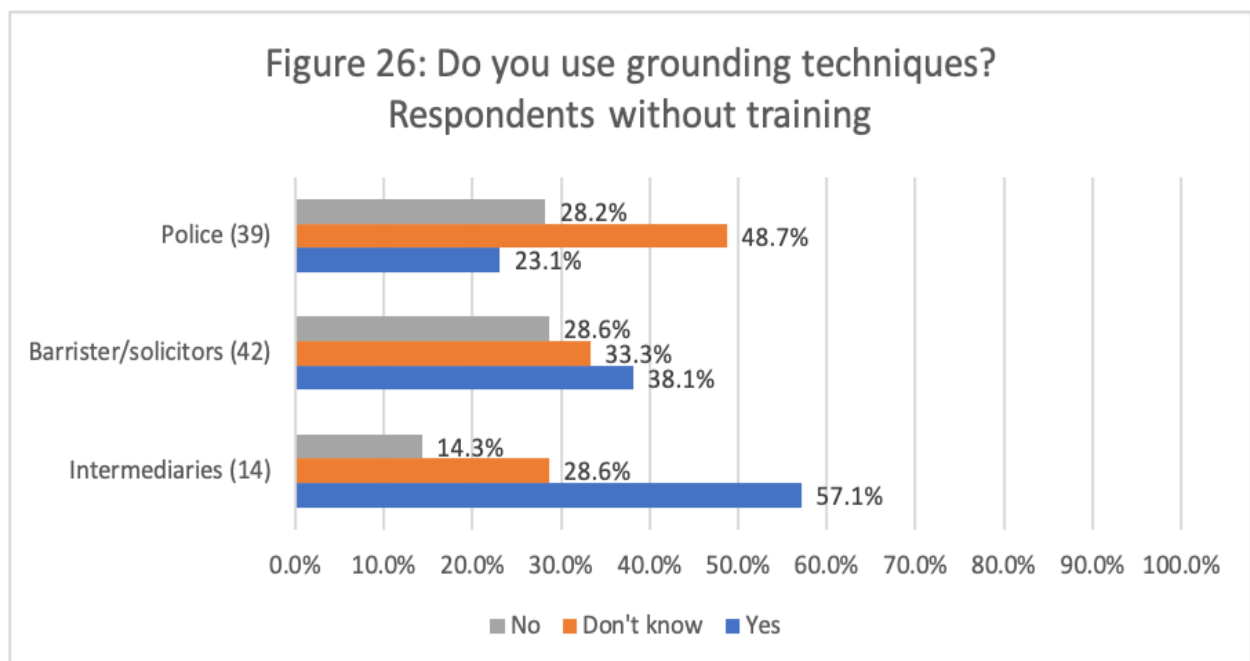


Figure 26 Knowledge and use of Grounding Techniques -participants without training

The data in figures 25 and 26 show a clear discrepancy in each professional group between those who have attended training and those who have not and their knowledge of the use of grounding techniques. The results indicate that those who

have attended training use grounding techniques more than those who had not. 50% of police, 75% of Solicitors and Barristers and 87% of Intermediaries who had training used grounding techniques. Whereas 23.1% of police, 38.1% of Solicitors/Barristers and 57.1% of Intermediaries without training used grounding techniques. This does indicate that even if not trained in T.I.P, some people may already know some techniques or maybe intuitively using grounding technique. Of key relevance is that regardless of training, the 'Don't Know' option was frequently selected, even though much less if training had been received. This can again point to how much information is provided during training. Despite work/life experience enhancing individual knowledge of trauma, from the above data, it is evident that training is needed to learn how to manage trauma in the JS and what is more, a thorough training run by T.I.P personnel.

Interestingly some of the responses from professionals referred to the use of grounding techniques for their own emotional regulation. This does demonstrate an understanding of the importance and use of such techniques even if there was confusion at times in answering the questions about using them with clients or themselves. Indeed, to carry out effective co-regulation, the professional will need to be well-grounded. If the professional is burnt out, then attunement will not be possible, and the professional will not be able to facilitate the achievement of best evidence.

There were numerous themes running through the qualitative responses in relation to this topic, overwhelmingly noting issues with training.

Police

The main theme in the responses given as examples of what they use as grounding techniques were about tone and pace. For example, POL200 noted it is to:

"Distract them with something and ask them to focus on that and slow their breathing down" while POL340 said they: *"...use a soft & calm voice and approach"*.

POL883 discussed that without training, they focus on what they consider to be 'standard': *"I don't use any formalised techniques as I have had no such training. I*

use standard human communication to engage with and support victims and witnesses.”

Interestingly even when the police indicated that they used grounding techniques very few gave examples. More explained their lack of use of specific techniques or gave examples of keeping themselves calm or adapting themselves; again, relating back to lack of training.

This was explained by POL982: *“I have not had formal training in grounding techniques I would however naturally keep myself calm and try to reassure someone if they were distressed”*.

POL514 noted learning through experiences: *“I’ve never been taught grounding techniques; I use my own communication skills to do so that I have developed through experience.”*

POL207 referred to a complete lack of use of techniques: *“I don’t use grounding techniques because I haven’t been trained”* and POL510 stated that they were: *“not sure what grounding techniques were”*.

Solicitors /Barristers

Some Barristers gave examples of using grounding techniques such as *“Box breathing”* (SB320) or other breathing strategies.

SB400 noted several strategies they have read about:

“I know to try and keep the past in the past and ensure that the client knows they are in the here and now and they are safe. A fidget toy can help,... breaks I think might be helpful. I have read about techniques using tapping for example but would not feel confident about suggesting it without some more guidance.”

SB110 provided some good examples of grounding techniques even though this was under the ‘adapting practice’ question: *“Closely monitoring the client engagement, tone and body language, taking breaks and changing topics to trivial or something that they seem not to find upsetting. Never having long conferences with traumatised clients. Some can tolerate 45 min and some 2 hours with breaks, but longer than*

that". It seems to indicate that in certain respondents purely the terminology is not known but practice indicates that grounding techniques are known and used. On the other hand, some did not have any understanding, for example SB310: "*I don't know what grounding techniques.*"

Intermediaries

Intermediaries when asked to give examples of the grounding techniques that they use listed many involving sensory, somatic and visual techniques. INT320, for example, wrote: "*I use Body scanning. Feet on the ground. Wiggle toes. Deep breathing. Drink water and feel it going down.*" INT340 elaborated even further: "*Grounding, tapping, sensory grounding through smell, taste, touch, application of hot and cold, sensory objects, helping people to feel that they are in the here and now and that they are safe. I use smells, taste (hot mints), images of places where they have good memories, ice packs*". Detailed responses were common from Intermediaries which is understandable due to their role.

However, despite grounding techniques being so key in enabling effective communication, a key role of the Intermediary, some stated that they were not familiar with grounding techniques, such as INT207: "am not familiar with what grounding techniques to use" or INT991: "I am unsure how to use grounding techniques".

5.3.3.3 De-escalation techniques

Intermediaries, Barristers/Solicitors and Intermediaries indicated highly that they have not had any training in de-escalation techniques, yielding the following results: 81.0% of police, 93% of Solicitors and Barristers, and 57.1% of Intermediaries. However, each group indicated strongly that they thought it was important to be trained in de-escalation techniques with 86.7% of police, 87% of Solicitors/Barristers and 96.4% of Intermediaries stating its importance (figure 28). There does however seem to be a split in opinion amongst Intermediaries who have been T.I.P trained, about the importance of de-escalation training. This score of 52.4% stating 'no' and 47.6% stating 'yes' to its importance is confusing and could be due to variables associated with the type of training they have received. Overwhelmingly, except for

Intermediaries, the importance of de-escalation techniques was perceived highly by participants regardless of training.

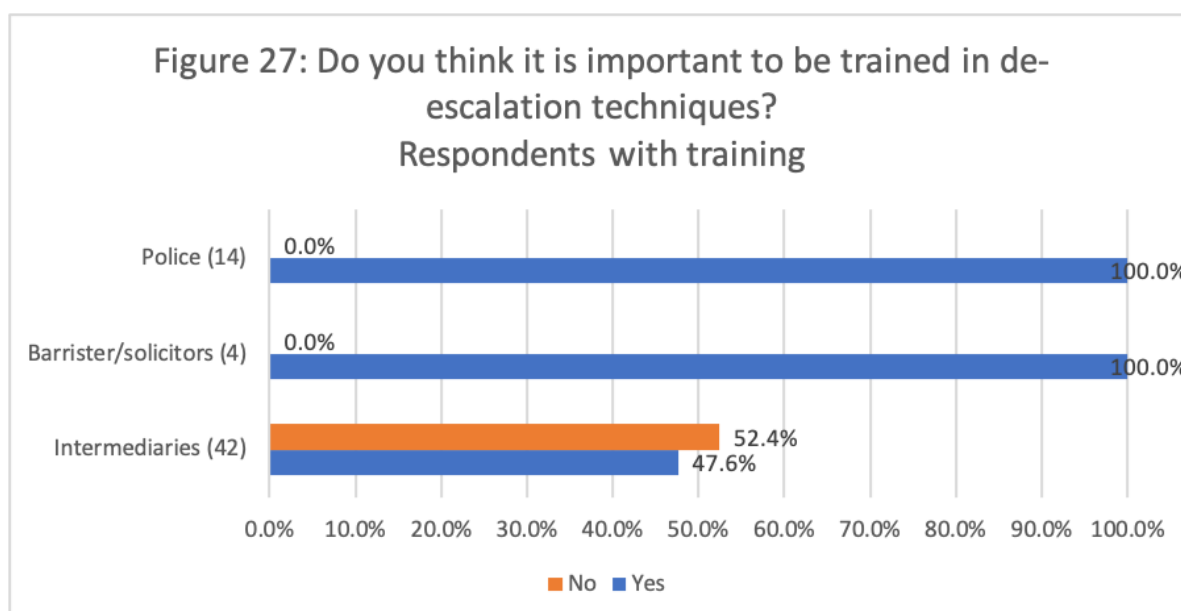


Figure 27 Gauging the importance of the use of De-escalation Techniques - participants with training.

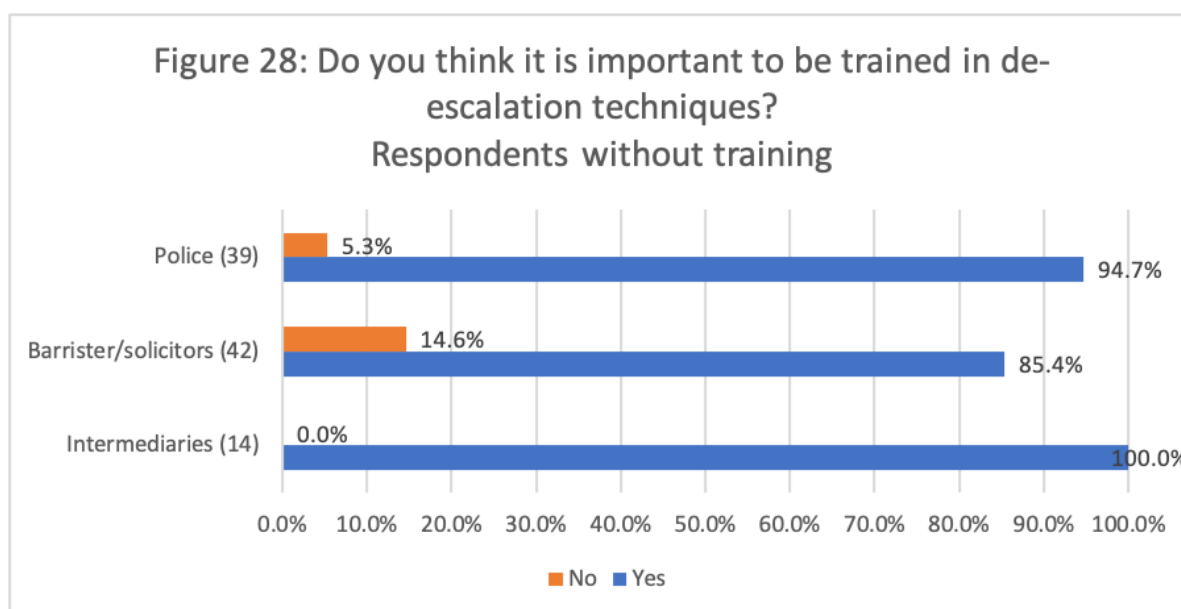


Figure 28 Gauging the importance of the use of De-escalation Techniques - participants without training.

It needs to be acknowledged that the ability to de-escalate will affect practice and participation. From the risks associated with constantly working in potentially violent

situations without adequate training, it could be assumed that this could lead to accumulative Vicarious Trauma. The following quotes indicate a theme of lack of training and knowledge in de-escalation techniques.

Police

The overarching theme was a need for more training, as summarised by POL190: *"It's important to be trained in de-escalation techniques, I wouldn't know where to start or what it involves but I know my whole team, and probably the whole command, need it"*.

POL883 wrote about the overall lack of knowledge: *"I don't know what you mean by that term de-escalation"*.

The need for more training was also highlighted by those with knowledge of de-escalation as they deemed it key for their work; for example, POL395 wrote:

"We are trained in de-escalation and it is critical in our use of force and can resolve some situation with verbal alone. However, it is not always practical for everyone's safety but is needed as soon as possible - I.e., someone actively self-harming or at risk of harming another may need restraining first then de-escalating."

Barristers/Solicitors

Likewise, the themes that ran through the Solicitors' and Barristers' responses indicated very little knowledge and training apart from one barrister who had been trained in a previous role.

For example, SB563 stated: *"I wouldn't know where to start; I haven't really had any"* Interestingly, it seems that such training is only deemed suitable by the system for some specific roles.

Despite this, the participants stated that they would like the training and see its relevance to their job, as SB399 wrote: *"I have never had de-escalation training to help clients, the view is that would not be the role of a solicitor but someone else. I have never had such training for my own sake, upsetting events are the norm for the job and one just needs to get on with it."*

INT190 clearly articulated why knowing about de-escalation techniques is important in the JS: *“I think any training would assist family lawyers in order to ensure that clients can be grounded when they are having to recount traumatic events - there is no training available that I am aware that is specific to family lawyers.”*

Intermediaries

Despite their role, over half of the surveyed Intermediaries had not received any training in de-escalation techniques although they understood the concept and need, probably through self-study or observation. The importance of inclusion of de-escalation in training was noted by INT634 in relation to reflections on own previous practice:

“De-escalation training is important because 7 years in I have only really just started getting good information. I hadn't had any training and felt I would have benefitted for a while from support.”

INT190 clearly articulated why knowing about de-escalation techniques is important in the JS: *“We should be able to recognise when people are 'overloading' or escalating and have some 'tools' in our belt for managing this - at the very least as a 'first responder' when needed. This is important also to taking the 'fear' out of being in the presence of someone who is in fight/flight/freeze ... or panic mode.”*

5.3.4 Section summary

While there was an understanding of the effect of trauma on the physiology of a person, these findings indicate that knowing how to deal with this in practice was a significant factor. The gap between the trained and untrained was noticeable in all the findings.

An overwhelming need for knowledge and training was highlighted to enable people to work effectively with traumatised people in the JS. Training to support management and adaptation for the needs of the vulnerable person figured highly. There was generally a consensus that trauma effects achieving clear, coherent communication with individual factors/ topics rated mainly between 4-5.

A need of more understanding of the term '*window of tolerance*' was showcased by the findings. The need to have techniques available to assist traumatised people to remain in this optimum place for regulation and therefore to be able to communicate, was highlighted. For example, the lower level of knowledge of untrained police officers who used grounding techniques at 33.1 % and barrister following at 57.1 %. While there does seem to be some intuitive understanding drawing from various means including their own personal experience, the basic tools required are lacking. Training in de-escalation techniques seemed to be a concern with low levels of training across all the groups with strongly voiced requests for this training coming from all three groups.

Interesting factors were found regarding the knowledge and understanding of the role of the Intermediary with experiences ranging from no idea about the role to it being important. (43% Solicitors/ Barristers and 39.6% police). What was clear from the findings was the need for training to help other professionals to understand the role.

5.4 Findings 3: The Need and Desire for T.I.P Training



Reflective Practice Image: 6 *The need to adapt...barrister kicks off her shoes and questions a child in the live link room, face to face.... working within the window of tolerance.*

Solicitors/Barristers and Police appear to be the people, out of the three groups, who have received the least training in T.I.P. This may partly be explained by the culture and aims of those agencies. Whereas Intermediaries, many of whom come from clinical backgrounds, have a role as a communication specialist for vulnerable people – many of whom are traumatised. This maybe be promoted by the fact that effective communication is the absolute core of their work. The police and solicitor/barrister group state their desire and need to have adequate training, and this was already visible throughout the earlier sections. They acknowledge that they are working with traumatised people and children but show concern that there is lack of training in the area. They acknowledge that trauma has an impact on evidence and participation while showing in their responses that they are not equipped with enough knowledge to fully facilitate this client group.

The overwhelming themes which emerged and clearly demonstrated through the qualitative responses, reflect on the lack of trauma awareness in the system; the lack of training and the lack of court staffs' understanding of the needs of traumatised people. These themes run through the responses of all the three groups of participants.

Police

There was an overwhelming call for more training relating to trauma in general; POL207 wrote:

“Unsure why trauma-training isn’t provided as this is a very important training that in my opinion people should be offered.”

This was echoed through themes of staff shortages or lack of training resources which was strongly voiced in the responses.

POL130 questioned the length of training and staffing issues, for example:

“Training available is very limited and due to staff shortages, we are rarely released”. This was also noted by POL380: *“I haven’t been on any trainings due to operational demand of role and availability of learning material.”*

A homicide detective sergeant provided a compelling argument as to why trauma training is so important in policing: *"We work with people who have witnessed murder or lost loved ones. It is clear when speaking with them that sometimes they are struggling to cope with what they have seen or witnessed or suffered. Training in trauma has never been offered."* (POL530).

Solicitors /Barristers

A theme suggesting that T.I.P. should be established throughout the system, from the police stage through to court, was suggested. SB136 explained:

"The problem is that everyone involved has to be trauma informed. If not, it doesn't work. For example, in many schools, if you ask about this subject, you will be told about the specific person who is responsible for it and this will be the only trauma informed person in the whole school. In my practice, I have yet to come across any trauma informed Judges or housing officers".

SB450 echoed this sentiment: *"There is a need for more awareness in the criminal Justice System and also at the police station stage, for example for officers deciding whether to arrest a vulnerable suspect and have them detained in a police station cell over arranging voluntary interviews so they don't have to be detained and booked into custody".*

The need for knowledge and ability to recognise the effects of trauma was a strong theme. Likewise, the need for information and training regarding assisting traumatised clients was prevalent. SB999 wrote about the need for this when working with clients:

"I think that advocates should be taught how to comfort and ease anxiety/panic as much as possible. Luckily, I have experience working with people suffering from panic attacks and flashbacks which helps me to know techniques to ease anxiety."

This theme was reflected across different areas.

SB494 wrote about the housing law and immigration sector: *"Legal professionals need to be able to identify trauma and deal with it head on. I work in housing law cases and immigration cases. Despite dealing with significantly more trauma inflicted*

court users, the immigration tribunal is woefully inadequate in its practices and cannot be relied upon to identify or accommodate vulnerability unless it is positively centred at the case. In my opinion, the Immigration Tribunal is significantly "case hardened" to trauma".

SB078 focused on family lawyers saying: *"There is a fundamental need for T.I.P to be understood by all family lawyers as well as the courts and for it to be addressed in every case - whether or not a traumatic history (for example domestic abuse) is the subject matter of the proceedings. In many financial cases there is a history of DA but because the issue is not relevant to the court's decision it is my view that the significance of this for the vulnerable person in terms of participation and the quality of their evidence can be overlooked and vulnerable persons do not therefore get the support that they need."*

Intermediaries

Concern about the lack of inclusion and importance of trauma awareness in their initial training was a prevalent theme in the Intermediary population.

INT273 noted: *"I didn't get training on trauma in my initial RI training and I believe this made it hard for me to make sense of my reaction to complex case experiences, which I believe left me with Vicarious Trauma. If I'd have had the IfJ training as part of my foundation training, I would've understood how to assist vulnerable witnesses better and also how to take better care of myself".*

INT 312 wrote that despite having training, it was insufficient: *"Yes I've had trauma-training but I needed to attend more. It should be part of the initial Intermediary training run by MOJ pre-registration qualification."*

As with Solicitors/Barristers, the need for training across sectors was also noted and INT291 wrote that despite having training, it was insufficient:

"Yes, I've had trauma-training but I needed to attend more. It should be part of the initial Intermediary training run by MOJ pre-registration qualification." As with Solicitors/Barristers, the need for training across sectors was also noted: *"More legal professionals should be made aware of T.I.P and the Intermediary role. Even people*

who have done the ICCA training can harbour misconceptions about vulnerable people and their ability to participate in The Justice System.” (INT291).

This disjunct between the amount of training received, the demands of working with traumatised people without adequate training and working in a demanding system is perhaps a recipe for Vicarious Trauma. This will be examined in the next section, when Trauma from working within the system is explored and analysed.

5.4.1 Section Summary

The need for training to assist professionals to work with traumatised people was overwhelming mentioned throughout the findings. Concerns were raised about the lack of reference to T.I.P in their initial training and how for some, they had decided to self-educate and skill themselves about the area. This recognition by some individuals is a positive step but it should be a top-down approach rather than an ad hoc attempt to remedy the situation.

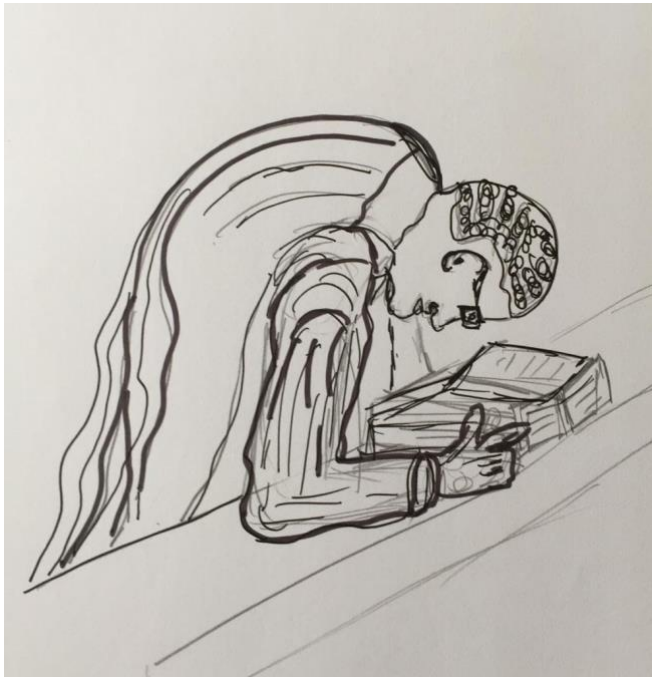
5.5 Chapter summary

Throughout this chapter, several key areas were discussed relating to T.I.P from the perspective of the organisation, the experience of the vulnerable person in the JS and the willingness and ability for the procedures to be adapted to the needs of the vulnerable person. Findings indicate that people coming into the system as service users receive a varied approach according to the depth of knowledge and training of the legal professionals on whom they are often dependant and totally reliant.

In general, there seems to be a distinct need for more work on Trauma Awareness with the potential of taking better care of individuals' wellbeing, as well as more knowledge on adapting to individual needs to obtain effective evidence gathering. Breaking people down and exploiting their vulnerabilities contravenes any ethical approach and in the words of Rook (as cited in Gibbs, Drew & Kelly, 2014 p.3): *‘Questioning that contravenes principles for obtaining accurate information from witnesses by exploiting their developmental limitations is wholly inconsistent with a fair trial and contravenes the Codes of Conduct.’*

Overwhelmingly, participants saw the value and need for T.I.P but at the same time a total lack of focus on the area in relation to training. Through the above responses, participants often also hinted at wellbeing and trauma of JS employees themselves as part of discussions surrounding T.I.P. It is this area of T.I.P which will be discussed in the next chapter.

Chapter 6: The Justice System and the Effects of Trauma on those working in it.



Reflective Practice Image: 7 The Burden

The following section provides results of the second part of the survey which is concerned with trauma and T.I.P *within* the organisation – impact on employees of the JS. As in chapter 5, results are presented in themes and combine quantitative and qualitative data to triangulate results and provide in-depth information. In the interest of inclusivity and fair access to all and ease of comprehension, the data is presented with a mixture of numbers, words and visuals.

The main topics which were explored and will be presented in such order in this chapter are: Topic 1. Understanding of Vicarious Trauma; Topic 2. Personal experience of Vicarious Trauma and personal ability to deal with trauma; Topic 3. Wellbeing at work (including organisational culture, supervision and reflective practice).

6.1 Findings 4: Vicarious Trauma

As explained in chapter 2 (specifically section 2.9), Vicarious Trauma is a major concern for all people who work with traumatic cases, exaggerated by what could be

perceived as a traumatising environment. Hearing information, even if secondary, for example when someone else offloads their experience, can cause Vicarious Trauma. There has been a historic tendency to think that it will not penetrate the most experienced, that it is 'the job', 'what we do' and a need to 'get on with it,' but research and the work of Commander John Sutherland (2017a, 2017b) shows otherwise. Vicarious Trauma not only impacts on the individual themselves, but this consequently impacts on their ability to work to their full capacity and how they work with others, contributing to a broken system. Numbing or resignation to a sense of helplessness will not provide the availability required for the traumatised person to be assisted adequately.

6.1.1 Understanding of Vicarious Trauma

The three groups who have had training reported the following in relation to their knowledge of what secondary victimisation/Vicarious Trauma means (with training: figure 29; without training: figure 30). For those with training, 71.4 % of police report not to know what Vicarious Trauma is; 100% of Barristers reported that they knew and 14.3% of Intermediaries reported not to know what Vicarious Trauma is. Whereas out of those who have not been trained, 56.4 % of police reported they did not know the meaning of Vicarious Trauma, like wise 33.3% of Solicitors /Barristers and 28.6% of Intermediaries did not know what Vicarious Trauma is.

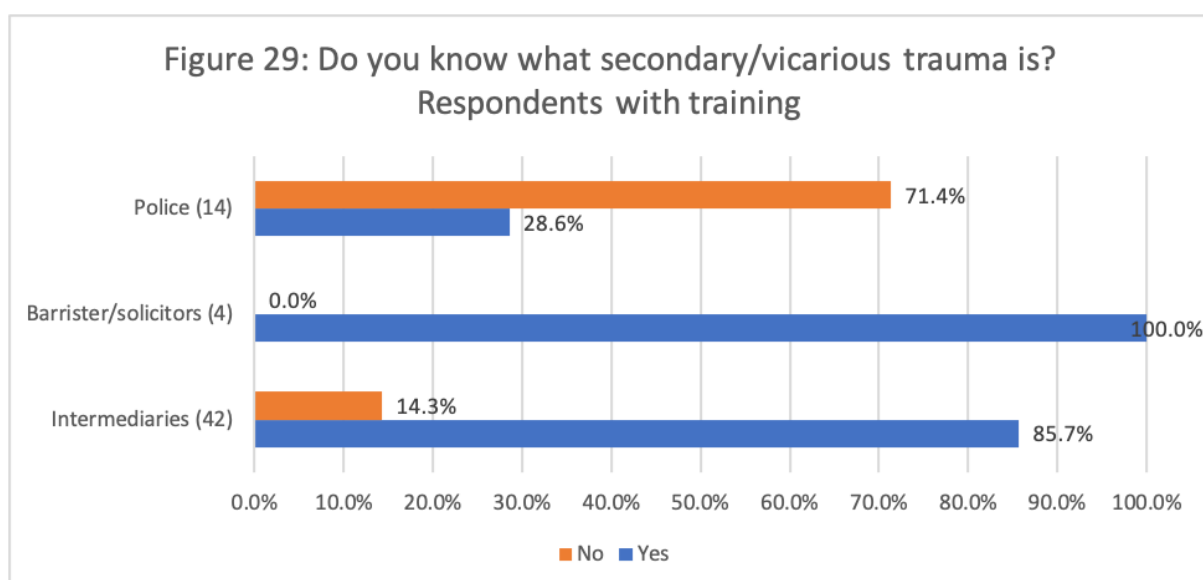


Figure 29 Knowledge of the concept of Vicarious Trauma- participants with training

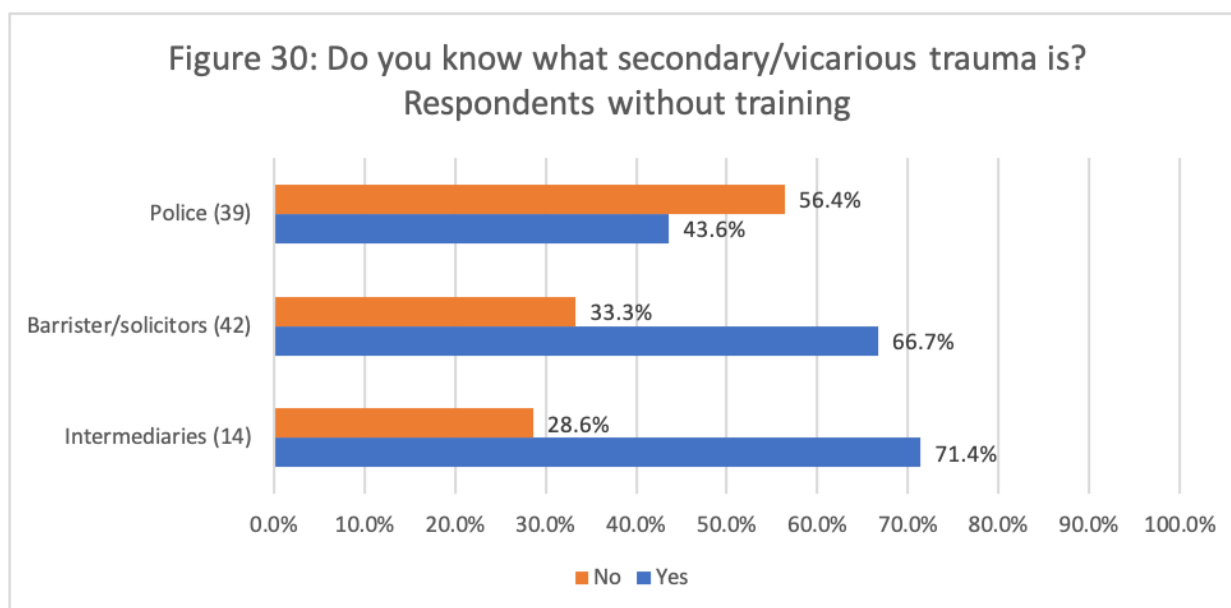


Figure 30 Knowledge of the concept of Vicarious Trauma- participants without training

The quantitative results indicate a lack of knowledge of Vicarious Trauma and even more so without training on T.I.P. The police are the most affected by such lack of knowledge. To assess whether respondents' self-reported knowledge was accurate, those who answered yes to the above question were asked to provide a definition.

32 Barristers and 46 Intermediaries defined Vicarious Trauma having said they knew what it was. All definitions were correct.

Examples of more correct definitions include:

INT273: *"Through hearing (e.g., personal accounts) or seeing (e.g., photos, transcripts, watching recorded interviews) information about another person's trauma becoming affected in our own body with trauma"*

INT312: *"When the person picks up the trauma reaction of others... also accumulation of working in a system not fit for purpose"*

SB160: *"listening to clients give accounts of when they have been sexually / physically / mentally abused. Working with suicidal clients etc I worry in particular about my response to hearing about serious sexual trauma. I have found myself shutting down"*

SB210: *“it is the effect that working with traumatised clients has on the professional*

POL130: *“Trauma experienced by practitioners dealing with traumatised victims of serious crime.”*

POL290: *“During the course of your role, you experience traumatic material/accounts/images etc which is not necessarily traumatic to you primarily but the reading/viewing of material traumatises you”*

Of the 21 police who answered yes, only two provided an incorrect definition, both similar to one another: *“Where the victim re-experiences trauma through being asked to think and talk about the initial event. It may bring up a section that they had previously blocked out”* (POL982).

6.1.2 Section summary

There is some understanding of what Vicarious Trauma is and this seems most predominant among Intermediaries, less so among Barristers/Solicitors and even least so among police officers. Considering the literature covered in Chapter 2, it is key to provide more information to the JS staff on the topic in order to safeguard their own employees and allow them to fulfil their roles appropriately.

6.2 Findings 5: Personal Experience of Vicarious Trauma

When analysing the experience of Vicarious Trauma by profession it seems that over half of each group claim to have experienced Vicarious Trauma (Figure 31). This does not account for those who may not know they have experienced it due to lack of education and information; support; fear of seeming weak; a currency within their organisation of keeping quiet about feelings or lack of insight.

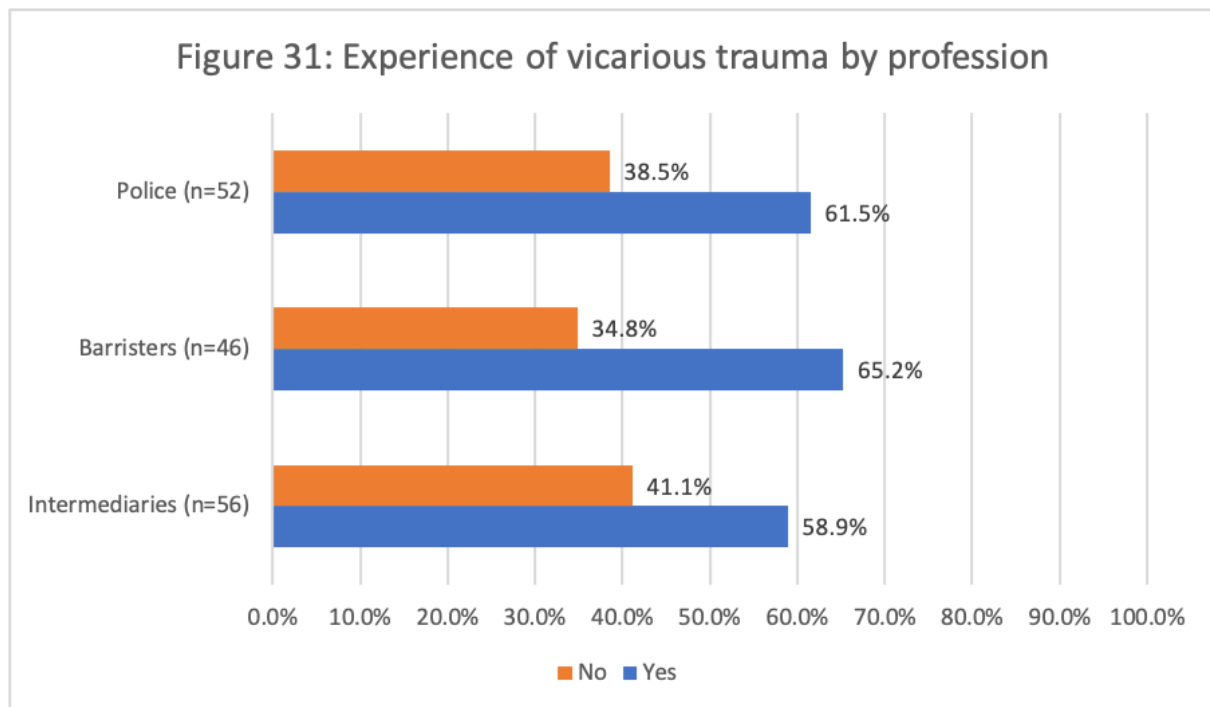


Figure 31 Experience of Vicarious Trauma by profession

Overall, it seems that 61.5% of police have experienced secondary/Vicarious Trauma, with similar levels for solicitor/ Barristers 65.2% and 58.9% of Intermediaries.

6.2.1 Concerns about Vicarious Trauma: quantitative results

Overall, there were concerns voiced about the work exposing all three professional groups to Vicarious Trauma. From their responses (Figure 32) it seems that 47% of Police are concerned about their work exposing them to Vicarious Trauma, with 76.1% of Solicitors/ Barristers and 71.4% of Intermediaries stating their concerns about Vicarious Trauma.

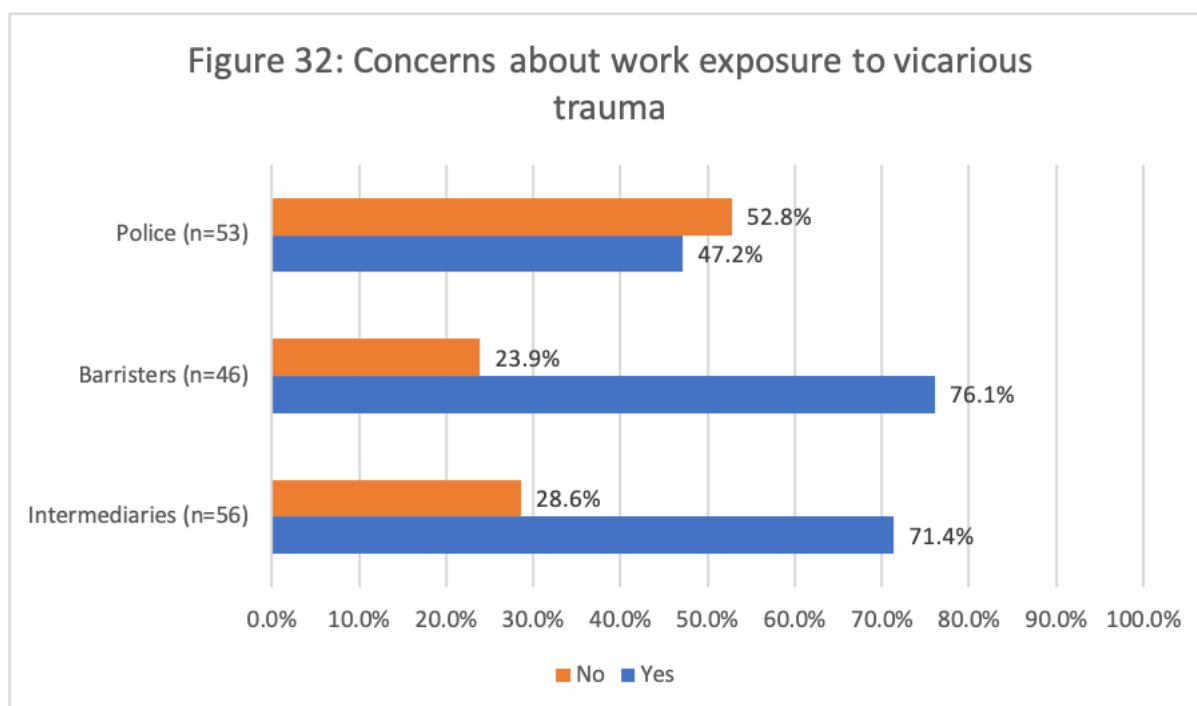


Figure 32 Concerns about work exposure to Vicarious Trauma

Given that most Barristers/Solicitors and Intermediaries are concerned about their work exposing them to Vicarious Trauma, it is important to research further into what the reasons might be for the police group being less concerned about Vicarious Trauma. This was explored further through qualitative interviews and an interesting fact came to light. The police seem to be more cautious about committing their feelings in writing i.e., when responding in writing to the survey. In the interviews they were less guarded and more in-depth discussions led to disclosure of poor experiences of being 'looked after' or 'taken seriously'. There were concerns regarding the job giving them PTSD. This is elaborated on in depth in Chapter 7 in the Narrative Interviews. Additionally, it is likely that as many officers were not familiar with the term, they also selected lack of worry about Vicarious Trauma.

6.2.2 Concerns about Vicarious Trauma: qualitative results

Whilst participants were more forthcoming in the interviews, as noted above, much detail was already provided in the open text questions of the survey, and these are presented below.

Police

The following qualitative examples were given by police in their survey responses when asked about their experience and concerns about Vicarious Trauma. While some indicate that they have not experienced Vicarious Trauma, others clearly understand and recognise that they have. Again, the phrase 'we don't know what we don't know' comes to mind.

POL883 admitted to experiencing trauma: *"I have experienced severe trauma as a result of my work but it is due to the poor management I am subjected to, not the people to whom I speak. I do not believe I have ever cared about a victim or witness with whom I have dealt. My passion is for doing the best job possible, so this is where my trauma is seated"*.

On the other hand, officers reflected on trauma being a 'normal' part of the job, just as POL514 wrote: *"It is expected of Police officers."*

Possibly without realising their own signs of trauma, some unconsciously created coping mechanisms, such as POL444: *"By focusing on helping this person and getting justice for them and trying not to relate it to myself."*

This was also echoed by POL626: *"I would try to help that person as much as I could at the time and then move onto the next job without really thinking about it too much."*

These quotes reflect the potential conflict of acting in role while dealing with emotionally demanding events. Various more conscious coping strategies were mentioned which help diffuse the situations.

POL514 wrote about the use of distractions: *"If I find my thoughts dwelling on something, I distract myself with something happier and more positive to focus on"*.

POL883 discussed an ability to 'cut off': *"I feel nothing for the people who I meet through my work. I have always considered this unnecessary. Exposure to these factors is unlikely to cause me trauma"*.

The technique of compartmentalisation was included by POL998: *"I manage the impact of Vicarious Trauma by compartmentalising work and my life outside of work."*

The importance of a supportive working environment was noted by POL632: *"I have a strong supportive team and supervisors who are very clued on staff welfare"*.

However, whilst some techniques are used, respondents have also expressed experiencing a change in their behaviours or personality. Further, it must be noted that some technique (e.g., 'cutting off') are not healthy and might still lead to Vicarious Trauma, something with further training would likely uncover for these individuals. POL581 spoke about a change in perception about the world:

"I have worked in this field for a long time. I know it has had an effect on me, it is hard to quantify said effect. Generally seeing the world as not a good place, being cynical and expecting the worst from people / strange".

There was also a sentiment that nothing can be done, a sign of resignation, as discussed by POL932: *"It's the job we signed up to do and it can't be helped due to the jobs we deal with. However, we are not made of stone and sometimes its hard to disconnect completely"*.

POL094 spoke about a specific traumatic experience: *"Having witnessed someone take their own life, I became anxious of attending certain situations/locations. This gave me physical symptoms, flashbacks and not sleeping"*.

Another key theme surrounding the environment and its direct relationship to Vicarious Trauma development. Respondents seem to have some good awareness of this: *"Hearing a parent's scream months and years after the delivery of a death message... Unable to shake off a smell following a brutal sexual offence attack on a victim."* (POL094).

For example, POL013 noted the impact of a specific unit: *"Working in SIU I am exposed daily to traumatic incidents, I think these could add up over time and become a burden."*

POL733 similarly discussed the environment itself: *"I work in a high-risk environment and I worry that it changes you as a person and that it affects mental health in the longer term"*.

This was also echoed by POL764: *"I think anyone working in this area of work, ie sexual offences, child abuse, domestic violence will ultimately suffer from some form of this, to a greater or lesser extent due to prolonged exposure to traumatic incidents."*

A family liaison officer (FLO) also thought this and noted the accumulative nature of trauma: *"I was Family liaison officer to a boy that hung himself. Very traumatic". First in scene to a murder...; Interviewing a suspect that stole £100,000 for vulnerable person; Sudden deaths ...all build up"* (POL863).

Re-traumatisation, alongside or independently of Vicarious Trauma was also a theme which does not get much attention in literature. For example, POL514 explained: *"Thinking back to my own traumatic events that had been long forgotten prior to joining Police"*.

POL581 provided a more thorough explanation of how this happens: *"Often when I've been around very traumatised people, I feel exhausted and stressed/traumatised myself. Sometimes the trauma of others can trigger my own history and cause me to think about it more than I otherwise might. Sometimes in a toxic work environment (mainly not the case) I have experienced strong emotions especially anger."*

Relating to personal life circumstances was also noted: For example, POL168 related to having children of her own: *"Dealing with child death made me extremely worried about my own children. I asked to not be put on these jobs as I had a young baby....it was refused"*

There was also the notion of placing self, as the professional, into the shoes of a witness and realising the impact of trauma on an individual.

POL172 recalled this of a terrorist attack: *"For example dealing with the second London Bridge attack in my role at the time I can really remember how much blood there was and the victims"*.

And POL172 discussed their experience of giving evidence: *“Trauma may cause distortion of facts. For example, policing a riot I gave evidence and what I believed I genuinely saw at the time of coming under attack was shown as slightly different in a video filmed at the time”*.

Sentiments relating to ‘the need to do better’ were already visible in the respondents’ views – relating to systemic issues. A SOIT officer, for example, explained: *“Having been a SOIT officer for over 10 years and under immense pressure, I became unwell owing to Vicarious Trauma and work-related PTSD. I feel very strongly that further training and understanding be provided to management and officers”* (POL528).

POL097 discussed responding to stress in the context of lack of resourcing and systemic issues with aftercare: *“I was on crowd control, it was out of control, no resources were sent to my aid, fear of crushing and I also was in charge of cadets (children) and feared for their safety. Pier fire...first on scene, dragging people from underneath whilst it was burning, severe smoke inhalation - I was refused treatment by inspector”*.

POL078 provided a very thorough answer in relation to Vicarious Trauma and their personal experience which summarises the demands of unrelenting cases, the constant expectations to respond and the consequent build up traumatic memories of human suffering was recounted:

“I was acting Detective Sgt for around six months and during that time had to attend a number of horrific crime scenes in succession. It began with a male who put a high powered rifle into his mouth and pulled the trigger which basically blew his head apart. The following week I attended a murder suicide where a female had killed herself and her mother by setting themselves on fire due to her mums’ illness. This was followed a couple of weeks later by another a murder / suicide. A female had cut the throat of her 5 year old son and then done the same to herself. I attended the scene which was horrific. At the time I guess I was on auto pilot and dealt with it. However later I really struggled and found that I couldn’t shake the image of a bloodied handprint of the boy, which had been left on the wall where he fell, out of my head. This was one of the most extreme crime scenes that I had been to at that

time. My peers and I recognised that I had attended several extreme incidents in close succession and support was provided”.

Solicitors/Barristers

As is well documented in their book, Fleck and Francis (2021) give many examples of Barristers feeling overwhelmed and burnt out by their work. They may have a more academic start to their career and come from a certain sector of society which may not have provided as much ‘street experience’ as some police officers. The term ‘people not just books’ could not be more apt. Psychological aspects such as relatability of the case to their own lives; mental health problems in their own families and coping with a system where attitudes to bullying are questionable, also contribute to Vicarious Trauma.

The following qualitative examples were given by Barristers and Solicitors in their survey responses when asked about their experience and concerns about Vicarious Trauma. Some responses show a sense of having developed a coping mechanism, while others talk about a tendency for denial to be used as a version of a coping strategy. SB136 did not acknowledge potential for trauma: *“I haven’t been traumatised in 33 years of practice so it is unlikely to happen now”*. Another perhaps *red flag signal* was given by SB217 who put down the reason for not being traumatised as due to: *“You become hardy to it”*.

SB702, on the other hand, appreciated the impact of trauma: *“I think the impact of trauma on the legal professional and judiciary is underestimated. Some behaviours which are regarded as ‘normal’ and even ‘healthy’, for example, being in total denial about being upset about things, or weakness or vulnerability, can result from trauma and lead to Vicarious Trauma.”*

Others provided very straight-forward answers to their experiences with trauma. SB676 wrote: *The work is extremely traumatising. If you do not realise this, you are not looking or feeling.*

The appreciation of its accumulative nature was also noted by SB983 who listed reasons: *“1. Judicial bullying 2. Reading scarring / medical reports, 3. Clients giving*

harrowing evidence in court, 4. Witnessing people have mental health breakdowns, 5. Clients self-harming / ending their life”.

These experiences leave long lasting impact: *“Some things I have read through my work and been told by clients will never leave me”* (SB777).

SB308 provided a specific account of how this can happen:

“Dealing with children - I had one child who has been in care since he was 12, arrested at 14 and in a YOI at 15. He was so badly physical assaulted and threatened by others in the YOI that they had to put him in isolation on the 'special wing' for his own safety, and when I first met him he could communicate, and when I met him two months later he was mute - needless to say he had been exploited in county-lines dealing and I know that one of his contemporaries, a child of 15, who had refused to cooperate with the dealers had his head smashed in and a metal plate along with brain damage, this is the fear this child has to deal with. In another case we had a child-psychologist assessed a 12 year old and she concluded that, essentially, he had a 'bad attitude' - unfortunately you could not make this up!”

As with police officers, there was concern about the system and behaviour of others in the system. Judicial bullying and the battles between colleagues were a major theme, as summarised by SB310:

“I have experience working in a range of professional environments, both in England and elsewhere. I have never been spoken to the way that some speak to advocates. Even in hierarchical organisations, a superior in a modern company would struggle to get away with shouting at/belittling an employee. It doesn't help anyone, least of all defendants and victims in court, if they perceive the environment they find themselves in as one where people are allowed to behave in such a way”.

SB983 said simply: *“Judicial bullying!!!”.*

The impact of this environment is significant. SB308 noted that it does not stay at the workplace: *“I come home upset and it can take days to get over it and I am not as good a husband or father as I should be. It also prevents me from focusing on the*

relentless amount of work which, if I do not perform, then I will not be paid and cannot afford my mortgage etc - vicious cycle."

SB563 notes how the environment and work impact on their relationship: *"I worry in particular about my response to hearing about serious sexual trauma. I have found myself shutting down any intimacy at all with my partners in the past when I have been dealing with cases involving serious sexual violence / sexual abuse of children. I also find myself being uncharacteristically cold / unsympathetic after days where I have had to absorb a lot of secondary trauma. It can take me hours (sometimes days) to "soften" again and be my usual self."*

Some solicitor/Barristers comment on their increased personal anxiety, irrational changes in behaviour and the effect of working with traumatised people on their mood or sleep. SB474 wrote: *"Anxiety and sadness without cause, feeling I am not doing enough, constant worry about mistakes and consequences of those, overworking, sleeplessness.* This is made worse due to inner conflict due to the need to suppress and manage emotions and those of their clients.

SB676 recalled working with a client: *"Many times, I have had to tell Defendants, including a female victim of domestic violence, that there is no time for crying in the cells because we have to get on and be ready with the case as soon as possible."*

SB105 reflected on working with young children: *"Dealing with children who attend court essentially unaccompanied and having to deal with their trauma and the legal case can have, and has had, a serious and debilitating effect on me."*

Identifying with and relating their family members to the people was a theme for Solicitors/Barristers, just like for police officers. SB371 wrote about working cases relating to children: *Conducting a baby shaking case at the time I had small children was quite tough".* While SB191 said: *"The client reminded me of my sister and this made me very low in mood and I thought about this case a lot".*

Some mentioned the pressure of doing their best for their client and the demands and expectations of winning the case caused high stress levels and the adversarial system requiring a battle with another human being.

SB702 wrote: *"I find it difficult to read about children being abused or mothers having to separate from their children in extreme circumstances. It makes me feel very sad and I get very angry and irritable and stressed about the other side in the case, and about losing the case."*

SB704 added about the process itself: *"It is impossible not to be affected ... I have had occasions where court proceedings of themselves have been traumatic"*.

Intermediaries

Intermediaries have the highest percentage of concern about Vicarious Trauma. This is perhaps because the majority of Intermediaries come from caring professions and may be more receptive or vigilant to receiving the trauma of others. There is an interesting factor of empathy and empaths and the personality types attracted to each of the researched groups. This could be an important further piece of research.

The following examples were given by Intermediaries as indication of concern about Vicarious Trauma and the role. Just like with the other professions, Intermediaries recognised that their role by its very nature intertwined with trauma. Hearing other people's traumatic experiences (the very definition of Vicarious Trauma) was noted, for example: *"Hearing a description of a traumatic event witnessed by a police officer in a police training. Very horrible event."*

Another key concern was the inability to 'leave' a case behind. INT189, for example, wrote: *"Unable to get a case or a situation off my mind. Unsettled and unable to sleep. Feelings of hopelessness in being able to help/make a difference"*. INT564 made specific reference to materials relating to child cases: *"Occasionally unable to get images out of my mind or 'move on' from the witness involved -with some child cases."*

The way the system is set up for a common theme was cited by Intermediaries. For example, INT364 spoke about its attitudes towards its users: *"A mother collapsed in court when her autistic son was found guilty. She was unable to stand and needed two people to carry her out... the court staff seemed oblivious and shouted repeatedly 'clear the court'. When we returned for the sentencing, the Judge banned*

the parents form the court and said that they didn't want the same antics occurring again."

Wider systems and mechanisms were also noted, namely the MoJ and the Quality Assurance Board in terms of not being a system which protects Intermediaries or considers their wellbeing: *"I felt angry with MOJ for knowingly putting me and others in this position without providing the necessary protection"* (INT765)

Coping mechanisms were noted by Intermediaries; INT568 recalled a harrowing case but then stated: *"I speak to people about it and I don't get nightmares. I'm not traumatised yet."*

Despite this coping attitude, there is a fear or concern related to the potential for Vicarious Trauma in the profession: *"It's hard to articulate but there is an unclear fear about it changing me in some fundamental way. How I see the world, understand human nature, trust in other people and in authority.. increased levels of disgust towards social inequality and injustice"* (INT126)

Associated memories from cases and physiological and psychological reactions were reported. INT126 wrote: *"Noticing sudden yet subtle aversion to a range of normal household items.....which in the case I'd worked in were used to abuse children."* INT634 noted significant responses: *"I experienced irritability, panic attacks and felt quite disengaged from my friends and family for a while."*

INT697 contributed with a wide set of responses: *"Feeling very tired after assisting in a VRI (going to bed as soon as I get home). Not wanting to have sex after being involved in sex case VRIs. Being snappy and distracted around my children because my mind is processing the traumatic events I've heard about in my working day. Feeling angry about the unfairness of the levels of disadvantage that some people have to tolerate."*

6.2.3 Support available to professionals: quantitative results

It was important to ascertain what level of support might be available to assist professionals in coping with potential Vicarious Trauma. The attitude to and use of supervision is examined in later in this chapter. Here, the discussion is based more on emotional support and feeling comfortable or not to be able to confide in colleagues etc, as well as having support in the workplace a possible protective measure against Vicarious Trauma. For the police, over 60% noted they experienced Vicarious Trauma, less than 60% felt comfortable discussing their wellbeing at work but almost 70% recognised that there is a formal arrangement in their organisation (though this is not reflective of whether the individual would be comfortable approaching it). For Solicitors/Barristers, around 65% of respondents noted they experienced Vicarious Trauma and a similar percentage felt comfortable discussing their wellbeing at work. However, only just over 30% noted any formal support. For Intermediaries, similarly to others, about 60% noted they experienced Vicarious Trauma and a similar number felt comfortable discussing wellbeing at work. However, only just over 10% felt comfortable discussing their wellbeing with MoJ/NCA and only over 20% recognised some form of formal support.

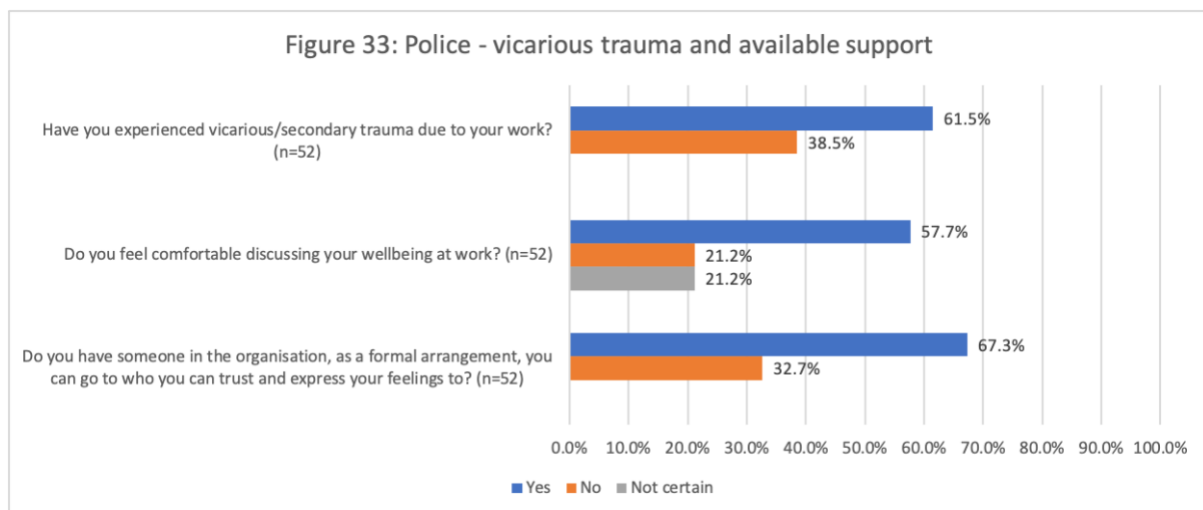


Figure 33 Police-Vicarious Trauma and available support

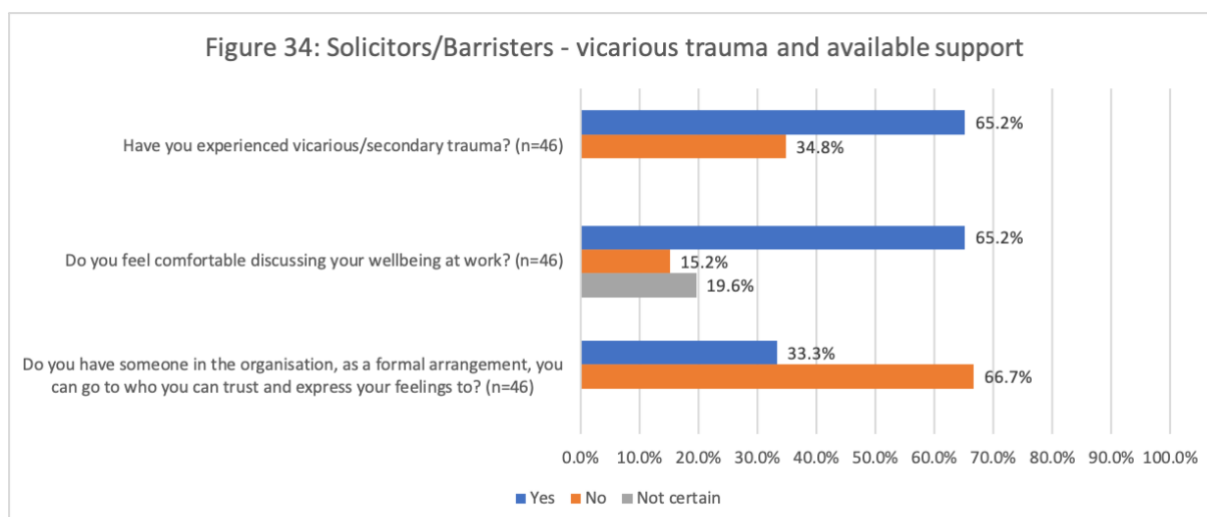


Figure 34 Solicitors/Barristers-Vicarious Trauma and available support

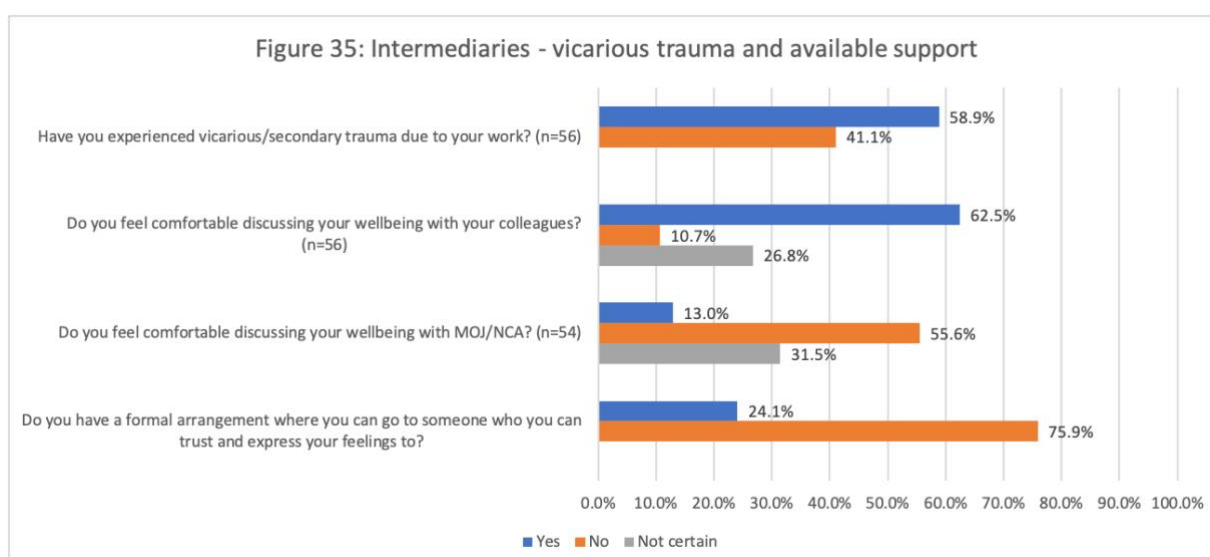


Figure 35 Intermediaries -Vicarious Trauma and available support

6.2.4 Support available to professionals: qualitative results

Various themes were found in relation to support being provided to professionals, overwhelmingly criticising current culture and practices.

Police

Various themes were indicated in the responses from the police such as; lack of trust in speaking in the organization; resistance to taking up established route for help; lack of understanding of the signs and symptoms of Vicarious Trauma; developing

numbing coping strategies and accommodating distressing things by the normalization of horror.

The lack of understanding of trauma and inconsistency in support was recognised by POL407:

“Recognising this type of trauma is often a challenge as officers and staff may not wish to discuss this openly. Our organisation does have mechanisms in place to support staff who suffer trauma, but these will not always be accessed. In addition, staff may not outwardly recognise they have been affected, what it was they were affected by and that they may need support”.

The same lack of understanding was also noted from the organisation’s perspective as POL207 wrote: *“Line managers and above do not recognise or know how to identify or support their officers appropriately”*. An important point was made by POL190 that help often comes in far too late, at the point of crisis: *“We get no help at all at work unless we basically have a breakdown”*.

The notion that being in policing carries certain risks was recognised, as well as the role of the organisation in the context. For POL392, support is available: *“The support within the organisation needs to be there to assist in how you deal with it. This organisation is aware of that and does it’s best to help”*.

POL382 noted the difficulty in being a police officer: *“I know that as a police officer I am in contact with people at their lowest. I believe that it something you are aware of when you join the police. I believe that it can become a 'normal' part of the job but get concerned that I become desensitised to it”*.

Solicitors/Barristers

Themes ran through their responses such as; lack of provision in the system to help them deal with trauma; concern about the long-term effect on their health and family life and concerns about mental health issues.

Some noted a complete lack of support, such as SB395: *"There is no system/procedure for Barristers to ensure they are aware of the possibility of secondary trauma and when they may need to seek assistance secondary trauma"*.

SB748 echoed this sentiment, further relating to their own mental health issues outside of the work arena: *"I have mental health issues myself. I wish we had more resources i.e. therapy, etc. It can be very difficult for all some days. I also have better days than others with my mental health and this can be tricky on a less good day"*.

The reality of the job and subsequent possible impact on individuals without relevant support was also written about in responses, such as SB77 who wrote: *"Part of my job is to hear terrible things, but I do wonder how it will impact me throughout the rest of my life, given that I will be in this career for the next 30-40 years"*

SB629 who noted: *"I am conscious I do cases which involve a lot of trauma. I feel I cope but if I didn't cope there is no obvious support for me"*.

Intermediaries

Intermediaries identified their feelings of lack of care by MoJ. This theme ran through the responses with prevalence. Likewise, there was a theme of concern about colleagues suffering with stress and Vicarious Trauma. Also, about exit rates and retention attributed to the lack of acknowledgement about the effect of dealing with traumatised people in a traumatising system.

INT723 provided their own experience of the lack of support they received when needed: *"I have twice reached a place of burn out and been open and public about it, yet the Ministry of Justice literally don't care or try to understand. They won't even listen to reasons we have retention problems"*.

The notion that Intermediaries are working on cases which need to remain confidential also seems to be misunderstood, as 'emptying out' is key and can be done professionally. INT975 explained: *"I have concerns because it's very hard to handle and particularly so because you cannot discuss what you have heard with*

others. It even felt unacceptable to discuss with RI colleagues or even counsellor as the event was so horrific”.

INT150 noted how far spread Vicarious Trauma can be: *“I feel fortunate not to have suffered myself but I have witnessed other colleagues suffering and this demonstrates what a fine line it is and how anyone doing this sort of work can be susceptible”.*

6.2.5 Section Summary

The findings in this section clearly demonstrate that there is a high level of Vicarious Trauma experienced from working with traumatised people and also from working in a highly demanding system. Responses indicated concern about the lack of supervision, support and time for reflective practice in the system. This showcased a demand for structures to be put in place at a systemic level to keep all research groups safe and in a wellbeing state adequate for maintain working in a highly stressful environment.

6.3 Findings 6: Wellbeing at work: Organisational culture, supervision and reflective practice

6.3.1 Level of comfort in discussing wellbeing

To elaborate on the above results which considered personal experience, it is important to understand how comfortable the three professional groups feel at work in terms of discussing feeling and experiences. This is highly relevant considering many have indicated that they have experienced Vicarious Trauma.

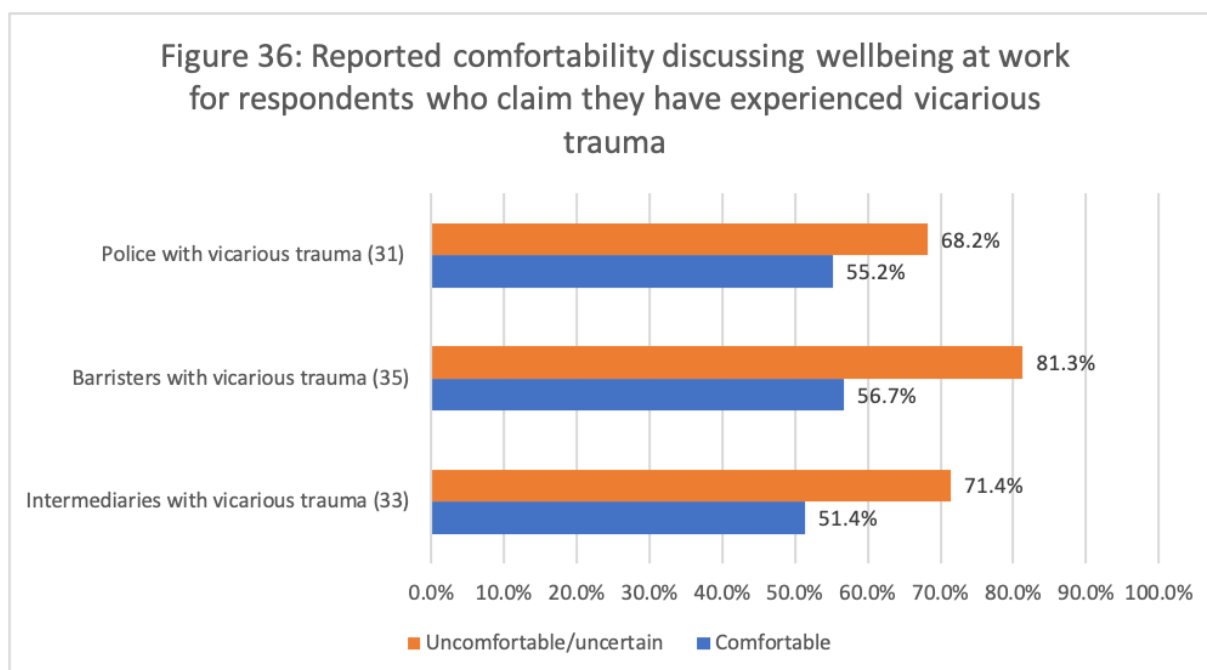


Figure 36 Comfortability /Wellbeing at work and discussing Vicarious Trauma

From the above chart (Figure 36), those who are uncomfortable or uncertain about discussing their wellbeing at work/with colleagues are more likely to report experiencing Vicarious Trauma. When comparing the three groups, it seems that police who feel uncomfortable or are uncertain about discussing their wellbeing at work (n=15), 68.2% claim to have experienced Vicarious Trauma. Whereas, of Solicitors/Barristers who feel uncomfortable or uncertain about discussing their wellbeing at work (n=13), 81.3% claim to have experienced Vicarious Trauma. Of Intermediaries who feel uncomfortable or uncertain discussing their wellbeing at work (n=15), 71.4% claim to have experienced Vicarious Trauma.

Qualitative results across the groups revealed similar themes. A police officer (POL626) noted their discomfort in talking about wellbeing: *“I’ve not really ever discussed my feelings or experiences with anyone at work in an official capacity”* and another (POL10) was uncertain *“Not certain... about discussing things about my wellbeing at work”*.

A solicitor (SB450) noted that this is likely due to it being ‘meaningless’: *“My employer is unlikely to make any changes in light of any disclosures. I have concern for colleagues at times.”*

Some did provide examples of where sharing was possible, such as a barrister (SB350) who wrote: *"I can speak openly to my colleagues and team. They all understand as we go through the same issues. My chambers have been incredibly supportive when I needed to take a break for my mental health (related to grief from losing 2 family members to covid) and allowed me time off"*.

An Intermediary (INT180) also noted ability to share with colleagues and a mentor: *"I have only done this to my mentor who I only had for a one-year period following successful completion of the training. I have also expressed feelings to a RI who trained in the same 2018 cohort as me"*.

It is understandable that a range of perceptions were noted and therefore stronger focus is now placed on both formal and informal arrangements.

Police

From the response, it seems the level of wellbeing arrangements for Police varies from force to force. However, despite a drive in the last few years to set up wellbeing practice, it seems that much depends on informal arrangements. Some of the qualitative responses indicate that there has been an improvement in openness and comfortability re emotions, while others indicate that a sense of distrust remains regarding disclosing feelings and seeking help.

POL793 noted improvements in the organisation: *"The organisation is getting better and we now have TRIM practitioners that you can speak to if you go to a traumatic incident"*.

Another participant, POL100, even wrote about how comfortable they are accessing and accepting help: *"I feel in the organisation as a whole I would only disclose my true feelings and experiences to people I trust. We are a small force and doesn't take much for everyone to be talking about what has happened to you"*.

A key theme running through the reflections on formal and informal support, related to a general lack of understanding of trauma in the system.

POL883, in contrast to the earlier responses, wrote about a complete lack of care:

“My experience of the way in which the court system and the police system deal with both their own employees and with any other party with whom they interact, is that there is no interest in doing anything to care for those they affect and that there is no will to acknowledge, admit to or address the systemic failings for which they are responsible”.

POL863 added to the discussion from both a personal and a team leader perspective:

“I used to run a team of 28 officers most struggling with some form of PSD. I informed my line managers for months that I was struggling with all their problems. Eventually I went off ill with stress due to lack of support. Carrying all their problems eventually broke me”.

Solicitors and Barristers

Solicitor and Barrister results indicate that a high percentage felt there was no or little wellbeing practice or arrangement available. Only a small proportion indicated that there was help available.

For example, SB999 noted: *“I found it hard to disclose but then had some traumatic experiences happen to me and I opened up and received more support”.*

SB563 noted that whilst there are initiatives out there, these need to be better embedded and not be ‘extra’ to someone’s workload:

“There is a barrister in chambers who leads our "Wellbeing"; but I am acutely aware that she is also a busy practitioner and don't feel like burdening her with my concerns on a regular basis, unless I think there is something practical that could be done about it (such as a complaint about a Judge / colleague).”

Unfortunately, whilst others also reflected on a changing nature of the system, they perceived it more so in terms of a form of tokenism, such as SB974: *“Well-being activities and officers are more of a token effort but there is no one in any position of authority I would go to with a real problem”.*

Where support was mostly visible was through informal arrangement, like SB883, who felt comfortable disclosing and found it a positive experience:

“I can speak openly to my colleagues and team. They all understand as we go through the same issues. My chambers has been incredibly supportive when I needed to take a break for my mental health and allowed me time off”.

SB563 noted a similar experience: *“I find many Barristers are very open to discussing issues of wellbeing”.* The same participant, however, right away added that *“What we are not so good at is knowing what to do about it in practical terms”.*

A more prevalent theme was not a positive one and related to the archaic system and expectations of the role.

For example, SB123 wrote about the Criminal Bar: *“..It.has a stiff upper lip type of culture which people tend to sustain. People tend to 'get on' with things and grin and bear hardships. I know some people do struggle, particularly in the early years when adapting to the realities of the Criminal Bar”.*

A notion of distrust due to the job description was also mentioned: *“However, we may pride ourselves in being supportive, this is a competitive environment. People compete for the same work. One never knows when something said may leak”* (SB474).

Needing to remain distant and objective was also observed: *“All criminal Barristers talk about their cases to each other incessantly - they rarely talk about how they are affected by the tough parts of human misery they are exposed to.”* (SB562).

The very archaic notion that one cannot show their true feelings was also a barrier to accessing support, as explained by SB399:

“I recently raised to my Director concern for my wellbeing about the pressure of work I was under, which I was embarrassed to do. I had zero support in response. It was clear to me that I will get zero support in the future for issues”.

It was echoed by SB248: *"You can talk about how you feel but there is an idea that if you complain about the emotional toll too much you will be labelled as not being cut out for this kind of work"*.

Intermediaries

Intermediaries are self-employed but unlike Barristers, who are also self-employed, they are not attached to a firm or chambers. It is an isolated role, but many have formed informal groups to support each other. There is no formal wellbeing structure available as was also reflected through previous results - 75.9% (n=56) said they did **not** have someone in the organisation they could talk to at work.

The overwhelming responses indicate that the MOJ were not available to the Intermediaries for support: INT189: *"Unfortunately, I don't feel that the MOJ relationship is on that level and would not feel comfortable disclosing feelings or experiences as I would anticipate responses of apathy, disinterest or disregard. Certainly not of empathy or skilled listening"*.

There were other forms of support the Intermediaries found helpful, for example, INT703 noted the role of the NCA: *"The NCA are always helpful and listen. I have had to engage with them when personal circumstances have dictated and they have always been wonderful. I have not engaged with the MOJ"*.

INT991 did not have such recollection of the MoJ but explained why they feel comfortable with the W.I.T team: *"I might possibly speak to members of the WIT as I feel I know them a little. Otherwise, the MoJ / NCA feels somewhat anonymous"*.

Despite these forms of support, there was a reflection that more resources are needed, as INT166 wrote: *"Whilst brilliant the NCA/Wit team are busy and I do not see it as their role to listen or advise"*.

A sense of not having an organisation to turn to, or protect them with needed, was apparent. This seemed to imply a lack of understanding of the demands of the role and potential traumatising of the people the MoJ had appointed to carry out their scheme. INT273 explained: *"They are not interested and they don't understand trauma. If they did, we would have formal supervision and mentoring offered, access to legal support when needed and they would have known the importance of ifj*

courses being offered to all trainee RIs". A personal experience was also recalled by INT553: "I went through a very traumatic complaints process, followed by a summons to the family court and in both instances the MoJ were aware of what I was experiencing and no support was offered".

6.3.2 Supervision

The practice of supervision was questioned in the survey which yielded the following results. From the charts (Figures 37-39) below, there is an observable discrepancy between those currently receiving the provision of regular supervision and how much these professionals would value the potential benefits of having regular supervision. The following findings show that 59.6% of police said they had regular supervision whereas 97.7% of police stated that they thought there should be regular supervision. Those who did receive supervision they perceived it as important.

32.2% of Solicitors/barrister said they had regular supervision; 63.8% of Solicitors/Barristers stated that they thought there should be regular supervision. 36.1% of Solicitors/Barristers stated that they thought there should **not** be regular supervision.

Intermediaries were overwhelmingly in support of supervision: (96.4%) apart from a very small percentage (3.6%) who did not agree. Still, less than a half receive regular supervision. Of those, the vast majority find it useful.

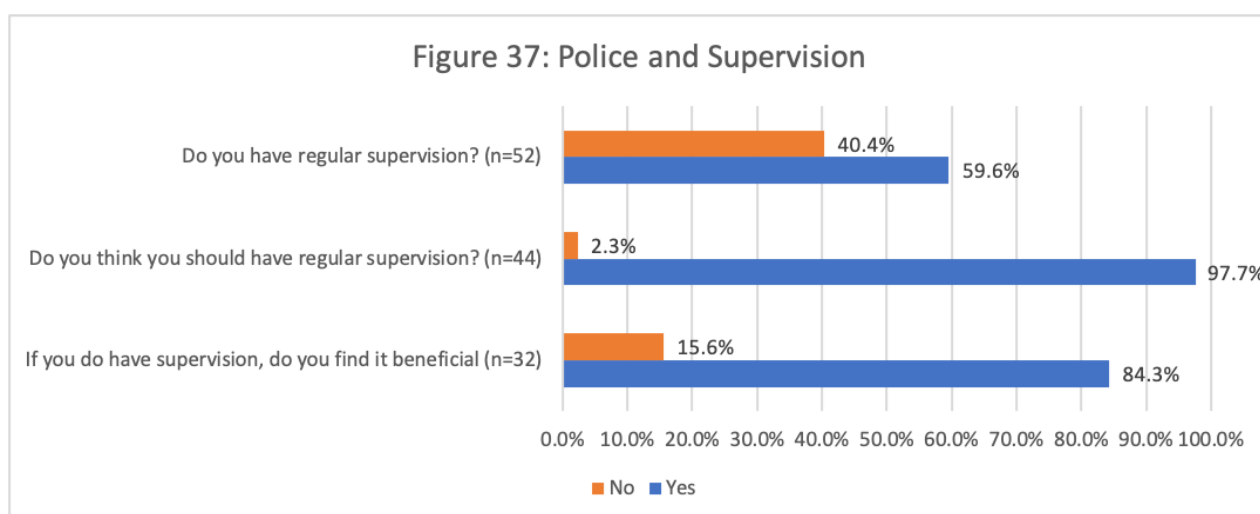


Figure 37 Police and Supervision

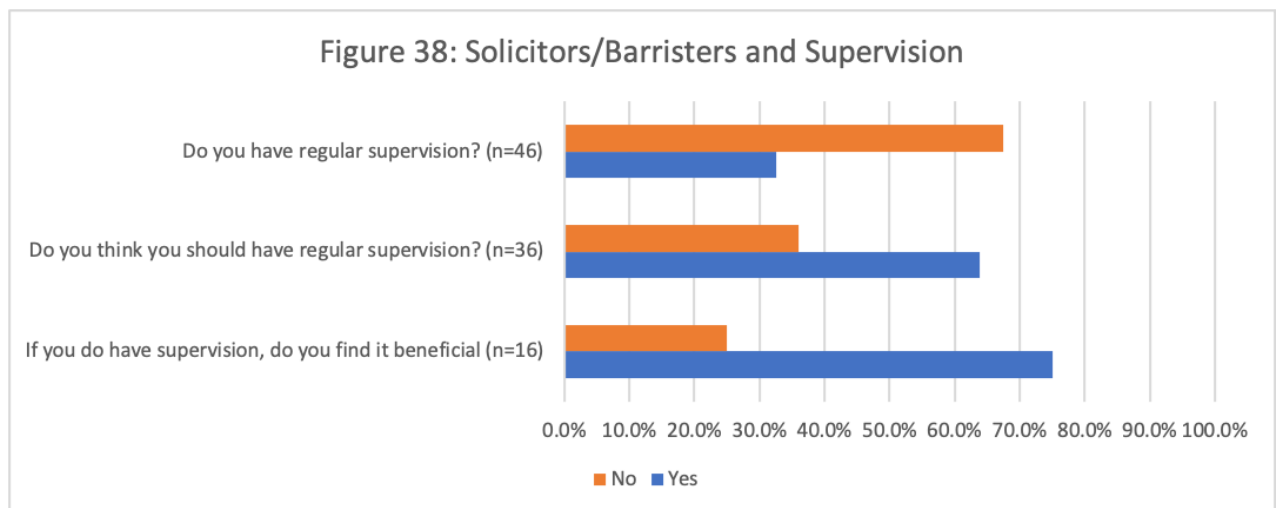


Figure 38 Barristers/Solicitors and Supervision

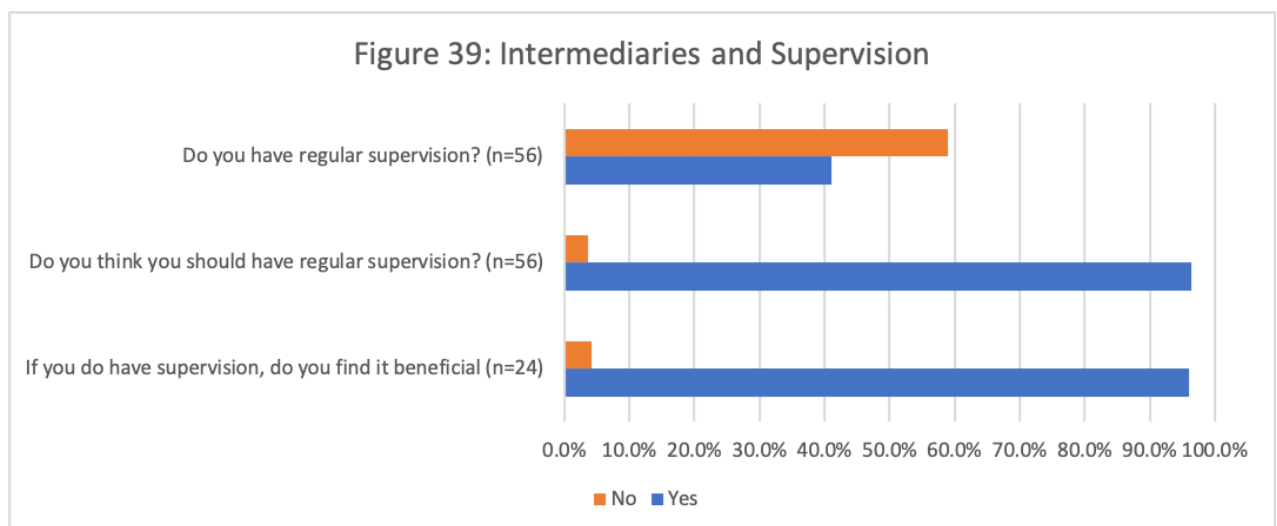


Figure 39 Intermediaries and Supervision

Qualitative results included some much-needed detail relating to the topic of supervision and its aims and meanings.

Police

One theme running through responses of Police Officers was inconsistency in provision; for example, POL863 explained why supervision is not available in their department: *“well our department is very busy so I don’t have one to one supervisor”*.

It is already visible from this quote, too, that this individual thought of supervision in a hierarchical sense rather than in terms of wellbeing. On the other hand, POL932

noted that supervision by their superior is available: *“My DS is very open and you can be very honest with him without the fear of being judged. I know however some aren’t and this can affect how beneficial they are”*.

This inconsistency in the offering of this provision is worrying, as officers overwhelmingly appreciate the importance of supervision. They commented on the tendency to neglect their own wellbeing; for example, POL863 wrote: *“I think the police and I include myself tend to ‘box things up in our heads’.”*

POL998 further noted the importance of debriefing, rather than supervision more widely: *“It is important to have someone more experienced than you to talk through your processes with - discuss what went well/what could have been done better.”*

However, it can be seen here that supervision for this individual, and others, was seen in relation to job development rather than wellbeing. Still, the importance of supervision was written about throughout responses: *“It is impossible to work without supervision, not least to protect officers from the poor decisions made in other departments and at other ranks which would otherwise adversely affect their ability to work (POL883).”*

Participants also reflected on what it means to have supervision. POL207 noted that supervision needs to happen by someone with appropriate training and being a supervisor is not enough: *“Supervisors are not trained in T.I.P and therefore do not have an understanding. Staffing levels are at an all-time low and putting pressure on the teams”*.

Without training, supervision can also be misunderstood: *“Supervision, if done correctly can be supportive and beneficial as long as it doesn’t come across as micro management and checking up on a person’s work” (POL764).*

A possible solution to this is noted by POL801 who wrote: *“There should be 2 different types, 1 for your investigations case file, the other like my previous role where it was primarily any secondary trauma”*.

This is an important distinction between more traditional police supervision and supervision in the context of T.I.P.

Overall, there was a significant notion present throughout the responses that supervision simply does not fit in within the officers' workloads – that is not how the system is set up. POL530 wrote: "Supervisors in my experience do not get involved unless something has gone wrong". It must be noted that even this might not actually mean that supervision itself is received. POL402 also reflected on the culture of the workplace: *"We just get on with it. In the last four years I have worked on about 35 murder investigations. I perhaps have had time for one sit down with my Boss to talk about development. The rest of the time we are just dealing with the investigations"*.

Solicitors/Barristers

Their responses indicated that the term supervision seemed to relate more to case management rather than reflective practice and wellbeing or a merger all elements. This is similar to what some of the police officers wrote about, too.

SB310 noted that supervision is only available when requested: *" I am only supervised when I ask for help on a particular issue. This is relatively rare."*

SB494 further noted that as soon as someone is seen as 'senior' within their role, supervision is not something that is taught about: *"It is difficult as a barrister to get supervision other than when being led as a junior"*.

The only supervision participants seemed to talk about was case related, as SB777 said: *"Monthly file reviews, informal conversations probably every few days"* and echoed by SB69: *"It's beneficial to my case work, but isn't trauma informed."*

There seems to be a belief that supervision is about governing, directing or managing their cases. There is a desire for recognition, which would occur in trauma informed supervision.

SB308 explained it as follows: *"Those times I have had some supervision-support it did assist, however, only in regard to professional development. Issues of 'trauma' etc have never been discussed. It is not always discussion that I would want sometimes, it is simply. recognition for what I am dealing with, support (e.g. financial if I take youth cases which take a lot of time for little remuneration)"*.

While a lack of supervision and associated systems was a key theme, the need for it was not always supported. Some participants saw its value, such as SB563: *“A consistent individual to check in with would be good - would be a regular reminder to ask myself if I am ok and whether I need a break / to take different work for a while”*

SB450 further stated: *“It is fundamental to have regular supervision given the legal complexities of the work you do as a Legal aid lawyer. Which is often both factually and legally complex. Having supervision allows a second and fresh pair of eyes”*.

Others, however, were negative and disparaging about its worth. SB562 stated that supervision would be: *“Completely pointless - what I do is unique - I can only supervise myself”*. Similarly, SB731 wrote: *“No need. Barristers are autonomous independent practitioners”*; also echoed by SB731: *“It would challenge my independence”*.

This might be explained by lack of training of potential supervisors, as summarised by SB474: *“Barristers think they know everything and supervision is designed to address their needs.. actual knowledge as opposed to meddling. But it is one thing to be talked down by a trusted friend who understands and another to be supervised by someone who has to do it and has spent an hour training how to do it”*.

The culture of ‘not needing’ supervision or misunderstanding it was also noted by SB702: *“I do it on an informal basis with colleagues I trust/I am friends with. it's not part of the culture though”*.

There is an obvious discrepancy between valuing the power and use of supervision with the value of its potential. The lower score of 63.4% for Solicitors and Barristers feeling that they should have supervision could be due to lack of understanding of the role. This may also relate to the quality and appropriateness of supervision and being misunderstood for case oversight.

Intermediaries

The attitude towards supervision was very different for Intermediaries who seemed to value the practice and said they should have supervision on a regular basis.

INT564 explained the importance of reflection (also analysed later in this chapter) as part of supervision:

"It helps me to look at what happened -what I could have done better -what was outside my control (and the wisdom to know the difference!) Maintaining boundaries; over identification with the witness /recognition of possible response me which the witnesses experience may have triggered".

INT312 simply perceived it as vital and as part of job retention:

"This is vital for mental wellbeing... this is an isolated role which is little understood... Sometimes we are the most hated person in the court, other times everyone works together well. It is important to off load, debrief and be recharged in order to continue with this difficult work we need a system where supervision and reflective practice is respected. This may help the exit rate".

Intermediaries' concern about the work taking its toll and the general concern about high exit rates was clearly stressed.

Considering the importance of supervision, there was a strong call for proper supervision systems to be in place as they currently do not exist. INT457 stated: *"I actually think they should provide regional supervisors, paid for by MoJ. They just tell you to pay for it privately"* and INT073 added: *"There should be opportunities for all those working in The Justice System have support in relation to what they see and hear in court."*

Because such systems are not set up, many Intermediaries stated that they have privately funded a supervisor as nothing was forthcoming from the MoJ:

"(I have) huge concerns [about Vicarious Trauma]. We deal with traumatised people every single week if not day yet are not afforded any way to process this through supervision. I now pay for supervision myself. I worry about being unable to work for a long time if I were to experience severe secondary trauma. We aren't paid sick pay and I am the only one in my family bringing in an income" (INT205).

In absence of formal support, debriefing with friends or similar is what Intermediaries do now:

"Some cases slip through the cracks and when I recognise this - usually related to the victims age or similarity to my own family, or a truly disturbing crime, I ensure I

talk the case through. I have a friend who is a retired police sergeant, and she is always available to debrief” (INT723).

Only a few Intermediaries stated they can cope alone though still appreciating the value of supervision:

I am an emotionally resilient individual. I have gained knowledge experience and training over the years to assist me to cope with working with people with trauma. I debrief following extremely traumatic accounts, I use mindfulness, relaxation techniques, I seek supervision, I write reflective accounts to help me manage the impact (INT883).

Other responses highlight the isolation and loneliness of the work and potentially a worrying negative path. INT553 reflected on the loneliness: *“I don’t really have anyone to talk to about specific things I hear in ABEs that rattle around in my head for days, weeks, months afterwards”*. The notion of an occupational hazard, commonly noted in the other professions, was also observed by Intermediaries, as INT207 explained: *“Secondary trauma appears to be an occupational hazard in our role, particularly because we take on the responsibility for containment + reciprocity of the witness’ emotional needs during the process. I worry that accessing support for myself (if I needed to) would be my responsibility to identify and organise, and that I wouldn’t know where to begin”*.

6.3.3 Reflective Practice

Reflective Practice is now regular practice in the NHS and many other professions. It gives time to reflect on what the professional feels they have done well, could have done differently, learning points, how they feel and to assess their own professional development. The questions: *do you carry out reflective practice? do you think reflective practice would be useful?* were asked as indicated in figures 40-42. Some respondents included a description of reflective practice in their answers about supervision, as noted sooner. Most respondents from all three groups thought it would be useful.

The majority in all three groups seemed interested in the concept of reflective practice. Of the police respondents 56.6% said they did carry out reflective practice

with 94.2% indicating they thought reflective practice would be useful. Of the solicitor/Barristers, 50% said they did carry out reflective practice and 93.6% said they thought reflective practice would be useful. Whereas 86.7% of Intermediaries said they did carry out reflective practice and 98.1% said they thought reflective practice would be useful.

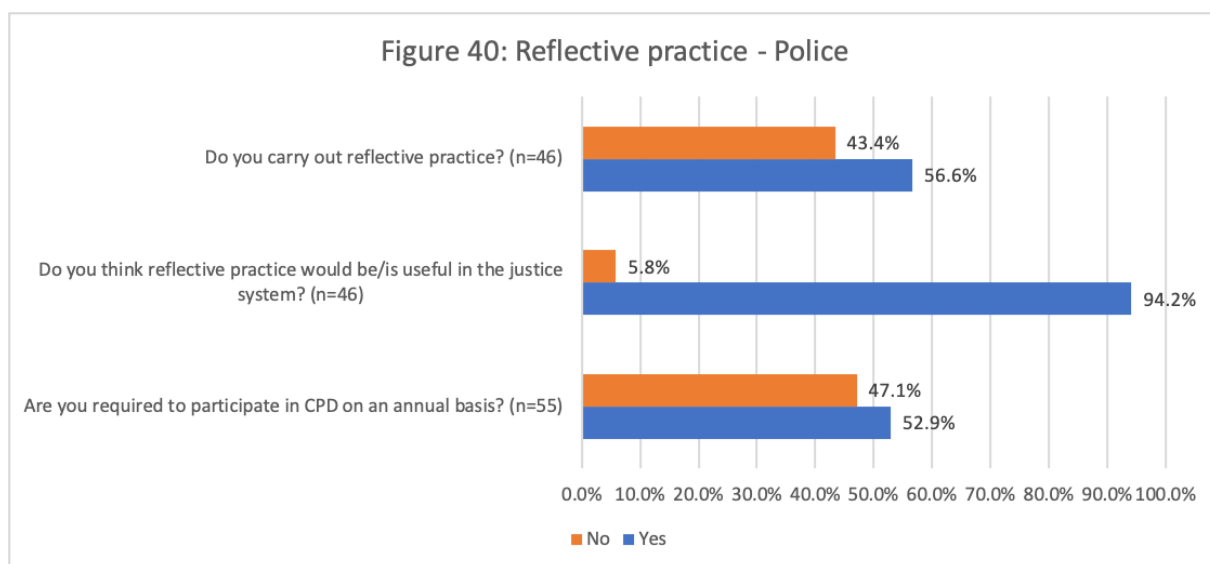


Figure 40 Police and Reflective Practice

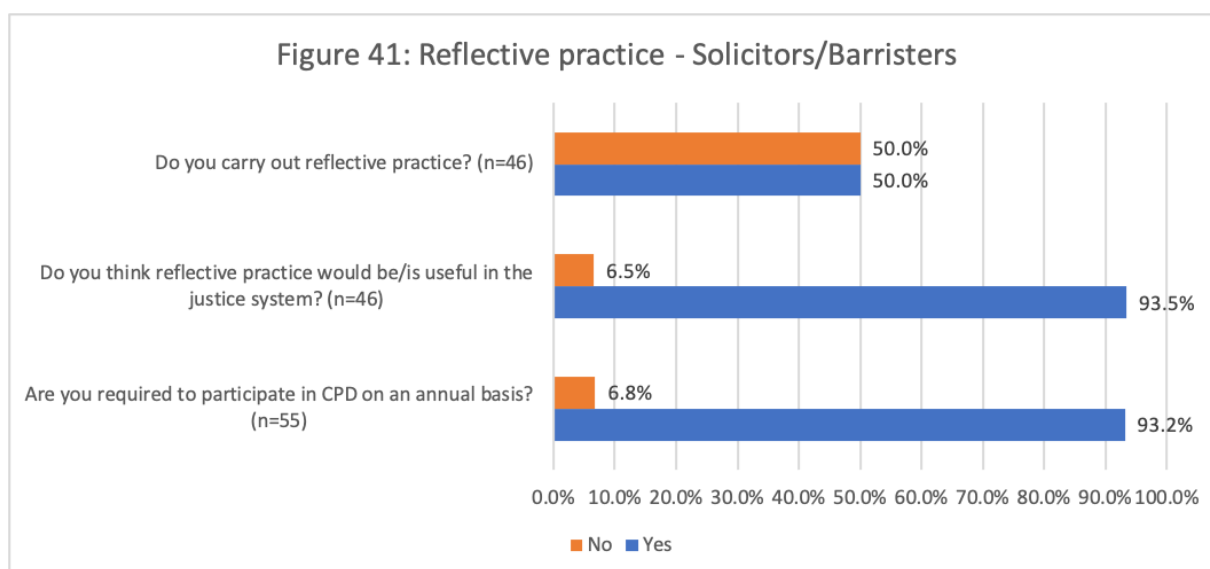


Figure 41 Barristers/Solicitors and Reflective Practice

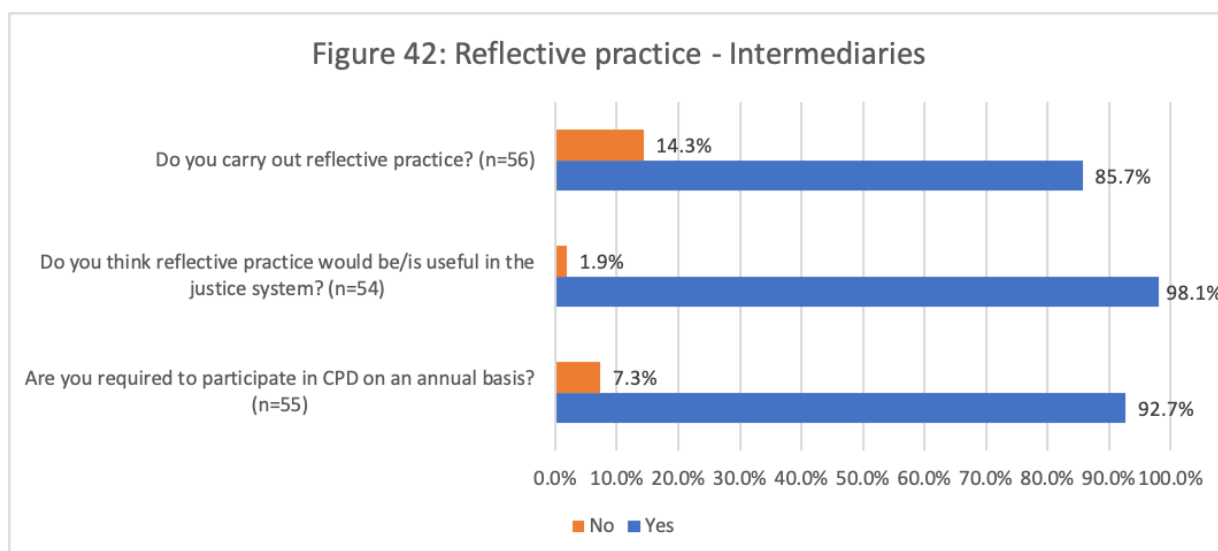


Figure 42 Intermediaries and Reflective Practice

The qualitative responses, apart from Intermediaries, were somewhat limited from the Police and Barristers/ Solicitors. For these two groups the concept of reflective practice was relatively unknown. Much has already been portrayed in the previous section as participants intertwined the topics of supervision and reflective practice.

Police

The police officers, as noted in the previous section, too, do value work on their wellbeing but opportunities are sparse. It is likely more information on the practice itself is needed across the sector.

POL932 also noted that reflective practice is positive, but it is dependent on the way other practitioners perceive it: *“Reflective practice would be very useful- My DS is very open and you can be very honest with him without the fear of being judged. I know however some aren’t and this can affect how beneficial they are”*.

Solicitors/Barristers

SB078, as others, noted that their reflective practice is not a usual part of their job: *“There is no mechanism for supervision at the Bar but I could see there may be an argument in favour of reflective sessions with colleagues”*. Just like them, SB563 also considered the positives of reflective practice, though this was again more related to supervision, as well: *“A consistent individual to check in with would be*

good - would be a regular reminder to ask myself if I am ok and whether I need a break / to take different work for a while.”

SB702 discussed the general importance of wellbeing: “

“I would like to see self-care and well-being and self-reflection built into the fabric of Barristers' working lives. There is a lot of very unhealthy behaviour out there which is unquestioned and even encouraged.”

Intermediaries

Intermediaries were the most attuned to what reflective practice refers to and its relationship to supervision, as explained by INT205:

“Supervision improves reflective practice. Can discuss things that could not say to non RI. Formal not just a whinge and a moan - so encourages me to reflect and chat about other things that might work / I could try next time / somewhere to go when things get tricky”.

The overall need for reflective practice was noted by INT561: *“Reflective practice can benefit the whole scheme and maintain high standards”.*

The need for a supportive environment within the context of reflective practice was also written about by INT934:

“The RI role is a very lonely one day to day. I reflect on my own practice all the time. I am sometimes hard on myself. I reach out to others in times of crisis, but sometimes just manage. I do worry sometimes when familiar people associated with the scheme retire, though I know the RI community are always there, but may not have the legal answer”.

Despite the overwhelming positives Intermediaries see in reflective practice, it is not embedded into systems: INT697 explained that :*“It's all too weird if it's not shared”.*

INT205 explained the need for better systems: *“I think we need and should be entitled to regular supervision to prevent burnout and people leaving the scheme. I think the MoJ have a fundamental duty of care to us which they are choosing to ignore.”*

6.3.4 Section summary

This section started with findings relating to wellbeing within the organisation. There is a high percentage of legal professionals who may feel unsupported due to lack of formal appropriate supervision and, it could be assumed, are at risk of the accumulative effect of Vicarious Trauma. Police are employed, whereas Barristers and Intermediaries are self-employed. The qualitative responses from police officers show the lack of support and cultural issues; Intermediaries indicate experiences of isolation, and some Barristers mention that they work alone and do not trust other colleagues due to their work.

The next section related to supervision. This data shows a discrepancy between actual practice and what the legal professionals would view as desirable practice. There does seem to be differences in what the term supervision means to different professions. Some qualitative responses have indicated that supervision for Solicitors/Barristers consists of case management. Barristers define it in terms of case management with little reference to wellbeing as part of the process. Police state it is very dependant from force to force and the values and beliefs of their sergeants. Intermediaries, many who are members of HCPC, have an understanding as they are required to undertake clinical supervision in the NHS and there has been a move to towards wellbeing practice being included within the term.

Lastly, but very much so intertwined with the above, was the topic of reflective practice. As indicated by the professionals who have come from NHS/Social Work type backgrounds, reflective practice is part of the culture. It is a currency to ensure that practitioners continue to question themselves and their practice. This is not yet established in the JS as indicated by the police and solicitor/barrister respondents. The system is reactive rather can reflective and moves at a fast pace from one case to the next. However, all groups indicate that reflective practice would be a progressive move forward.

6.4 Chapter summary

There seems to be a concern about Vicarious Trauma affecting those from all three groups. The lack of supervision is prevalent and of concern. There is a discrepancy between the three professional groups in terms of the understanding the concept of supervision. Case management is very different from supervision which includes wellbeing and reflective practice. HCPC has strict guidelines on participating in supervision for the wellbeing of both the client and the practitioner in the Health Service. It is clear from the findings that Vicarious Trauma extends across the three groups with the majority of professionals stating that they have concern about it affecting them. There are strong feelings of not being heard or acknowledged by the MOJ and concerns from Intermediaries about the Quality Assurance Board not having a good understanding of their work. Supervision is vital for underpinning training. No matter how much training is available, if supervision is not adequate, the skills and knowledge gained from training will be diminished or maybe employed incorrectly. Opportunity to discuss and reflect on our own practice keeps a person fresh and supported. These findings suggest that it is necessary for a model of training and supervision to be the underpinning of the framework throughout the JS for all, including Judges. This is examined further in the next chapter where multi case studies are used.

Chapter 7: Narratives of Trauma in The Justice System



Reflective Practice Image: 8 Strategies

7.1 Introduction and aims of a narrative analysis.

Following the surveys, in-depth interviews were carried out in order to bring to life the survey data. In depth interviews were conducted across four groups: Retired Judges, Barristers/Solicitors, Intermediaries and Police inquiring about T.I.P.

The core points which were highlighted in the surveys were: The System, Training, Vicarious Trauma and Supervision/Reflective practice. These emerging topics became key elements for exploration in the narrative interviews.

The benefit with utilising a narrative analysis within a phenomenological study is that it allows for the participants to be the voice of the findings. It is the participant responses which form the narrative of the findings, rather than the researchers providing a narrative and utilising the participant voice to showcase the point. The latter was done in the previous chapter using thematic analysis by drawing together common themes across participant groups.

The purpose of this chapter, considering the emotional and sensitive aspect of working with trauma, was to reach the stories behind individuals' experiences and perception. The aim is not to generalise, it is not to find 'truths', it is to give voice to the practitioners who, as can be seen from the previous chapter, work in a difficult environment and often feel unsupported. It is to showcase what trauma looks like in the JS. In fact, as Hall (2010) explained, narrative analysis is well suited to understanding trauma and can be a cathartic experience, as demonstrated by the emotions exhibited by some participants in their responses. The use of narrative techniques can be used as part of trauma recovery.

The richness of information gathered cannot be underestimated in its importance. In order to convey these insightful contributions by the participants, the inclusion of many full and descriptive quotes was viewed as essential to obtain an in depth understanding of current experience and practice related to the research questions. Very much in line with narrative analysis, the writer serves as a guide but the participant responses themselves provide narration. Therefore, main themes of narratives are presented as headings throughout the chapter and quotes directly from participants are the key technique in presenting findings.

The following data (Table 4) indicate the role of each participant; their length of service; whether they have attended T.I.P. Practice Training and if so, the type and length of the training. The participants are numbered and range from P1-P18 and there are four participants from each group.

Table 4 Participants in Narrative Interviews

Participants in Narrative Interviews					
Participants	Role	Length of service	Previous T.I.P Training yes /no	Type of training – length	Self-funded or initial professional training or CPD
P1	R. Judge	19 years	No		
P2	R. Judge	22 years	Yes	1 hr blocks, once a year over 3 years	CPD
P3	R. Judge	15 years	No		
P4	R. Judge	27 years	Yes	Did not answer re. type	CPD
P5	R. Magistrate	8 years	No		
P6	Barrister	8 years	Yes	Led training herself	Developed self interest
P7	Intermediary	7 years	Yes	Previous work	Not in initial RI training
P8	Intermediary	6 years	No		
P9	Police	15 years/DS	Yes	None in initial training	Developed self interest
P10	Police	26 years /police trainer	No		
P11	Intermediary	5 years	Yes	1 day	
P12	Barrister	2yrs	No		

P13	Barrister	7 years	No		
P14	Police-	3 years/call centre/PC	No		
P15	Police	7 years/DC	No		
P16	Barrister	6 years	No		
P17	Police	10 years /DC	Yes	Mind - Ambassador champion	Developed self interest
P18	Intermediary	6 years	No		

7.2 The Role of The Judiciary in Trauma Informed Practice

Who Judges the Judges?

As the role of the Judge is so pivotal in the proceedings it was both disappointing and frustrating not to be given permission by the Judicial Office to interview currently employed Judges. As explained in the Methodology (Chapter 4), despite 10 months of correspondence and endeavour to answer their questions and concerns, permission was refused. Many Judges had offered to be interviewed having seen its value but sadly were prohibited from participating in the research. Having not cast the net far, many researchers have also confirmed that the Judicial Office has rejected their attempts to carry out collaborative research. The JS is a public service, and it must be questioned why independent research should be restricted rather than welcomed.

Following this prohibition, the next step was to find retired Judges who were interested in participating. Four retired Judges and one retired magistrate agreed to participate. The importance of inclusion of The Judiciary in research arose as a theme when analysing responses from the other groups of participants. This emerged with a passionate urgency without any prompting. Although all three groups voiced their concern about the lack of representation of Judges views in research or practice, the most pronounced were from Barristers/Solicitors and Intermediaries, likely due to their experience of working in court and a closer interaction with Judges. This type of response of concern about the attitude and behaviour of The Judiciary was not prevalent amongst police who may have a more defined role.

The following quotes came from Solicitors, Barristers and Intermediaries who voiced their observations and feelings. These perceptions seem to emerge from a trauma-inducing environment perhaps due to a position of power by the Judges, in an environment where trauma is already very much present. The following experience was noted by participant P12:

"I do not mind being exposed to upsetting material. It is the nature of the work, and I am proud to do it. What I find upsetting is the way that court users/Judges treat advocates/defendants. This is a working environment, and one with unique pressures. Some understanding that the work can be difficult would be appreciated, and Judges shouldn't pile on the pressure by shouting at/belittling people working in the system. I feel that this is a system that has little to no tolerance for mistakes. If an advocate makes an honest mistake, they can be subject to serious disciplinary action, and it may be impossible to rectify any harm done to clients. This means that cases that don't merit it can become extremely stressful".

Likewise, participant 7 stated: *"I have been traumatised by the hierarchical nature of the system. The fact that I've had Judges ridicule, criticise me and I've had no right of reply".*

Another participant (P13) echoed such views using the youth courts as an example, noting the importance of training:

"This may sound radical, but I think in order to be a Magistrate in the youth courts they must have children and training, as my perception is that the youth court magistrates tend to be people who do not have children and do not like children and so purposely became youth courts magistrates in order to sentence to 'tough justice', which is vile". This participant also noted: *"I have experience working in a range of professional environments, both in England and elsewhere. I have never been spoken to the way that some Judges speak to advocates. Even in hierarchical organisations, a superior in a modern company would struggle to get away with shouting at/belittling an employee".*

Such behaviours and attitudes were also present in interaction, amongst others: *"It doesn't help anyone, least of all defendants and victims in court, if they perceive the*

environment, they find themselves in as one where people are allowed to behave in such a way” (P12).

The need for training in trauma awareness is very apparent, in the words of P6: *“Training needs to be across the board because if the younger practitioners are trauma informed but are perpetually hitting a glass ceiling, it doesn't make any odds to the way that they get managed, to the way that they get supervised, what they turn up against in court or in correspondence. So, I think the state institutions need to be trained in Trauma Informed Practice as well”.*

An Intermediary (P11) also noted the significant role that Judges have in how they deal with others and contribute (or not) to T.I.P.: *I have a feeling - but no evidence - that a defendant is far less likely to be offered trauma informed adaptations than a witness. For defendants it really depends on the Judge, some Judges have been helpful and receptive, others not so much.*

These are concerning points which have recently been backed up by the directions (Azim, 2022; Rozenberg, 2022) that Judges must participate in trainings regarding their behaviour in court. The voices portrayed here paint a worrying picture; however, without the voice of the Judges, any conclusions can be very one-sided. Therefore, it was extremely helpful to interview the retired Judges to obtain a balanced view. The top-down nature of the JS means that Judges attitudes to vulnerability and T.I.P is vital to effect change. T.I.P relies on the contributions of everyone in the system and so gaining the views from a variety of professionals is useful.

7.3 Findings 1: Retired Judges

The following section details findings from the five retired Judges/magistrates. The Judges role within the system is quite unique and they have a different perception of the JS to other legal professionals as they have oversight from all angles. They are employed public servants, as are the police, rather than self-employed as are Barristers/Solicitors and Intermediaries. The demands on Judges are considerable and they sit in a pivotal position, ideally keeping the peace in the search for truth. It is reasonable to question whether this search for peace and truth, is currently

possible in the existing Adversarial System. It could be debateable whether it is a humanly possible role and one in need of emotional support.

7.3.1 A Need for Emotional Containment in the Midst of Complexity.

A theme arose surrounding the complexity of the work of the Judge, including needing to have 360 vision and being very vigilant in overseeing all the participants and processes in court. This ranges from the jury, court staff, defendants, witnesses and the families, to marshalling warring Barristers, keeping the process moving, checking that documents are in place from all parties, balancing listings and so on. In their own words, this is how they perceive their role in a complex working environment:

“It’s mechanical...there is a technical side in order to produce a fair trial. I feel I am an enabler ...to allow best evidence. Emotions have to be put to one side.... but there is tragedy in the court room, tragedy for the witnesses and tragedy for the defendant” (P2).

P1 added: *“Balancing many things can be a pressure there are so many things you've got to keep an eye on. You've got to be fair to both sides. You've got to protect a vulnerable witness. You've got to maintain fairness. You've got to make sure that a barrister is not being overly aggressive, but at the same time trying to control it without giving the appearance of being unfair to the defendant. So, if you end up appearing too strict with the barrister, what are the family of the defendant going to be thinking?”*

This Judge understands the presence of trauma but makes it a point that their role specifically is to be without emotion, an officer of the court. Similarly, another focused on ensuring fairness:

On top of fairness, Judges do also acknowledge that what they do is not always in line with what they would want to do. This type of cognitive dissonance and conflict of emotions cannot create a comfortable working environment.

Participant (P2) also added further pressures, like those of the outside environment:

“Sentencing can be hard, sometimes I have to do things I do not want to do. I have often said that it should be written on toilet doors in clubs etc... ‘spare a thought for the poor Judge, some poor soul, a Judge, might have to put you in prison.’ And when you come to sentence, you're trying to address the defendant to explain why you're passing the sentence that you are and explaining to the victim of the crime why you're passing the sentence and you've taken into account all the aggravating factors. You've got half an eye on the press box, so that you're not saying something that's going to be a horrible headline the next day. And you've also got a little bit of an eye on the Court of Appeal so that you've explained why you've done something that might be exceptional. Keeping all those balls in the air is tricky” ... “I can feel judged by everyone in the court... There can be a ‘gossip factory’...he/she is a ‘Prosecution Judge’ or a ‘soft Judge’ etc”.

Judges perceive their role within the system uniquely, as emotion-free referees who understand the heavy responsibility they carry. They must remain neutral and objective. However, the knowledge of the potential involvement seems to cast a heavy shadow over their role. This is an understandable but questionable view of the role of The Judiciary. It was obvious from their responses that they do appreciate that the courtroom is a very complex place.

7.3.2 Vulnerability in the Court Room

While the Judges/magistrate perceived their role quite clinically, they showed an appreciation of the vulnerability within the courtroom which adds a degree of complexity to their role.

“If you are involved in law and are not a lawyer you are vulnerable, anyone coming into court whether you are a chief executive or expert witness, you are vulnerable. The Judge needs to remember this ...it's alien to others and we need to adapt” (P2). It was interesting to see in this sentiment that there does not seem to be an appreciation that if you are involved in law and are a lawyer, you can still be vulnerable.

The demands on Judges and consequently their vulnerability is further visible in a changing landscape of the types of offences coming before Judges, P1 noted this in relation to Crown Court proceedings:

“There was a time when I was informed that 55% of all trials going through the Crown Court were sexual offences of one sort or another. And that's changed completely from when I was a young barrister, when it was a very small proportion. And I think Esther Ranson, ChildLine, all these things, it then became the offence that could be spoken about and people came out and spoke about it. And, of course, these are trials that tend to stand out because people don't want to admit what they've done for obvious reasons. It's one of the most shameful offences. And so, they tend not to plead guilty. Far fewer, much smaller percentage plead guilty. And if it's 55%, then it's very difficult to break up somebody's routine by inserting burglaries and fraud and all the other things that come our way. I think it's impossible to find a simple answer.”

7.3.3 Coping in a Challenging System

Considering the way Judges perceive their role in the system, it is unsurprising that without prompting they talked about the way they feel about their role and the impact this can have on them. In doing so, they discussed coping (or lack of) in what does not seem to be a trauma informed system. P2 spoke about how the traumatic events they see often need to be moved to the background of their thoughts and may never really be dealt with:

“Sentencing a winner of a fight is too frequent. But I am an officer of the court, I have to do it. It is a burden but one that I chose. I have to make decisions...prison or go out and commit more crimes? If I make a mistake the consequences can be terrible...this can be anxiety provoking. Even in one horrific case where I had to watch an execution as part of evidence, at the time I was so focused on holding the court room, the jury, all present that the execution became so far removed.”

P1 also reflected on processing the material they had to deal with when trying to move from one case to the next: *I think it's a tricky balance re wearing 'armour' in court. because you can't be seen to be joining in the sobbing, which is likely to be going on. But at the same time you can't help but feel some sympathy and empathy and the balance is a tricky one, and I think some people manage it better than others, both ways. I think there are some who are very thick skinned who may be*

less empathetic. And those who may be more vulnerable themselves as a result of being exposed to continual trauma, recited by other people. One of the odd things about the job is, you end up with a good short-term memory, but not necessarily such a good long-term memory because you're processing cases so quickly. And so, you can remember things that are happening in the current case, that in order to remember something that happened in the case last week, you'd have to get the papers open in front of you again at- Even the name of the case".

The required impression or perception of a Judge is one of neutrality, who holds back their own feelings while trying to produce a comfortable environment for all and particularly for the Jurors. It can be argued that this could be at their own expense, as it is a potentially conflicting situation with many competing demands. It raises questions about the great stress this can cause to a human being. Likewise, the effect on their own basic processing needs and effective coping mechanisms necessary for a healthy balance. On the other hand, there was also some reflection on healthier coping mechanisms.

P1 talked about the importance of peer support: *"It's isolated -You come from an environment where you're likely to have people that you could talk to more easily. You will have colleagues in Chambers or solicitor advocates will be able to bounce things around. And the Judge is finally responsible... you're not completely alone. but it can be lonely. It's more lonely than the job that you left. Lunch was very helpful because you could speak to perhaps more than one Judge /person too- and sometimes it's just a question of hearing yourself talk it through and you didn't necessarily need advice, but you could just hear it being articulated - and I've done it for other people. and you're maybe just a sounding board, but it helps. There's certainly no element of debriefing at the end of the day or end of a case or anything... not formally, no. you might go and chat with a mate".*

Despite the appreciation that there is a need to be able to process, as can be seen, no formal help seems to be perceived as a viable coping strategy. This seems likely to be due to the way the role is set within the system.

7.3.4 Systemic issues

The role of the Judge is complex. The participants further noted the contribution systemic issues' lack of T.I.P. P2, simply put, stated: *"We need more time, more Judges,, more court staff"*.

Others highlighted issues surrounding their treatment, such as sexism and marginalisation, alongside structural issues. P5 stated:

"I left the magistracy on a voluntary basis; I had remained a winger the entire time that I was a magistrate. And on one particular sitting, my chair was a man and the other winger was a man and they both just consulted each other for the entire three-hour sitting and I was not consulted at all..." and continued: *"Better maintenance of environment of the court and buildings would help. As a magistrate we would sit there while water poured in and we would just, you know, make sure that people didn't walk under it."*

These systemic issues then seem to relate to the lack of available support: *"I think if there was a forum it might help Judges in their role. And almost as routine for somebody to come along and say, 'look, how's it going? Are you happy? Is the work getting you down? Do you feel as though it's oppressive? Is it affecting your home life?' I mean these don't have to be answered on or they can be expanded on"* (P1)

7.3.5 Training

Another big theme which ran through the interviews in line with 'systemic issues' was that of the limited amount of training available to Judges. There seems to be a level of emotional disconnection from the general population (also visible through some of the previous responses) and this was shown through P1's narrative where more training is requested rather than wider life experience:

*"I can also imagine an awful lot of people who would be a complete disaster in say youth clubs .. that type of environment. There will be those that actually don't need to understand what goes on in a youth club, perhaps because they've already done it or, you know, they've been in that kind of environment. There are very good lawyers who do a fantastic job who I wouldn't let anywhere near a nursery school *laughs*."*

There are the toolkits for the dealing with vulnerable witnesses and the like and they would have had to have done all of that. There may be extra advocate training that comes on stream and they've got to have this continuing training, they 've got to get their CPD points, which will include that kind of thing. They are very busy people It'd be really good for some people. I think the practical side of it would cause you problems."

Though training seems available, Judges were described as 'busy' and the training also seems to be limited:

"My training has been limited to the sex ticketing training. At one point I ran this training...sometimes in the evening some older Judges were critical. There are young keen Judges coming through now who are keen and up to date. Awareness of vulnerability is increasing now. It's difficult to be general and cover vulnerability in training as the needs are individual." (P2).

Participant 4 talked about a seeming shift where younger Judges seem to be more aware of the need to know more to do their job effectively. Overall, however, a concerning lack of trauma awareness training was reported although timetabling of training for this seems to be even less now than before:

"I have been a Judge for 17 years and I would say I have no understanding at all in Trauma Informed Practice. I don't know what the window of tolerance is, or the physical effects of trauma but I do know that trauma effects communication and therefore evidence" and "I don't know the answer to whether training can change things, it rather depends on the training and the people who are being trained and the trainers.

P1 also considered the importance of training in their narrative: *"Over the years they've cut down on training –for example, on the Serious Sex course, and we would get a variety of speakers, including psychologists, who would come along and talk about the effect of the trauma on the victims of these crimes and the occasional word about looking after ourselves. Well, they've cut down the number of days available for it because it used to run over three days, two and a half days. And in order to save money, they've crammed it all into two days. And so, it's very concentrated these days.*

A theme arose regarding the type, level and length of training required to make it an effective exercise. It is vitally important for any training to be carefully designed. However, this does not excuse the current lack of training in areas, such as mental health, neuro diversity, learning disability (no name but a few) and trauma awareness. Without training, enabling communication is more difficult. P5, P1 and P3 reflected on their own training:

Apart from my initial training into the magistracy, I do not recall many opportunities for face-to-face CPD. On one of my sittings we were provided a pre-sentencing report and it made mention of the defendant having had a statement of special needs. My colleagues on the bench that day weren't aware of what that meant and I needed to explain to them about how the defendant might need language in the courtroom to be simplified and that the written bail conditions might prove too complex for him" (P5).

"During training as a Judge there wasn't much emphasis on T.I.P. No. In fact, it was only when I read your questions that I decided that I ought to actually look up those terms of reference, because they were not words that rang any bells with me. Having said that, there was some training about the effects of trauma on a victim with particular reference to how that person might give their evidence as a result.... one person may be very emotional and the other person may clam up and appear cold. And so those are the things we were informed about and those are things that we told the jury about as well" (P1).

"I haven't had any training in de-escalation. I think it would be good to be trained in de-escalation techniques if good Barristers and s performed less well because they couldn't deal with such things, so it is helpful for techniques to be available" (P3).

Further to the above responses, participants P1, P2 and P4 responded that they had not received any training in areas such as mental health, autism spectrum disorder, or Learning Disability all of which they encounter on a regular basis. This highlights the vulnerability of the Judge in working with conditions where no training has equipped them to do so, where little value is placed on informing those who work within it. This could be seen as 'treading water' or 'firefighting' to keep the case on track in the reactive JS, for example:

“No, I haven’t participated in any other trainings, for example, de-escalation techniques or child development, mental health disorders, autism. That’s no specific training. I mean then there may have been stuff that I’ve read or picked up, but I mean that’s nothing specific” (P4).

“I haven’t had any formal training on child development, mental health autism or de-escalation. When I worked on the parole board it was about mental health and risk assessment more than training about mental health” (P2).

Whilst training can be seen as a systemic issue there was also a theme of ‘resistance’ found in the responses – placing oneself into a less powerful position of a learner. P2 and P1 discussed this topic:

“I can foresee some of my colleagues resenting it. It’s all depending on how it was produced and how it’s conveyed. I’m aware that some of my former colleagues are very protective of what they believe is their omniscience” (P2).

“I find jargon unattractive. I think that the professionals do this, and we’re as guilty, Judges and lawyers are as guilty of it as anybody. But, you know, psychologists and therapists have their own jargon. And there’s a shorthand which may mean a lot to you and to other people doing this kind of work and research, which might turn the likes of me off” (P1).

Without training, however, there is much scope for not being able to fulfil their role to the best of their ability. This was visible through their responses surrounding the role of an Intermediary. This was neatly summarised by P2:

“There was massive resistance to Intermediaries with some Judges saying ‘they just sit there all day doing nothing, we managed before without them’. That’s a pity, Intermediaries are there to help. I am always grateful when an Intermediary is on a case I always check in with the Intermediary and vulnerable person.”

Their role or performance, however, is viewed as variable: *“I have had occasions when Intermediaries have been enormously helpful and occasions when the reverse is true” (P3).*

Whilst more training for Judges is visibly needed, they did not that the training of others, e.g., through the introduction of special measures and Intermediaries, it is already progress:

I'm a fan of Intermediaries. I think they have made us, um, reflect on how we've treated vulnerable witnesses in the past. And I think we failed abysmally short in the past out of ignorance. It, it wasn't that anybody was being particularly malicious. It was just, "we've done it in this way for years and years and why should we change?" And I think the Intermediaries weren't the start of it. I think that special measures, the beginning of special measures of all sorts meant that we were looking at witnesses in a different way and the Intermediaries for especially vulnerable witnesses has been really useful and their expertise has brought an important piece of protection for those vulnerable people" (P4).

The retired Judges showed awareness of vulnerability in the JS, together within the context of the complexity of their role. This combination of demands is compounded by a lack of training makes. It is important to explore what impact this has on Judges in terms of their own emotional wellbeing.

7.3.6 Vicarious Trauma

Themes emerged from the comments such as relatability of the case, suppression of emotions, conflict over sentencing guidelines and what they might subjectively feel or believe arose, indicating a human dilemma and no doubt stress and Vicarious Trauma even if not recognised as such:

"It's important for Barristers and Judges to always remember they are agents of justice - they are not the victim of the offence. You can't do the job (either of barrister or Judge) maintain that distance. It doesn't mean you can't empathise - but empathy is understanding what someone else is feeling, not actually feeling it" (P3).

"Sometimes I think of it at night or come away thinking I didn't want to do that re conviction" and also "It's about relatability, I mean if someone is from the same background or reminds me of someone then that's hard. I was surprised during a trial of an accountant how relatability affected me" (P2).

"I think things get packed into boxes then stuffed at the back of the memory, perhaps never to be unpacked. And I'm sure that I've done that in the past" (P1).

Participants also disclosed about their own significant mental health experiences which were touching to read, however, again indicating a lack of protections by the system: *"I don't know this term Vicarious Trauma. But having read the explanation I have been concerned about my working affecting me in this way" (P4).*

"I had a breakdown when I first became a Judge. I just couldn't go near the place...I missed the comradery of Chambers ...The support differs from court to court...some are more supportive than others" (P16).

Another Judge reflected on the theme of accumulative stress and being worn down by the role: *I think when I was younger you took these things in one stride and umm, I think it probably was a lack of empathy. Youths often are. But as I got older it sort of wore me down. I did feel as though it was almost my skin being worn away" (P1).*

"Pushing things to one side" was also noted in some earlier responses but it seems the interview offered a place to reflect allowed emotions to surface: *"I have experienced Vicarious Trauma, probably, due to the high incidence of exposure to child victims" (P4).*

"There's no one individual event that I've felt has traumatised me. I think I was affected by the nature of the work that I was doing and that the trauma of other people did rub off on me, it's difficult to say how much of that was responsible for the way I felt, on top of the extra responsibility and the pressure that was going on in the amount of work one was having to do" ... "During this interview and talking like this, I'm now recalling events that took place, 7, 8 years ago. The thing is, it's a difficult job and we know that. Well, I hope most know it. And it requires a lot of balance. I mean, some of it is instinctive. Some of what you do, you don't have to think about it too hard. You're just trying to be a fair human being. You don't need legal qualifications for that. But there may be some people for whom it is an intellectual exercise (that's how that are able to deal with it) and still at the same time be completely fair to the parties. I'd like to know how they do it." (P1).

P1 further elaborated on the emotional toll of the job in relation to dealing with

traumatised individuals. This could cause the legal professionals themselves to become dysregulated themselves and fly into flight, fight or freeze. The numbing or blunting of reactions is a defence mechanism that the Judges could unconsciously be using as a reactive coping mechanism.

The participant said:

'Human stories can get to you even if I didn't have the chance to speak to them. I mean, I've got other anecdotes where I've seen things in court where, things have exploded, but you could see a release of tension or whatever you might call it. There was one case, for example, where two foster brothers, both been abused and they hadn't seen each other in years. And the defence barrister was wanting to suggest that they got their heads together and chatted. And in fact, they'd been sitting together downstairs, unbeknownst to themselves that they were foster brothers, they didn't recognise each other. They hadn't seen each other since they were 11 and 12... It said "oh well, let's get him in so you can see if you recognise him... they looked at each other and they both burst into tears... you know you do see those things happen.'

There is also a level of burn out after exposure to the daily intensity which for some would be accepted as humanly impossible. P2 reflects on the fact that they observed a decline and a negative effect on other colleagues. Their own self-protection led them to exit before it was too late:

"I decided to retire earlier than some, I'm 63. I saw my colleagues continuing to be Judges, you don't have to retire until 75 years old and then die soon after retiring".

There was commonality in the responses from Judges displaying a range of emotions such as pride in their role yet despair, tears and numbness:

"Hearing and seeing difficult emotional stories does open up the heart. I mean, it's hard to see these things without ..um feeling emotional yourself. I did a six-week trial some years ago now, quite a long time ago. But it was a serial rapist and he'd attacked six women altogether. And it was a really, really difficult trial because he was unbelievably manipulative and, you know, sometimes he was in court,

*sometimes he'd storm off and I had to keep him, try to keep and, not very successful most of the time, under control. But in the end, - I had to come to sentence him. He refused to come to court. He remained in prison. And refused to appear but the prosecuting barrister read out a victim impact statement from a particular victim. And I was completely choked. I had to leave court... Things can get lost in the litigation process, The event, the pantomime... the humanity. You hope it follows that you are balanced, you hope it does *tearful*. You have to detach yourself, and sometimes it's almost impossible. I don't see that there's anything wrong my reaction... in crying. Some Judges change, become numb, for example, over the years" (P1).*

There are a lot of different narratives running through the various responses, some speak of a 'professional hazard', some of toughening up, some of accumulative trauma. What seems very visible is the notion that Vicarious Trauma does, indeed, pose a threat to Judges and that they feel isolate in their role. T.I.P support mechanisms such as supervision and reflective practice were also discussed.

7.3.7 Supervision and Reflective Practice

The notion of informal support – peer support – was visible in some of the earlier narratives. Formal support, however, did not seem to be mentioned by participants. When directly approached, the theme of rejecting the idea of supervision ran through the responses from P2, P3, P1 perhaps due to their interpretation of the term and perception of the supervision process.

"I don't need someone overseeing my work. Every word is recorded in court. At the back of your mind is 'court of appeal'. The definition of supervision is clearly illustrated as when a person manages your work" (P2).

P3 voiced a common theme of there being a type of judicial 'family' where colleagues would be able to assist them if required: *"I did not receive supervision. I'm not sure about it... it depends who would run it and in what areas. At the court where I sat, we had a collegiate atmosphere and I would have felt comfortable talking to most of my fellow Judges if I needed to".*

However, reference was made to the fear of seeming to be weak and maybe

showing a 'chink in their armour':

I think that many Judges will have somebody in the court building to whom they can go and talk if they feel so inclined. But there is I think a fear amongst others that if they go and seek somebody out, particularly their resident Judge, who is sort of a line manager but not, that it might be exhibiting some kind of weakness. And so, if it were just a... almost routine thing. And it could be somebody coming in and just saying, "everything alright? Do you want to talk about anything? How are things at home?" So that the person, the relevant person, could say, "no, absolutely fine. I don't want to talk about anything else." (P1).

Another theme was viewing supervision as something that interferes with the Judges autonomy and independence, a sense of their judicial discretion being challenged or intruded upon. There was an overarching theme of concern voiced about being managed by others – this points to a misunderstanding of how supervision can be used to enhance wellbeing and that such support was not experienced by Judges:

"Regarding supervision, I think it means there's some kind of oversight. That's banal, if there is somebody checking your work basically. I have mates who are Judges, there is the judicial family 'brother and sister Judges I don't approve of appraisals as no one tells the truth" (P2).

"I was a resident Judge. And you have a sort of general oversight of people, but you're not monitoring their work. They have to have that independence and it's actually the independence of The Judiciary that perhaps has defined the lack of supervision. The Judge has to be responsible for his or her decisions" (P1).

The lack of comfort and confusion surrounding the concept of discussing and reflecting with a supervisor was very apparent in the following quotes: *"The Judge will be the only person that has heard the whole of the case. I mean, if I go and discuss a case with somebody, I do it knowing that that person hasn't got the full picture. All they've got is my summary of what was happening. And so, the decision in the end has to be mine, although it might have been a better decision, maybe having discussed it with somebody else. The thing about advocates, particularly Barristers; they are self-employed. The only time they might work as a team is if they*

are leading another barrister or being led by another barrister and that is a slightly hierarchical relationship, but- and the senior barrister of the two will be running the affair. And so there will be a degree of supervision, but I mean that's not typical" (P5).

P1 continues by describing joint working, implying that there is some type of peer supervision taking place. However, in other contexts and professions this would be viewed differently:

"There are cases where a silk KC will be doing a case by themselves, but when they have a junior, there's an element of it (supervision) . And when you become a Judge, there are assessments that take place for district Judges, but there's no assessment that takes place for circuit Judges or High Court Judges. There will be a presiding Judge of a circuit, who will become involved if you are seriously underperforming or you're doing something seriously wrong, and they will, I would imagine intervene and check out that you're alright or why things might be going wrong".

When supervision was understood more holistically, P5 recounted a case where potentially they would have benefited from a system where supervision was built into the fabric: *"I will never forget a case that we had where we were asked to refuse bail to a person who was quite dangerous. And that night he killed himself and I still remember that now. The following day I phoned the chair with whom I'd sat the previous day. I felt I just needed to talk through my feelings but the phone conversation was pretty stilted and awkward and afterwards I felt a little foolish. There wasn't, at that time, to my knowledge, a support/supervision structure in place.*

In general, supervision from a holistic perspective, in line with T.I.P, does not seem to be a part of the system. This is in line with participant reflections on Reflective Practice. The responses from P3, P1 and P2 all feed into themes of previous lack of knowledge of the concept of reflective practice and a concern that it would be too much in terms of their time the already long list of demands made of them, seen as a burden rather than helpful:

"Reflective practice wasn't something that I was familiar with until I went and looked it up after your survey. Maybe I did subconsciously anyway: Reviewing the day's work,

reviewing decisions, reviewing the management of the court hearing, and the like. I mean, it wasn't something that I'd ever done formally or anything that I'd been particularly advised to do or given any training in. The system is reactive ... there might be room for reflection ... working it into one's working day as a slightly more formal thing. But maybe I'm just terribly set in my ways. And, I did the job for 19 years and you've developed your working practices and maybe I'm just too stuck in the mud. It's a fast-moving train and you know if you've got an admin day, in other words, you're dealing with cases that are coming up for trial. And it might include things like ground rules hearings, plea and directions, but also, maybe four or five sentences that you've got to do. And, you know, it's like being a GP; "next, please." (P1).

P1 continued by stating that reflective practice and debriefing might, indeed, be a helpful notion but there was a theme of concern about some Judges being resistant to change and acceptance of its use. A theme of the untouchability of Judges emerged in both P1 and P3s responses:

"Debriefing might be good, on the other hand, you might have them weeping on your shoulder. Which wouldn't be a bad thing. I know that there has been in the past an idea that the presiding s of the circuit should have a chat with somebody once a term or once a year or whatever it was. But that's puts an enormous load on the presiding Judges, who have a vast load of work themselves. I think it would be better if it was run by somebody outside who did understand the system because if it was somebody you knew really well, there might be things that you would feel you'd be judged for. I suspect some Judges may be even worse than the old-fashioned NHS consultant who now accept reflection and supervision. I suspect some Judges would still be untouchable" (P1).

"I think reflective practice would be good for The Justice System. I am retired now but when I sat, I received annual training on the law and legal developments. I was not required to participate in CPD" (P3).

Other suggestions were put forward as possible alternatives to reflective practice and a theme surroundings concerns of being forced to participate arose from P2:

“There is now a counselling service via the judicial office and about two years ago there was a push on the intranet about wellbeing. I’m mentoring a Judge at the moment. I cope by talking to friends and family, watch TV... go on walks, glass of wine I do self-reflection and beat myself up sometimes but if reflective practice was formalised, I might feel forced to do it rather than it happening instinctively. Overload can make reflection turn to reaction...reactivity rather than thinking”.

P1 discussed mindfulness as an alternative as well as counselling:

“I remember that there was a moment when the MOJ was getting concerned about the mental health of Judges and felt that they ought to be addressing it as an issue. And various, videos were put out for people to think about mindfulness, And I’m sure it works well for some people. I watched the mindfulness videos and I thought, “no this is not going to be my thing.” The Judicial Office did put out the fact that if people felt that the work would justify them providing a counsellor, they would provide one. I had been to see a counsellor at my own expense on a couple of occasions. Again, in more in sort of spirit of experiment and I met this extremely nice, helpful, man and I’m sure he’s extremely good at his job. But it wasn’t for me”.

7.3.8 Section summary

The Judges/Magistrates in this section provided compelling information relating to the difficulty, complexity, dichotomy, and trauma of their role in the JS. The ‘archaic’ and demanding nature of the system was uncovered revealing little knowledge or training related to T.I.P. This lag behind, in development and progress, many other fields working with people. These limitations and demands are also likely to impact not only on the traumatised people coming to the system but also the hard-pressed Judges who were pulled in many directions. It is reasonable to assume that this must, as mentioned by some in the Narrative Interviews, significantly impact on their wellbeing.

7.4 Findings 2: Police

7.4.1 The System

Interviewing the police was a very informative exercise as they seemed to be more comfortable with this approach which consequently produced a situation of openness and honest discussion. It appeared that in the surveys, the responses seem to be more measured. This was, indeed, raised as a cultural norm within the system as a theme of compliance or resignation:

“Generally, officers don’t speak openly. They’re scared of the repercussions. But again, it depends on your particular team, or the force, or the Sergeant, but generally people can be a bit cautious of their colleagues and also there’s still this thing of getting on with the job” (P9).

*“I think there's an attitude that there's no point talking out or complaining because nothing's gonna change... *sighs* I think it's human nature. I think people are very, very reluctant to put their money where their mouth is. So, police officers will moan like drains. If you ask them to go down the official channel to do something about it, they'd rather just moan about it because it gives them something to moan about. People are very, very good at moaning about it, but not very good at trying to take steps to improve it. The ‘we are in a ‘police family’ mustn’t let it down’ myth has been shot down in flames because of the way that the department I've worked in has been changed. It was a specialist role. It was then taken back to borough, no longer a specialist role. There were people that were supervising who never supervised rapes in their life. They had no idea what a SOIT officer did. They had absolutely no, no care whatsoever. They were sending them out to do ridiculous things. So, I think the police family, although it is a family, it's very much a case of “well, nothing's gonna change”. Because they've decided to make this change, we've all said it's not gonna work, so we've just got to look after ourselves, kind of thing” (P9).*

These complex feelings all manifest a system of overload, constant demand and potential burn out:

“There is a culture of ‘just one more job, can you just do one more job” (P9).

Saying 'No... I've had enough' without seeming to be weak is hard. There is a culture of 'just one more job... can you just do one more job'. and that's the straw that can break the camel's back... overload not being able to say 'No... I've had enough' without seeming to be weak" (P10).

Participants spoke of the relentlessness of the work and echoed similar themes of other participants:

"There's very much an attitude of, 'you just keep going', because you have to because there's nobody else to take over. One of the reasons I stopped doing the role that I was doing was because of my well-being. I wasn't very well. There was a lot of jobs. We were all very, very overworked. I think I must have had about upwards of 35 victims. Sorry to cry... I need to write it all down like Intermediaries say to do... I can't speak... It was a horrible rape case." (P10)

Throughout the overarching theme was that of stress caused by the system:

"There is stress at court which is normal but it can be very traumatic and very hard for the victims and seeing people crying in the witness box is really difficult. A mother once head-butted me, that was very traumatic. Giving evidence in the box as an officer can be stressful. I want to say at times, 'I may well be a police officer, but I am a human too!'... Eventually it became terrible, it led to burn out. I was on antidepressants and anti-anxiety pills, and in 2017 I was moved to restricted duties" (P9).

"One of the first things I say when I train officers/SOITS is; "you can't be a wallflower because you are gonna be the one person that is standing up for that witness." So, I tell them from day one, "you are going to have to stand up to your line managers, the sergeants, to inspectors, to superintendents. You are going to be the one sometimes that says, 'no, I am not prepared to go and do a VRI with that person today. Sadly, not very much, not enough of them do it" (P10).

The system also does not seem to be appropriately set up in terms of fairness. This was voiced when talking about T.I.P developments and the role of the Intermediary:

“It is very unfair when we police have to interview someone who highly has autism or special needs. He doesn’t get the help we need. If that person was a witness, then we can get help from an Intermediary. I have also seen it in court when someone in the dock can understand or sit still or something...then you find out that they have a learning disability like the witness, but the witness has an Intermediary. As a neutral investigator I don’t understand how this can be fair” (P17).

As well as this, a lack of ‘seeing through’ developments in the system were observed – for example, despite the overwhelming support for Intermediaries, participants showed (more in 7.4.2), there simply are not enough of them:

‘There needs to be a lot more Intermediaries. - It needs to be made easier by the managers because a lot of the time the managers go, “they’re really expensive or it’s a wait to get one. You’re might potentially have a supervisor, who’s going, “I’ve got prisoners in the bin. You need to do a quick VRI.” That drives me insane because the whole point of doing a VRI is to achieve best evidence, and you are never going to achieve best evidence if you’re not going to get an interview that is well planned and well thought out with the Intermediary help for that person to understand what you’re asking of them. And it just drives me mad” (P10).

7.4.2 Training

There was a general acknowledgement amongst the police respondents creating a theme which reflected the lack of training and the need for training in T.I.P. Namely, it was through the lens of concern for themselves, and their colleagues was expressed by participants and the need to take action themselves as there was a deficit in the system and they had to seek out information to assist their work:

“It’s 22 years ago now since I joined the police and there was no input whatsoever in 2008. I joined the Met, and again no input. In 2009 I joined another force and again no input. In 2014, I became a child investigator in the investigation team. I was professionally curious and working with Intermediaries, I became more and more professionally curious, but nothing was offered internally” (P17).

“I really do think we should have training on trauma. It’s a no brainer... I think it’s something that people who are dealing with our work, for all emergency services and

people in The Justice System, everybody that's dealing with people that have been victims of crime, they've got to understand how it manifests. Because it goes into everything, it goes into the reporting, it goes into their evidence provision, it goes into the way that they deal with things afterwards” (P9).

While there is a similarity running through many of the responses, there is also a uniqueness and individuality which make inclusion so vital to capture the different experiences.

I've done some training off my own back, yeah. Yeah, I think if I'm honest, working with registered Intermediaries and doing the job that I'm now doing, a police trainer, it's made me much more curious to find out more. And also, my partner who was police staff for 26 yrs, suffers with complex PTSD, so, an understanding of the trauma and the way that other mental health issues work and affects people has become a real interest” (P10).

It was also discussed that new officers, despite seemingly moving into a ‘trauma informed policing’ model, the new treatment of new recruits is questionable:

“I have done a workshop in trauma, and I know that Mind has set up the blue light launch and as a trainer of police, I've developed material and some talks on trauma.

Trauma training is essential. Front liners from day one need training in T.I.P and should be trained re wellbeing”... “For the new recruits it's 12-week training and then out on streets! They see terrible things straight away and nothing is in the system to prepare them or train them about trauma” (P17).

“We need more robust training. There needs to be psychological screening before you join. This should be across-the-board. The screening is only done for high-risk roles, but everyone who is operational should be screened. In 2022 there are questions being asked about screening. I feel concerned for frontline police officers who come in very young and have to deal straight away with shootings, stabbings, road traffic accidents, etc. They are very very vulnerable” (P9).

“It's something that I've been concerned about for a very long time that we don't get any work or any input on trauma-informed-practice, to be fair. It's sadly lacking, and I

think that has a massive impact on The Justice System. I joined in 1995, I would have to say no training then. Absolutely none. And I don't know whether it's improved now because I don't work on the probation training side. But I have a feeling it's not as good as it should be” (P10).

The effect of working in a depleted and inadequate system and its consequent damage, has made some police trainers determined to repair this gap and include trauma awareness in their trainings. Again, this is not a systemic approach but the action of an enlightened few:

“As police trainer, the course that I train, generally officers with very little service, who have done very limited police work, who then deal with quite serious crimes. So, they're dealing with victims of serious sexual assaults. And very much what they're faced with a lot of the time, the two biggest things they're faced with is trauma, and the second thing is juggling with attrition. And I don't think a lot of them actually have much knowledge about how to deal with trauma, how to prevent attrition and how their behaviour can have a huge impact on that person, with regards to both of those things” (P10).

Alongside such self-initiative, there were acknowledgements of the recent developments which have been put in place:

“Now the college of policing is talking more about it and I think there's more awareness these days and since 2019 occupational health (OH) offer more help and counselling under the employee assistance program. There's a great deal of information about management and support models and police trauma support in London. You can get help from OH if working with indecent images, but it's finding the time to arrange this and to go. There is also the Blue Light Champion scheme... but time!” (P9).

I decided to become an ambassador for TRIM -Traumatic Risk Incident Management. I had an interview and was accepted but there is no extra pay, no annual leave etc... I did it as I saw we were working with trauma and there is high sickness. Large number s of police are leaving. I believe every sergeant should have this training and be a TRIM ambassador. Major incident always a trim officer there.

My force now runs a 2-day mental health training for sergeants, but everyone should be trained (P17).

Whilst the general notion is that of a lack of training, it must be acknowledged that some developments seem to be occurring. One of these is the very positively viewed contribution that Intermediaries can make – it was noted that introducing officers to their role is key as a training need and it was also noted that their knowledge and what they contribute is much needed. It must be noted that the following overwhelmingly positive view of the Intermediary might be due to self-selection for the interview as a more diverse picture was painted in the survey responses.

“I had some very, very good cases. I worked with some very good officers and some very good Intermediaries, and I had some amazing results” (P10).

“Intermediaries are there to assist us and without that assistance we can’t progress cases without their involvement. I firmly believe that they are so helpful. I have worked closely with Intermediaries on a number of cases and I have learnt so much from them, that’s where my interest in trauma started. I would never try and go through a court process without one” (P9).

Due to the lack of police training, P10 even said they would be uncomfortable working with vulnerable people it were not for Intermediaries:

“It’s honestly the most incredibly helpful tool that an officer can have. I don’t think there’s enough registered Intermediaries. I don’t think there’s enough knowledge out there about them. I genuinely would not ever take a young person, a child, someone with learning difficulties, I would not want them to go through The Justice System without an Intermediary, because the system is so antiquated. The first time I ever worked with an Intermediary was like a light being switched on. Because it just made everything so much easier and clearer. Sometimes you don’t think about what’s going on behind the eyes ...what you’re saying, how that’s being received by that person, people are very good at making it look like they understand. And a lot of the time that’s not the case and they’re not going to say to you, “do you know what? I don’t understand what you’re talking about.”

Still, just like with other T.I.P related topics, including trauma-related training or talking about trauma, participants recalled resistance to trained professionals as Intermediaries:

“I was shocked in court when the Judge ignored the Intermediaries’ recommendations about the best way for the highly vulnerable witness... He refused to break when the Intermediary signalled from the live link room that a break was needed. The witness became very upset, and questioning had to be abandoned. The courts need to listen to their professional advice. She had worked with the Intermediary for a long time before the trial, she knew what she needed due to her learning disability and mental health... the court had only met her that morning” (P17).

7.4.3 Vicarious Trauma

The effect of Vicarious Trauma is far reaching and as recounted by P14, people working in the police even in no direct contact still have the potential to experience secondary trauma:

“I used to work in the main call centre for police. I took 999 calls and some of the things we heard were really really horrendous. It was awful when the call went quiet and it was easy to start filling the gap in my mind, visualising what could have happened. So many people went off sick with PTSD or physical symptoms of trauma. We had a system of ‘diffusers’ who were police who had a bit of training. I think there needs to be a system where psychological debriefing is used, for example, counselling or debriefing from someone psychologically trained. I started to educate myself and listen to Pod casts about Trauma Informed Practice. This should be from the moment people join the force. Front liners are called to unknown situations all the time. They need to recognise the signs in their own bodies”.

Informal forms of support, without formal ones, was often explained by participants:

“The amount of times my partner, who is police staff, and me used to go out for dinner and have really bizarre conversations that would just come from nowhere. The recurrent one that we used to always have was about fatal accidents we'd been to. You never got a chance to discuss things at work. So, we would self-discuss and

go through things. And I think that's just the way that you deal with it. It's not right" (P10).

As stated previously, the relentlessness of the work is accepted. In addition to that is the fact that if a person shows an interest in, for example, working with vulnerable people, then they become the person where the work lands. This is a double edge sword as expertise and knowledge is good but if it means overload it is unsustainable:

"Even my other half actually said to me at one point, "you're changing, this is not right." I wasn't sleeping. - It just, it just became really hard. And when you show that you have the ability to be empathetic and work with those vulnerable cases, then you'll get more and more, I think" (P10).

Without training and awareness of T.I.P and Vicarious Trauma, there might also be lack of awareness of the impact of trauma on one's life:

"I have experienced Vicarious Trauma. I have been involved in a number of stabbings where young adults have been stabbed and having to get account from them and show their fear and pain as they remember. But I'm not concerned about the work affecting me... it's part of the job" (P15).

This was further talked about by P10: *"I've experienced Vicarious Trauma and seen it in colleagues too. They identify something, they think 'something's not right', but it's that stiff upper lip, get on with it thing. 'People will do that. Or people don't think something's going to affect them when other people think it is. And then you get the: "well, they'll be alright dealing with that, so, if they're alright, I should be alright." There's no one-size-fits-all. We're all very different."*

This was recognised by one of the participants, a police trainer, who recognised the need to talk about trauma early in the police training she runs: *"When I took over this role, we had half an hour lesson on welfare. I've changed it on our SOIT course, we have half a day and we look at welfare. We look at certain videos with serving officers talking about themselves being suicidal and - blue light champions. We have had Dexter the well-being dog come in. We get them all to share their experiences of how they deal with things. We talk about compassion fatigue, we talk about Vicarious*

Trauma, we talk about work related PTSD. I do sometimes share the fact that the reason I'm doing this role is because it broke me, and I wasn't looking after myself. So, look after yourself and look after the others" (P10).

7.4.4 Supervision and Reflective Practice

The general sentiment through the earlier responses is that police officers have a job which can be trauma inducing. Supervision is very much needed but not easily obtained. P9 raised an inequality where social workers and psychologists working on the same case could receive supervision, but the police do not:

"I first heard that word, supervision, when I was working at a new centre with a new approach where psychologists were on site working with the children. We were working on the same cases but they had supervision and check-in, but they didn't ask police to join in. It's not adequate. I was surprised - I'd seen the psychologist go often but there was no place for police officers. Having seen that in place, I think it would be really useful for us police" (P9).

Whereas P15 suggested that only at crisis point did supervisors become involved.

"Supervisors to my experience do not get involved unless something has gone wrong. I think we should have supervision to help and support officers in day-to-day operation and long-term development and support".

The narratives from participants show lack of time as a worrying factor preventing supervision occurring on a regular basis. Concern about it not being written into the system was resonant throughout:

"Supervision is something that's sadly lacking. Supervision, to me, is something that in this particular role, I think, is very important, but it doesn't happen. There are a lot of people who are supervising, people doing my role who- I say 'supervising,' but it's inverted commas, flashing neon lights, it's supervising is in name only. Supervision should be, for people working with those with trauma, should be about working out whether the cases that you've got are impacting upon you. And offering that bit of support and knowing where your members of staff are. It's about seeing whether they're doing their job, whether they've got the capacity to do that job, or whether

they're taking on too much. A while ago we were given a mandatory annual occupational health appointment...once a year. It was a tick-y box on how you're feeling about things" (P10).

"There are sometimes supervision sessions on offer to the police, but this is very variable according to the different forces and you have to seek it out. It's not really embedded in the system and sometimes when you're feeling so upset it's hard to then go and seek out help, so it needs to be regular" (P9).

As with the more general area of T.I.P, police officers did also acknowledge that there are some developments occurring. There is a development of schemes, and the term 'wellbeing' is being acknowledged as a positive attempt to address the topic:

"As a TRIM ambassador and acting sergeant, I try to get to know my team and their lives. That's important. For example, in my team one of my staff's brother-in-law hanged himself...so I knew not to send him to anything like that. It can be difficult to sit down and have a one to one. It's not written into the system. You have to find time, but the system is already overloaded" (P17).

There's more about well-being now. I'm a DS now and I lead one of the Mets safeguarding teams and we pay a lot of attention to well-being. The Met is on its knees. The workload is so hard. We really need to pay attention to our colleagues and their well-being on our team. Where I am a DS, we have a WhatsApp group and we have coffee and lunch together sometimes. That helps; to look after each other, but this is very varied from place to place" (P9).

"I try to find time to de brief, but it is the difficult to sit down and have that one to one... it's not written into the system which is already over loaded. When they come into my room, I make them a cup of tea with the acronym on the cup... ADJUST... and explain what it stands for: Adjusting after incident, doing normal routine, Judging the incident (not too self-critical) use trusted others to talk to, Sleep is key, T for Trim (Trauma Risk Incident Management). I believe this is really important to avoid sickness" (P17).

The notion of introducing reflective practice was well received by the participants:

“At the moment there is no place for reflective practice. It really does need to be put in place and I saw that working well at that centre which had the new approach. Measures could be taken to assist police with reflective practice. People need to understand how effective reflective practice is. I’ve heard that in the NHS that people use reflective practice as a matter of course at the moment. There is no understanding of the value at the moment with the police” (P9).

I think reflective practice is something, same as evaluation that should happen, but it doesn't, I don't think. And that is down to lots of things. I think a lack of staff, a lack of experience, a lack of time because of the sheer workload. I teach my new SOITs, that they should always do evaluations on their own performances, how their interviews have gone. They all come into my course saying they've seen some really, really good interviews. They've seen really good things here, there and everywhere. When I get into doing their interviewing with them, without fail, they all say to me, “You know, those interviews, I said I saw that were good. Yeah, but they weren't good.” Evaluation and reflection is so important. Problem is, they go out and peer pressure takes over. And sometimes there is an attitude out there that there are a lot of false complainants. So sometimes people go in into every new case with the expectancy that it's going to be rubbish” (P10).

However, delving deeper into the narrative of what participants perceived as reflective practice, there was some misunderstanding with the idea of ‘evaluation’:

A theme stressing the need for that the right type of supervisor, with training in T.I.P, was again stressed:

“With supervision you've got to have staff with experience that know what they're doing, know the importance of it. There's massive pushes to get bums on seats, to coin a phrase. You know, and there are people that are not right for doing this kind of role, this kind of work. If you've got somebody that's the wrong kind of person, that can't do the kind of work and do it in a meaningful way, in an open-minded way, then it's gonna cause more harm than good. So you need to have the right people in the right place. I know good supervision will never happen because there's not enough

time, there's not enough people. The vast majority of supervisors have no idea what the role is about. They don't know what their staff go out and do. They would potentially have never sat in a room with a SOIT officer when they are working with the victim. Potentially they would have no idea what they were looking at" (P10).

On top of appropriate supervisors, a need for a cultural shift was also called for:

"As a culture, reflective practice takes a willingness to think, that's important, it takes time, it depends upon a space, an opening to allow you to" (P11).

Whilst the participants perceived the topic of supervision and reflective practice positively and enthusiastically, albeit with some misunderstanding, it is important to appreciate that these same participants had previously had some very negative experiences in finding support:

"I had to go off sick. A rape case triggered it and overload. When I came back, I said to my bosses, "I need some time away from the frontline." And they basically said "no, off you go." So as per usual, I got all the cases which needed a little bit of specialist handling, all the cases that young people needed an Intermediary all the cases that children had special needs, all the cases that were just remotely difficult. They all came to me. Whereas before it didn't bother me because I was used to it. I just found that I wasn't dealing with it" (P10).

"I was totally burnt out. I was put on restricted duty duties. It was an accumulation of stuff really. There was bullying at work and also, I was sexually assaulted by an off-duty officer and have reported that incident to Baroness Casey for her current review. I think I have PTSD. I'm hypervigilant, I jump at the slightest sound and sometimes I feel it's all a bit much. But there's no structure to take this up. I was so shocked when I worked alongside psychologists on the same cases in the same centre psychologists had supervision and support, and us police had none. That's not equal, is it?" (P9).

These narratives provide strong evidence of the mistreatment of police officers who are in direct contact with trauma on a very regular basis – whether this is primary or secondary.

7.4.5 Section summary

The narrative interviews yielded far more expansive insights than the surveys, during which police officers seemed to be more guarded at times. There was a general call for more training, supervision and reflective practice to be introduced at a systemic level. Concern about the very high levels of stress associated with their work and their own wellbeing was resonant throughout.

The failings they experienced or observed personally, urged some to make changes to the system from their own positions, such as becoming Police Trainers, Blue Light Champions/ TRIM Ambassadors. However, the system itself does not seem to be shifting quickly enough to cope with the need.

7.5 Findings 3: Solicitors/Barristers

7.5.1 The System

An overarching theme emerged from participants which criticised the system as sustaining a suppressed and suppressive culture, continuing with the status quo despite an unspoken (or spoken) acknowledgment of the harm this is doing to all:

“The criminal bar has a stiff upper lip type of culture which people tend to sustain. People tend to ‘get on’ with things and grin and bear hardships. I know some people do struggle, particularly in the early years when adapting to the realities of the Criminal Bar”. (P12)

This was specifically seen in relation to lack of child centredness: *“The system!... the treatment of children in UK is Victorian”* (P13).

There was a recognition that in order to effect change, which participants call for, it had to start with The Judiciary. The theme indicated that unless they were trauma aware, the practice could not be taken up by others in the court.

“There has to be top-down buy in, because if it's not happening in the higher echelons- I am both unsurprised and stunned in equal measures that the judicial college [did not support the study]. It just tells me everything I need to know and everything I thought I knew already. That's why Judges bully people, because they

don't know what to do with the stress and trauma and difficulty they experience back-to-back, day in day out in a crumbling Justice System" (P6).

7.5.2 Training

The participants noted the outdated system above and continued with the sentiment through noting a lack of training of T.I.P, despite working with traumatised people in a traumatising system:

"I have not had any training re trauma but I work with people who have been the victims of violent / sexual offences and / or have perpetrated the same. Many have formal diagnoses such as PTSD or adjustment disorders" (P16).

"During my initial training I had no training on trauma. It's about studying the mechanisms of achieving the right answer and writing that out. The only way in which those aspects were touched, was saying that it was a stressful job, people were ambitious and determined, you had to work hard, it would be high pressure, , you need to be aware of that . We had ethical scenarios because you had to pass an ethics exam, but that's circumstances pertaining to court situations. Occasionally it would involve a vulnerable client, but that would be just by accident. But it's an oddity to me because even if you did contract law, commercial law, any of those, you're going to come into contact with human beings, whether it's on platforms, by email, or in meetings. You need to have an idea of how people function and how to effectively communicate, it's absolutely critical because you have to gain trust really quickly, even in those kind of more black-letter, old types of law" (P6).

A call for knowledge and recognition of T.I.P, as is taking place in Scotland and New York, came through loudly with to duty of care and requests for reform of the system, with a starting point of openness, asking for the slate to be wiped clean with round table discussion and joined up thinking. A baseline of training across all jurisdiction was a strong theme:

"Whatever training may be available, more important is that the legal system recognises the issue and makes appropriate adjustments and provides required support." (P13)

“We are not equipped as it is. I think it needs changing, a round-table open-hearted conversation. Not which bit of the course do we slot it into? “Ok, let's imagine we're wiping the slate clean, what do we do?” Scotland it's obligatory to do trauma informed practice learning and that's developing in New York too. There are different focuses that you need- there's a baseline that everybody needs and then there's core factors that crop up in immigration, or in inquests, or in housing, or in family, which I think need specialist tweaking. We all ought to have suicide training because we all have suicidal clients.” (P6).

Concern was expressed about encountering ‘a glass ceiling’ which prevents the implementation of adaptations and recommendations:

“Training needs to be across the board because if the younger practitioners are doing it but are perpetually hitting a glass ceiling. I think the state institutions need to do it as well. Getting it into the vocabulary is vital, should be part of the core training. You might participate in it thinking “this is bollocks, I'm not going to ever need this.” But if it's sat there in the back of your brain matter, one day you think “actually, you know what, I feel really fucked up by this case. Ultimately, you're involved in these life-changing situations, you owe a duty of care to your client in whatever service you're providing them with. And if you're incredibly traumatised or experiencing unmanaged levels of stress and burn out, you're not going to do a good job and query whether your insurance would cover for that? We don't even have to be DBS checked.... It's reckless, really” (P6).

A better understanding through experiential learning was also noted:

“...if you become a doctor, whether you wish to go into private practice, you have to start in the NHS. So, why shouldn't you have to do legal aid law and then if you want to after your core F1, F2 equivalent in law, you want to go into private practice, then so be it. I also have a real difficulty with the kind of toe in the water approach that big firms, particular big solicitor firms, have to pro bono work. Because it's life-changing work, even if you're doing it on a small level and the idea that somebody could do 95% murders and acquisitions and then just rock up and smash a housing case is just not realistic, to me” (P6).

It was also recalled that those who do have more specific training, such as communication specialists (Intermediaries in this case), add much value to the system, further supporting the need for training: *“Intermediaries who have worked with the individual are exceptionally useful. They will know far better than any advocate when a question is likely to be understood, and how better it can be phrased”* (P12).

7.5.3 Vicarious Trauma

Working in what was described as an outdated system, together with perceptions of lack of leadership on behalf of the Judges and lack of training, have resulted in the Solicitors and Barristers feeling distress. They recounted their distress at putting themselves and their clients through a flawed system, the effects of the work on their mental state and the lack of support:

“I worry in particular about my response to hearing about serious sexual trauma. I have found myself shutting down any intimacy at all with my partners in the past when I have been dealing with cases involving serious sexual violence / sexual abuse of children. I also find myself being uncharacteristically cold / unsympathetic after days where I have had to absorb a lot of secondary trauma. It can take me hours (sometimes days) to “soften” again and be my usual self” ... “I can get depressed which has an effect on my ability to work on other cases and impacts on my family” (P16).

“A recent trial has left me feeling burnt out. I notice I am much slower at the moment, forgetting relatively basic facts and feeling very tired quite early in the day. My sleep has been impacted; it is almost worse a week on than when we were in trial” (P13).

“I work with refugees and minors. Many are victims of trafficking and persecution. In preparation of our cases we invariably have medical reports (psychologist / psychiatric) and clients are diagnosed with mental health issues, PTSD, depression. We also have scarring reports which identify scars from torture” (P18).

A theme reflecting on the conflict of working in a firm or chambers which acknowledges the importance of wellbeing, while having to work within a system with little respect or knowledge of T.I.P, was very strongly voiced:

"I'm definitely and frequently traumatised by the system. I think working in the field that I do and the chambers that I do, because it's very justice, equality, fighting for the vulnerable led, that's fantastic and I have a community of people who I love who are great friends, core values and principles align. Working in systems that just put those principles to one side and then set fire to them can be, is like 'moral injury'. I find it very upsetting that I have to take people through what is a system that is fundamentally failing them" (P6).

"Workplaces ought to ensure there are better protections in place for workers to discuss vicarious lockdown was trauma if they want to" (P13).

An observation was shared that lockdown had been very difficult as they were battling with isolation with no colleagues to debrief with. Cases entered their dreams as there were no distractions to diffuse the memories of the work: *"I think lockdown really was the clincher. Suddenly when people were reading these papers whilst juggling their kids in their bedroom without being able to do anything else, they were like "wow, this is really problematic". ' Because without distractions which normally softened it or give you a distance from it, all just were vanished overnight" (P6).*

The situation of being bullied in court was reflected upon and a theme of demoralisation or moral injury arose. Also, the hardening or dissociation that occurs when coping was a concerning theme:

"People try to harden in the way they talk "how many shaken babies are knocking around chambers", which means 'how many non-accidental injuries with babies" ... I have been, like many people, bullied by other practitioners, by The Judiciary and I think that has made me feel, at times, like, "what's the point? I feel like I'm working really hard and this is how I'm treated" (P6).

Interestingly, measures intended to assist their traumatised clients were highlighted as frequently assisting themselves too: *"It's always really hilarious if you take a*

therapy dog to court because they're designed for the client and all the lawyers flock around them" (P6).

It is undeniable from the above responses that Solicitors and Barristers feel the impact of Vicarious Trauma – but what support is there for them?

7.5.4 Supervision and Reflective Practice

A lack of formal support mechanisms was noted by this participant group, alike the Judges. Further, participants noted the lack of understanding of the concept at the Bar, tokenism and box ticking:

"I don't have regular supervision. I know that I instinctively want to talk a lot about some of these cases but my parents, partner and close friends struggle with listening to that sort of subject matter. Mostly I turn to exercise when I'm particularly "on edge" after a tough day" (P16).

"My understanding of supervision is somebody who is senior to you in your organisation who bares pastoral management or supervisory duties to you, spending time with you regularly to allow you to review and analyse the impact of your work through all kind of multifaceted lens. But it's really problematic because it's mostly target-driven in every sense and at the end it's like, "right ok, time's nearly up... so how are you doing? Everything alright? Great? Great. Great, ok, super, see you next time." An understanding of the concept of supervision just doesn't exist, at all in the Bar. you've got your CPD, you should do your annual CPD diary. But most people only do that if they get called up to account for their CPD backlog. To do it quickly (P13).

'I feel that supervision is very important and I feel that it's fundamentally lacking as well. For me, I have elected to have my own supervision. I have clinical supervision with somebody who is a psychotherapist once a month" (P6).

"Having a consistent individual to check in with would be good - would be a regular reminder to ask myself if I am ok and whether I need a break / to take different work for a while" (P16).

“Barristers are so tired, so exhausted that they just want to sit down and say: “I hate it when my opponent does this” and need someone understand and reply, “I know”. Someone to immediately ‘get’ the practice-based realities of what it is like doing this work” (P6).

“When I have supervision, it usually assists but I do not have it much” (P13).

There are a couple of important points to make about these reflections. First, the importance of group supervision as this helps people support each other with resonance of experiences allowing them to understand that others are suffering too. Second, this participant group seemed much more aware of the role of supervision as compared to the Judges perspectives.

Whilst there was a call for more formalized supports, it was also noted that informal support is also of much importance and does exist for some, as noted by P16: *“I find many Barristers are very open to discussing issues of wellbeing, and I do often have conversations of that nature in the robing rooms at court. What we are not so good at is knowing what to do about it in practical terms”.*

Support was perceived as necessary by the respondents, but so was the sentiment that this is not the norm:

“There is resistance to supervision and reflection. I’ve heard people say “oooh these woke snowflakes, they just love to talk about trauma, don’t they?... I noticed that the more we talked about trauma and our feelings, the more people have permission to say “it’s so hard and actually I have to talk to someone about it’, then others say “oh I know what you’re talking about.” It’s important to give people a common language to describe their experience... and also to help other people if they weren’t prepared to accept what had happened to them” (P6).

P13 also reflected on this in the context of culture: *“I don’t find the system good to talk and disclose my feeling. There is one colleague with whom I was able to discuss this, informally, and on a limited basis”.*

7.5.5 Section Summary

The themes and narratives presented by this participant group are not too dissimilar from those of Judges. Notions of an inappropriate system which is outdated; lack of training; lack of supervision; and resistance to the introduction of T.I.P were sound narratives. However, there did seem to be a greater appreciation for the need for T.I.P to enable effective participation and a desire to learn, with one barrister showing considerable expertise around T.I.P. who had set up their own training and supervision group. Despite the confusion regarding the definition of supervisions and reflective practice, the wellbeing of Solicitors and Barristers was of great importance and concern.

7.6 Findings 4: Intermediaries

7.6.1 The System

Intermediaries seemed to talk passionately about their role; about vulnerability and fair access to justice; about accessibility and adaptation to peoples' communication and emotional regulation needs. However, extremely strong themes of disgust of the system and their treatment within it came through constantly:

"I enjoy working with police as its closest to partnership working we get with some officers but not all. We are never seen as partners or team players at court, just an isolated independent professional coming into their arena...and it literally is an arena with potential deadly lions!" (P8)

"As a person I have a strong sense of community duty, civic duty, moral duty. That's why I became an Intermediary. But the system If you now have a system that sits only a certain demographic of Barristers, that's going to affect the style of advocacy, because they're all going to be of a similar training, a similar mindset, a similar generation of Barristers. Whereas I think positive change happens when you've got a whole range of different ages, different views, different experiences" (P7).

There was an overwhelming sense of anger and despondency towards the MoJ and the QAB set up by the MOJ. Themes ran through of a disciplinarian stance without

support. 'All stick and no carrot' sum up the general theme regarding attitude towards the system that Intermediaries work within.

"QAB just doesn't understand our role. It's a closed process for them to be recruited. They are distant. They use a big stick approach. The fear from QAB is just unbelievable, people are really frightened of the impact of what could happen by people who wield such power and such little knowledge about what we do. I'm almost speechless, so frustrated and so angry at QAB and how Intermediaries have been treated. I want a robust, fair, transparent QAB that I feel as a professional, I can respect and trust to protect both vulnerable witnesses and RIs. And we just don't have that" ... "I don't feel the MOJ is particularly interested. They dictate to us. And now currently, there's a lot of movement to change that, but we shouldn't be having to push as hard as we have been having to push for so long" (P8).

"You need several RIs on QAB to represent our views. And there needs to be a much more transparent process with QAB about what they're doing. RIs need to be actually involved with informing policies, I think that is starting to happen, possibly, but we've yet to see what will happen with the feedback that's gone in on the complaints policy. You need fair policies. You need mandatory supervision. You need a training course from the outset that is trauma-informed and puts trauma right at the centre. You need a mentor system that works. And we need a professional body to regulate us, not a mismatch of people the MOJ have invited in, for whatever reason, to sit on QAB for an indefinite period of time, it seems with their constitution, how that process works. It really, it's unbelievable" ... "If QAB (Quality Assurance Board) wasn't truly disciplinary, it could be leading the change in practice development on the idea of reflective practice and stuff. But right now that's just unimaginable. I think the whole QAB structure is problematic. I suppose what it's emblematic of is how the criminal Justice System works. QAB fits very well into that power-focussed, hierarchical, disciplinary-obsessed organisation" (P11).

"I would freely communicate with MOJ, if those channels existed, but I don't feel they do on an organisational level. I think the focus is more on systems, numbers, data than emotions" (P18).

More specifically, some Intermediaries felt that the attitude of the MOJ towards the Intermediary scheme was concerning:

“The recent research about racism in The Justice System shocking. It has to be of constitutional significance. They found the system to be institutionally racist and people who come before the criminal Justice System who had been a category other than white are likely to be treated with injustice. The prison system is grotesquely traumatising. It's absolutely bloody awful. The whole of society is signed up for this sort of thing. So, it needs absolutely a profound overhaul, same reform that's required in psychiatry. To this day, some psychiatrists just don't talk trauma, you still get expert witness psychologists, who are doing reports that don't reference to emotional regulation. It's bizarre” (P11).

“MOJ is at a distance from us, they don't really understand what we do, and they're not interested in supporting us from an emotional point of view. There are very robust Intermediaries who've been reported to QAB and are reduced to no confidence... gone completely. It's as if Intermediaries have committed a murder, the way they're treating us sometimes” (P8).

Likewise, the subject of remuneration was raised as an issue as a recurrent theme:

“They consider it kind of grubby that you would question the remuneration, that you would question, you know, long term things like a pension, sick leave, annual leave. It's not grubby. It's just practical. These feelings build up.” (P7)

“It about power. There's a huge rate of registered Intermediary concerns that can't be discussed openly on the registered Intermediary forum because the MoJ will come in and say, ‘that's not acceptable here’. And we need to be thoughtful on how we present stuff. I suppose that's part of the balances we hold because we come into this with a very different perspective” (P11).

Other themes, regarding the system, approached the core of the established structure raising questions about diversity, racism and the penal system. In the words of P11:

“And I think this brings us back to the traumatic impact of the system. Just another example- If the system admits this, then you have to go right to the root of how things work”.

The theme of trauma in the system emerged with reference to the system increasing levels of trauma for the users:

“Some offences can seem less serious, but the way that they've been handled induces far more trauma to everyone.” ... “I have been traumatised by the hierarchical nature of the system. The fact that I've had Judges ridicule, criticise me and I've had no right of reply” (P7).

However, there is also reflection on positive changes being introduced: *“I'm finding increased to trauma, which I think is positive. And Judges saying we must consider how traumatic, you know, producing an exhibit might be if the child hasn't been forewarned. Things like that. I think definitely, that wouldn't have been said eight years ago when I first joined” (P7).*

Narratives recalling personal experiences while working as an Intermediary almost 'against' the system were also discussed:

“I never thought I'd be able to stand in court and push for what a vulnerable person needed. It stopped me applying for years because I just didn't think I had the skills to do the job. But the system does grind you down” (P8).

“I've sat in the well of court while advocates pulled apart my reports and acted as though I simply didn't exist” (P7).

“I've never had a Judge shout at me, but colleagues have. I've had a barrister shouting at a witness. I've never been shouted at in my role. The other thing is, in terms of misogyny, I suppose one thing I've learnt as an RI, as a guy it's easier for me. I always put on a three-piece suit with a waistcoat. And of course, I'm a complete bloody tramp normally. When I go to court I need to, it's almost like a theatre performance” (P11).

These experiences relate to the Intermediaries' narratives surrounding the values of the system itself. Themes arose questioning the values and operations of the

system. For example, if it is accepted that trauma affects participation and therefore justice, then the very basis of the JS is challenged. Perhaps in doing so, 'a can of worms' is opened which has had a lid firmly secured maintaining a stagnant system some believe is not fit for purpose. Participant 11 questions this clearly:

"Vulnerability shakes the foundation. So, more training would be good. But of course, like everything it's the nature of that training, the more trauma aware people become within the criminal Justice System, it brings up challenges for us all because we then have to look at the context- together with other professionals who are both traumatised and potentially traumatising, be that Barristers, be that police officers. It's how a system like that, beyond just lip service, will actually engage in meaningful consideration of trauma".

"We need to educate juries about how trauma and memory will be affecting people's evidence" (P8).

Participant 18 stressed the need for others in the system to be trained to help them understand the hidden complexities of the role which assists traumatised people:

"I think other professionals mostly have heard of Intermediaries but often only loosely understand our role... e.g., often Intermediaries are understood to be needed if a person cannot communicate clearly in words and sentences and in that sense our role is more understood. However, what I don't think is fully understood is that we are there to assist where communication is compromised through trauma or anxiety and no other outward communication factor. I think communication is often not thought of in conjunction with the concept of communicating best evidence and what that in actual fact means (i.e., best evidence is not just about knowing words and formulating sentences...it is also about not creating unnecessary levels of trauma and anxiety in gaining that evidence or indeed retraumatising.

From these responses, not only do Intermediaries feel there are issues in terms of the general JS, but they also perceive issues with the embeddedness of Intermediaries within. What is more, this is impacting on their ability to do their work and their mental health.

7.6.2 Training

Intermediaries brought up themes regarding the lack of inclusion of T.I.P in their initial training and how the emphasis had been on language and linguistics with little reference to the effect of trauma on emotional regulation and its effect on participation and communication. This is despite the recognition that their work involves working with highly traumatised people and material and is far more than linguistics and management:

"I did the course 2015 and qualified 2016. And don't get me wrong, it was a fantastic course on all the other aspects. But it had a massive gap about working with trauma. When I started out as an RI, I thought it was all about communication and because of the way the training was, I didn't really appreciate that it is communication and emotional regulation, and you can't separate the two. And our role has to address both aspects because they're so integrated and interdependent. I also think that you can't predict from the allegation what the level of trauma response may be and that makes it really difficult to know just what's going to be involved. It needs to be an essential core component of the initial training" (P8).

The participant continued: *"I recall some being made in my initial training, but it was very much in passing. There wasn't, I don't recall any particular session or any module that talked about trauma nor how trauma might influence the coherence and the completeness of somebody's evidence. It was more to do with how it might affect them from an emotional point of view in the live link room. I haven't had any formal training re trauma and I am uncertain about my level of knowledge. There is often no understanding or opportunity that we need a forum/supervision to manage and learn about all of this" (P8).*

It seems that training is mainly self-funded and through organisations outside of the MoJ:

"The training I've done has all been funded by me. And it's been via Intermediaries for Justice. Before, when I had to reground the vulnerable witness that was being brutalised in cross-examination, I was having to act on instinct to ground them. Whereas, having read round to actually understand what was going on, I feel I'm

much better able to justify why I'm doing what I'm doing. And know a range of ways" (P8).

On top of their own training, the Intermediaries also noted the importance of further training of others. P7, for example, suggested some experiential experience like a youth club placement etc: *I think you would really have to affect a big change in mindset. Because I really do think Barristers would be very astonished that you would think that practical placements in youth clubs etc would be something that would be valuable to them.* P8 further noted that better learning about Intermediaries could be beneficial: *"... to shadow RIs. That would be brilliant because they'd then understand what we do".*

Participant 18 makes the point about willingness to learn.

"Other professionals, Barristers, Judges etc have to want to understand and learn about vulnerability and our role. If the desire is not there, it's impossible. Sometimes I wonder what their motives are in not acknowledging our reports and recommendations ...do we pull the rug from under their feet... is it about strategies and manoeuvres...? I've found the police do seem to really want to learn, maybe it's because they need our help."

Perhaps unexpectedly to the reader, Intermediaries voiced similar concerns that other professionals talked about, as well, in terms of the lack of training in relation to T.I.P. Equally, Intermediaries are very much impacted by what they see and experience in the JS, particularly as they come from health and education backgrounds which may make them more sensitive and aware about the needs of vulnerable children and adults. Also equally, they do not feel supported by the system. How this translates in terms of the effect it has on them is discussed next.

7.6.3 Vicarious Trauma

Feelings of helplessness and the responsibility of bearing witness to unfair, and at times cruel, treatment of the children and vulnerable people Intermediaries work with or observe from a far (e.g., unassisted vulnerable defendants in the dock), weighs heavily on Intermediaries. Being a lone voice and witness to this can lead to

accumulative Vicarious Trauma. Narratives of shock about the handling of vulnerable people were visible:

"I assisted the defendant in a rape trial. The complainant was harangued by the defence barrister and repeatedly called a liar. She was plainly distressed, was a long-term drug user and had mental health issues. The Judge did nothing to stop this nor did he insist that she should have an Intermediary, which even the prosecutor admitted" (P18).

Witnessing what might be regarded by some as dubious behaviour can be upsetting for Intermediaries as they have an understanding of vulnerability and very often come from health care backgrounds:

"My worst ever case was maybe a 22 or 23-year-old (PTSD / brutal rape) who at one point, said she couldn't remember, and the Defence Counsel who were now shouting at her and said, "why can't you remember?" Which is just a preposterous question, it's utterly preposterous. I'd intervened in that. I'd intervened earlier around the counsel's tone. When I then asked if we could have a discussion in the absence of the jury and the Judge told me 'No, we can't'. And then Defence Counsel continued in this vein and it was absolutely appalling. That case left me so upset. I still haven't done the invoice, this is like two years ago, I can't bring myself to do the invoice. I've had other cases too... one where the Judge was awful. Awful in a different way, she was just uninterested. And the defence questioning was brutal. If people knew what really happened in the courts, Barristers would be the most hated people, they would be the most hated people in our society. the Criminal Justice System depends on public not knowing. some Judges would have said, 'you're not asking that question in my court.' But it's a lottery" (P11).

Other respondent as in the case of P8, report that cases have dwelled in their heads and they have needed to find emotion help:

"I had a really difficult case a few years back, [name]. And everything that could go wrong with it, did. And it still stays with me, and I'm still haunted by the eyes of this vulnerable person as they collapsed in court, and I had to catch them because of the brutality of the court process. And when I've been back in that courtroom, I can feel my body react. And when I've been back where I had to repeatedly ground them -

they were cross-examined for a day and a half - and I was intervening every other question. So, it's a weight that I'm very conscious of carrying. I see a counsellor at my own expense. And actually, it was that case that triggered me to seek a counsellor. And I'm still really in the process of doing that. I took two months off after the case because I couldn't face what was needed, and I wasn't fit at that point, I felt, to be seeing vulnerable people" (P8).

Another theme of lack of understanding of the Intermediary role as a potential trigger of Vicarious Trauma was mentioned:

"The risk of Vicarious Trauma would be reduced if there was more of a recognition of this role, a recognition about our clinical backgrounds and if people took more notice of our reports" (P7).

The lack of certainty and unpredictability of working in different courts, with different staff with different attitudes was a common theme:

"I feel sick before going to a ground rules hearing, and that doesn't change. I think that's because of the unpredictability, the fact it's a different Judge, different Barristers, so the whole dynamic is different every time. Full of shame and blame" (P8).

Observing colleagues being handled roughly was also an overwhelming theme of concern and shock.

"The last few ground rules hearings, the Judge has really torn strips off one of the Barristers, and that's felt really unpleasant. And that's their culture. It's a public shaming and criticism of the slightest thing that's wrong at a time when they're so busy and can't juggle all the work that's needed. One of the ground rules hearings, the barrister that was late was needed in three different courts all at the same time, and that's just impossible. The barrister got told off by the Judge. I feel I've had Vicarious Trauma on a case. The details still stay with me" (P11).

"The impact of trauma on colleagues is sometimes noticeable, these cases sort of dominate and I they worrying about them. Sometimes - you want to get back to your

car after working with a person and bursting into tears, that would probably come within Vicarious Trauma, I'm guessing. It is such an isolating role" (P8).

This same participant further talked about the police specifically:

"Trauma is there for police due to a system that relentlessly exposes officers to awful situations again and again and gives no respite between each call out. Personally, the impact of that on a friend's husband led to him being sectioned for PTSD and which led him to leave police. With officers I think they develop a veneer of seemingly not allowing interview content about traumatising stuff through, that could be a numbing out I guess due to Vicarious Trauma. There's also the dark humour that can occur as a coping mechanism...that hit me when I first worked as an SLT at the Youth Offending Service. Some officers do open up to me and I have more opportunity to offer them a listening supportive ear than with court. I think we get more time 1 to 1 with officers than court professionals which creates a different relationship".

Intermediaries also echoed each other in their experiences of other legal professionals off-loading to an empathetic ear or presence:

"I think I do listen to a lot to horrible stories. I think we are often on the receiving end of other people's Vicarious Trauma, and they do offload quite a bit to us. Some of the worst stories I've heard have been when I haven't had my guard up. I think there's something about working, you know, you protect yourself, but then when your guard's down, you just get into their police car when they pick you up from the station the station and they spew out this terrible stuff. I think they are carrying a lot" (P7).

The way Intermediaries narrated their daily experiences is very much interrelated with not only the crimes/cases that they are party to but the systemic issues and their place within the system. Coming from caring professions, they also observe trauma experienced by other professions which also impacts on them. Their own support, however, seems to be as lacking as that for other professions.

7.6.4 Supervision and Reflective Practice

The research literature has identified three factors that universally lead to stress: uncertainty, the lack of information and the loss of control.

Gabor Maté, (2004)

Many Intermediaries have come from the Health Service and draw upon their experience of NHS supervision which is mandatory. There was a strong theme in support of the benefits of supervision and reflective practice:

“In the NHS the supervision was, from my understanding, was a sort of reflective space to explore practice and think about using case examples to learn and develop with view to doing better. And also offer emotional support where required. I suppose what it should be is a case practice-based reflective space to identify and provide emotional support required and to learn and improve. I think the overall scheme is really deficient and we have to do it off our own backs” (P11).

“I think it goes beyond that initial training in Trauma Informed Practice. There needs to be support mechanisms afterwards that are trauma informed. And it taps into the whole supervision, or lack of supervision, lack of responsibility from the MOJ. It's a confidential safe space where you can explore issues that have arisen and seek to understand your own responses and look at how those issues could be dealt with next time. It's about CPD. I think it, as an RI, it has to have an emotional supervision component, as opposed to purely being clinical or service driven, if that makes sense. It's needs to have an emotional component due to the frequency that we're encountering people who've experienced trauma and the risk of that impacting on ourselves through Vicarious Trauma. So that we can stay well enough to keep practising” (P8).

A sense of isolation was also felt by Intermediaries, feeling that no one is taking responsibility for their wellbeing:

“The MoJ doesn't seem to care -, we get an annual talk from QAB It's really noticeably robotic and disciplinarian and lacking in any sense of wellbeing for the Intermediaries” ... “I think the MOJ could fund supervision. I think it would be quite

helpful to have small group supervision where we could go, not with an Intermediary, with some sort of healthcare professional with a counselling background, who could listen and create a safe space for the Intermediary say if you've got something wrong. And in the criminal Justice System, I don't think there is space to admit you've got something wrong because you're potentially opening yourself up to be disciplined which is counter to the idea of reflective practice. In a traumatising traumatised system, reflection becomes risky because, reflection would involve an explanation of your whole approach, the nuts and bolts of it but also the emotional approach, how it worked for you, how it worked for the person, that they didn't want to experience any emotional pain and stuff like that. In The Justice System, people are not signed up for that, they're really not" (P11).

"We [Intermediaries] don't have a regulatory body. Just QAB... you can't be Judge and jury and that's what QAB is doing. This uncertainty also causes stress" (P8).

A theme regarding the adverse effects the system has on professionals, when there is no room for supervision or reflection, was commented on by P11:

"You meet a lot of Barristers who are drinking too much. That's just one thing you can work out if you know anything about people who are drinking too much. There'll be all sort of things going on about how people manage their emotional pain. There's no way there can't be because the whole working in the system is brutalising. So, people need to find a way to cope. The criminal Justice System is incredibly hierarchical, it's incredibly patriarchal in the whole sort of sense of, this is a place where strong people do because strong people can, but it's just bullshit. But the system can't admit that".

Participant 7 drew from experience of other sectors where case reviews are the norm, where there is a structure to learn from mistakes, where people are safeguarded who either come into that environment or work in it:

"There isn't really a mechanism for reflective practice to happen. For instance, the social services management of a case has a procedure and protocol, if something terrible happens to a child, like a child death, they'll have a serious case review and they'll ask for contributions from all the professionals, and even sometimes from the parents. Not to vilify people, not to punish them, but to look at how they can avoid

this happening again in the future and how they can improve their practice. But that never happens with court- there's no mechanism for people to come together and say, "well, where did it go wrong? There's an appeals process, but that's not really what I'm thinking about. I'm thinking about how we can bring the particular people who were involved in that case together so that they can talk it through and talk about how it affected them and how they can take the experience and turn it into something positive. Value should be placed on reflection. It's very reactive; moving on to the next case. no mechanism to reflect. If you speak to people informally, most people do want to do things like that. They do want more opportunity to throw off their armour and talk to people on a more equal footing, they can't".

A theme of reactivity rather than reflectivity emerged, which can leave people to carry unbearable facts, images and horror. Intermediaries are often on the receiving end of hearing debriefs from colleagues across the system, not just their immediate Intermediary colleagues but police, Solicitors and Barristers. An empathetic face or presence can open up the flood gates as there is no other established mechanics:

"I think irreflective practice in The Justice System really limited because they're constantly on the treadmill, trying to meet that next delivery and piece of material. I've only had one barrister that approached me after a really complex case, and this was a couple years afterwards, to say that they had found that trial really difficult and were concerned about Vicarious Trauma. And I'm not surprised because it was a horrific case. But it was interesting. What I thought might have triggered the Vicarious Trauma actually wasn't. I thought it was related to the witnesses but actually it was related to the content of their dealings with the defendant and the fact that the defendant was facing a 20 plus year sentence because of the allegations and the weight of that responsibility and I think how other conversations had been with the defendant. I don't think reflection is part of their bread and butter. I think they seem so caught up in the doing and getting through that, I don't see how there's the headspace for the reflection on the being. We don't have any chance to give feedback to inform and assist on the whole. And I'm also thinking, opportunities for joint CPD training. I did a course with a police force, and it wasn't just the content

that I heard, it was the opportunity to work with officers and to share perspectives. I think that fosters reflection” (P8).

7.6.5 Section summary

Even though Intermediaries are highly trained professionals, it seems that the transition from Health and Education backgrounds to the JS can be a shocking one. Despite being specialist in their fields, they still ask for more training in T.I.P. and highlight a lack of emphasis on trauma in their Intermediary training. The concerns regarding working with traumatised people and hearing and handling disturbing material on a regular basis is a concern to them. They too, like the other researched groups call for an inbuilt supervisory system to be part of the scheme. However, many have taken the step to self-fund this perceived deficiency. There is a strong voice of concern about the lack of understanding of their role and the valuing and following of their recommendations.

7.7 Chapter Summary - learning from the four groups

What has become apparent from the narratives and themes emerging during the interviews, is the common ground between all four groups in a call for more training. There is huge potential to use a synthesis of skills between the four groups to learn from each other. The concern about their own traumatisation caused by the work and the system is a common factor. Very resilient people from all four groups showed a potential to be worn down by the system. A common theme is one of lack of time and relentless demands. This prevents true assimilation and change no matter how empathetically all four groups are claiming that this needs to happen. A reasonable question might be whether the adversarial ethos is preventing this from happening?

The narrative analysis or themes following the interviews conducted across all four groups, revealed an overwhelming sense of requesting training, an acknowledgement of the struggle within the system, the spread of Vicarious Trauma, lack of support and a recognition of being behind the times.

The Retired Judges were initially more considered and conformist in their response. However, after a while in the safe supportive environment of the interview, their burdens were aired and emotions flowed. They do have a very distinct role with strict codes but the theme that was resonant with the other three groups was a sense of being overwhelmed due to the amount of work and cases. Likewise, the relentlessness of hearing about human suffering and a very strong sense of isolation and heavy responsibility.

The areas where the Intermediaries and police were very in-tune with their topics and themes were, supervision and reflective practice. Both groups stressed the need for a systemic shift in the placing of value on the importance of supervision. Likewise, they felt reflective practice would be very beneficial to all. The Solicitors /barrister group and retired s were more cautious about supervision as it seems to be defined and viewed by them, as more of a case management type approach. However, some Solicitors and Barristers recognised the need and called for a change of attitude towards their wellbeing.

Chapter 8. Practitioner Reflections in light of Research Findings

8.1 Reflections – three years after the first reflective account

Following the research findings and narrative interviews, it is possible to draw common threads together by analysing and discussing the lived experience of my work as an Intermediary during one trial, relating it to the responses given by the participants in this research.

Over the last years, I have worked on many cases and had very good experiences, particularly working with the special operations police and many enlightened Solicitors, Barristers and Judges. I have been particularly impressed by how Immigration tribunals have embraced the entry of Intermediaries into their domain. There has been concern amongst my colleagues about a shift in the justice arena as there seems to be an increase in evidence only assistance, which is highly questionable (IfJ, 2018). There have generally been a substantial number of cancellations and long waits for relisting and other systemic issues.

However, the following lived experience case study depicts attitudes due to a lack of knowledge and training which should not exist. Over the years, I have experienced many things of concern occurring during a trial, but to have so many happening in one trial is disheartening. It clearly demonstrates an urgent need for T.I.P. training, supervision and reflective practice. The main areas of concern are numbered in brackets, and the narrative account then leads to the discussion of these points in relation to the findings.

The third attempt to hear this trial was mentioned in Chapter 3, a rape trial that was adjourned for the third time. I recount now the fourth attempt, ten months after the last adjournment. We had been told the trial would commence on a specific date. However, the day before the trial was due to begin, no defence barrister had been appointed, but that is quite usual. It is a stressful situation, as careful planning is recommended when working with vulnerable people. This cannot take place without all parties in place. For example, the reviewing of questions following the recommendations in the Intermediary report and a ground rules hearing, which ideally should take place in advance of the first day. This is best practice (The

Advocates Gateway, 2019-2023), and a timetable of the sequence of the trial should be ready for all to work towards. None of this happened, and sadly, this is not uncommon.

On the morning of the trial, I was informed it was not 'fixed,' therefore, the court listing office was uncertain if it would take place. I was told not to travel to the court. The Officer in Charge (OIC) of the case and I decided not to do the memory refresher where the vulnerable person can watch their Evidence in Chief to remind them what they said during their VRI, as would any witness be allowed to read their statement as a memory refresher. Instead, it was decided to wait until we knew if there was space for the trial to be listed, as it would be emotionally upsetting to go through a stressful refresher to have yet another adjournment. We waited. At 5 p.m., the police officer called to say I was needed the following morning. The court had forgotten to inform me. I made the four-hour journey to be there at 9 a.m. There was nothing unusual about that; it is what Intermediaries do.

I had been told to be there at 10 a.m., and I presumed it would be a Ground Rules Hearing. The trial commenced after three years, but the Judge had to break as he was required to be on another case. Several hours later, we were called back in. The Judge showed clear signs of overload and distress. Having interviewed several retired Judges for this research, I tuned into the human side of what I was observing: a very overloaded and highly stressed human being trying to cope with a timetable and the demands placed on him, which was humanly impossible. (1) Following the account of the experience of the trial, the bracketed numbered points will be analysed and cross reference with the research findings.

The Judge fumbled around from paper to laptop, and it transpired that he had yet to see a copy of my report. (2) Several other Judges had been present at hearings over the years prior to it coming to the present trial.

There were legal arguments to sort out, which pushed the ground rules hearing until the afternoon. This was the time when we had arranged with the vulnerable person to carry out the memory refresher.

Eventually, after the Judge had returned that afternoon from the other case, which he was balancing, we were called back in. The Judge asked me to be a 'spectator'

as he felt that Intermediaries often intervened too much. I explained the level of need of this witness who had a Learning Disability, PTSD and a Mental Health diagnosis. I said my role was to assist and make an ongoing evaluation of participation and emotional regulation. I assured the Judge that I did not want to prolong the agony, causing this already very tardy case to be dragged out (3).

Eventually, we broke for the day, agreeing to return the next morning. At this late time, the Officer in Charge and I travelled to a safe place to carry out the memory refresher. This can be the most emotionally charged part of the legal proceedings. The highly traumatised witness had to revisit their account, evoking the memories of the alleged offence. It took four intense hours to assist her in watching her evidence. She had the option to stop but chose to continue in small sections. She did become dysregulated many times, and I used grounding techniques and therapeutic strategies (4) to return her to a place where she was in a more regulated state. Her brain had not 'gone offline' as a defence from what she was finding unbearable. The police officer was skilled and had been present since the first assessment. We had time to discuss the psychoeducation related to Trauma and her communication needs. He had read my reports and understood the recommendations. It was an example of good joined-up multi-agency working with trauma informed awareness (5). We managed to help the witness to remain or return to the window of tolerance. After four hours, we were all exhausted but were aware of the demanding court day which was ahead the next morning.

The previous day, I had asked a simple question of both Counsel when they were together: if both parties, defendant and witness, had received special education, why had only the witness been granted an Intermediary? This was something that the officer on the case was also quietly querying. Defence looked through their notes and checked with his parents, revealing that there had been an oversight. An Intermediary assessment and expert witness psychologist had been carried out, and there were written reports recommending the defendant be assisted by an Intermediary.

The next morning, now the third day of the listed trial, defence counsel said they were going to ask for an adjournment. The Prosecution Counsel reminded me that I was there for his witness, and he was observably disturbed that I had raised this

observation about The Equality of Arms. He added that this was not about Justice and that his job was to win. I explained that I was an independent officer of the court and had a duty of care as a Health Care Professional.

We returned to court, and The Defence Counsel raised the point about the defendant and the oversight regarding the need for assistance from an Intermediary. The Judge was exasperated and mentioned the time everyone had had to prepare and that he had no intention of adjourning. He told the defendant to put his hand up to say if he could not understand. I am told that the defendant had a hearing loss in one ear and had received input from the services since reception for special educational needs. (6) I was reminded of the Retired Judges' qualitative responses about needing 360-degree vision and balancing all in court. It was also resonant with the Intermediary comments about the treatment of defendants being different to that of witnesses (7).

Following this, the jury was sworn in, and it was timetabled that the Evidence in Chief VRI would be shown. Frustratingly, the equipment to play the VRI would not function. More anxiety for all ensued, including the vulnerable defendant who was sitting in the dock, likewise for his anxious parents who were also in the court, as was the vulnerable witness who was waiting in witness service to give evidence. Tension and stress levels escalated. Technicians were called, but the fault was irreparable (8).

After pleading with other courts, a courtroom was swapped with another trial, but could only be freed in the afternoon session.

The trial was now running several hours late for the day's timetable. My unseen role as an Intermediary using my clinical skills, grounding strategies, and rapport building was essential to enable the witness to remain in the process (9).

I suggested the witness, and I went to sit quietly in the live link room to regulate and adjust and to put out my visual material to support her (10). The ISVA intervened strongly and said she did not need to do this and that we should wait. I wanted to avoid any confrontation in front of the vulnerable person, so I had to accept this, despite my experience telling me otherwise.

Eventually, we were due to begin and went to the live link room where Counsel and the Judge visited the witness as per my recommendations.

I had asked for all to sit down rather than tower over her. However, there needed to be more chairs for this rather crowded room, as the Usher and ISVA were there too. It usually is discussed at the GRH, whether the presence of an ISVA would be helpful.

Just as we were about to begin, after the Judge and Counsel had introduced themselves to the witness, Defence Counsel asked me to come outside the room to review some extra questions. (11) This was very bad practice as I needed to be with the witness and reviewing questions should be finalised long before this point. This felt like hijacking and could be a strategy to unsettle the Intermediary. Intermediaries need to co-regulate by keeping themselves calm and grounded, which is very difficult if things are sprung upon them.

The enthusiastic Usher and an assertive ISVA introduced a dynamic in the room. My recommendation was to maintain calmness, and the fewer people around, the better. The witness became upset before the cross-examination began. Then, perhaps a type of unconscious territorial battle occurred between the Usher and ISVA, where they were keen to demonstrate their skills to comfort the witness. With T.I.P., it is best to turn the heat down, de-escalate, and help people return to a reasonable level where they can effectively participate. This is the very core of Intermediary practice. (10)

Firm, secure, grounded handling is sometimes needed to help regulate, where phrases such as 'you are safe here, let's breathe together, this is something you have wanted to do, you don't have to carry on, but we need to stay calm together.' To the observer who is not trauma informed, it might seem harsh, but the Usher looked shocked.

The Judge asked for the cameras to be put on him. He then persuaded the witness that she could continue. I asked how many more questions there were, to be informed by defence counsel that there were approximately 30 more questions. The Judge said we would continue. (12) Then the inevitable happened. The witness became volatile. I asked the Usher to break the link, but he would not. I put my hand up in a stop sign, by which time the witness had thrown the table over, the water bottle went flying, and she was breaking everything in sight, screaming and possibly

having flashbacks to the incident. The link was closed. No more questions were possible. If all parties had been trauma informed, including the Usher and ISVA, this situation would not have occurred. It need not be like this. (13) The Witness was left with feelings of worthlessness and a downward descent into helplessness.

8.2 What happened? An analysis of this trial in relation to the research findings.

The following is an analysis of the various concerning events that occurred in relation to the research questions and findings.

The themes that emerged in point (1) are concerned with uncertainty caused by poor timetabling, inconsistency, i.e., A fixed trial becoming unfixed and on the warned list, something that should not happen with trials involving vulnerable people. The stress of waiting, wondering if it will be adjourned yet again, weighs heavily and affects all four research groups. The anxiety of the overloaded Judge, who was so clearly visible, resonated with the responses of P1 and P2.

The overriding emotions and patterns highlighted in point (2) are the Judge having too much to deal with, needing to rush, and not giving time for an adequate ground rules hearing. Therefore, best practice was not carried out, causing the detailed understanding of the needs of a highly traumatised person who was coming into the potentially traumatising system, to be ignored. This lack of trust in the system and the concerns about the inadequacies of the system and the effect on their clients is highlighted by Solicitors /Barristers / Police and others in the findings.

Point (3) highlights the Judge's admission to not having seen the Intermediary report, and the suggestion that the Intermediary should be 'a spectator' leads to distrust and uncertainty. This does not demonstrate an understanding or value of the role and perhaps exposes a lack of training or a negative attitude. However, it may have been due to an overload of demands. In the findings, the Intermediaries have repeatedly said that often their reports and recommendations were ignored.

Point (4) demonstrates a theme regarding the demands on Intermediaries to be adaptable, working long days, and dealing with high levels of stress and Trauma. This is commented on by Int P8. The working relationship between agencies is vital

and was highlighted in responses and the findings of the Police (P17) and Intermediaries in the findings P8 and Sol/Bar 6. Point (5) shows the need to use strategies to regulate.

Remaining independent and neutral is important as Intermediaries can be pulled in many directions. 'My Intermediary' is frequently a term misused by Counsel, as demonstrated in point (6). This shows clearly that Intermediaries can witness injustice and may need to raise points as a neutral officer of the court. They can then be blamed as one side or the other may view them as belonging to 'their team.' This is a traumatic position at times and requires good supervision and reflection to be balanced. The threat of being reported to QAB by a police officer or barrister who does not understand the role can be a significant fear factor and omnipresent. Int P7 comments about the threat rather than help caused by QAB. This resonated with responses in the findings, which refer to the defendant not being granted equal treatment as a vulnerable witness.

It also raised questions about the equality of arms and questions raised in the research findings, such as that of INT568: *"I have a feeling - but no evidence - that a defendant is far less likely to be offered trauma-informed adaptations than a witness. For defendants, it really depends on the Judge - some Judges have been helpful and receptive, others not so much."*

One of the main themes in point (7), which emerged in the lived experience, was the demand on the Judge to keep all parties in mind and a 360-degree eye on the court. In point (8), the highly stressful task involving looking after the jury and attending to crises such as broken-down equipment, lack of courtrooms, and anxious parents, resonated with responses by RJ P1 & RJ P2.

In point (9), the theme of the hidden, unseen, and unrecognised nature of the Intermediary role is noted, and comments about being an undervalued feature in the findings strongly. It is vital to keep vulnerable people grounded in order to participate. Comments such as 'The Intermediary just sits there' can be soul-destroying. Retired Judge P1 alluded to this in their response, as already quoted.

Likewise, the lack of understanding of our role and the lack of training in trauma informed knowledge and practice is potentially dangerous. This is acutely

demonstrated in point (10) and resonates with the findings in the multi-case study and surveys, endorsing the comments made by Intermediaries P7 & P8, Police P9, P10, and Solicitors/Barristers P16, P12, P6.

The lack of planning and timetabling to enable all questions to be reviewed before the commencement of the trial at a timely ground rules hearing is essential. Point (11) showcases this type of disorganisation and suddenness, caused by making up for lost time and so on, which can lead to accumulative Vicarious Trauma and can only be destructive for all parties.

The main themes in point (12) demonstrate the lack of T.I.P., the lack of training, and the complete mishandling of a highly traumatised person. If the recommendations in the Intermediary report had been followed and requests for breaks accepted and believed, then this person would have been able to give her evidence. Instead, matters were escalated in terms of her traumatic stress, and the intervention of too many people caused the situation to be unbearable for her and traumatic for all, including, no doubt, the jury. This resonates with these research findings in general, where all four groups called for more training.

Point (13) highlights how the system fed the already traumatised witness through arrogance and bad planning. Sadly, responses in the findings from Barristers, Police, and Intermediaries all reiterate this type of experience and concern the words of Int P7 stating that the JS is 'traumatised and traumatising' are resonant. There is a strong call for MOJ to recognise the need to learn from each other and to receive training. The very traumatic situation recounted in point (14) was caused by a lack of trust or belief in the clinical findings of people appointed to do their job, to enable effective participation.

8.3 Chapter Summary

This lived experience pulls together many themes that have emerged throughout the research findings, which leads back to the research question: *What is the current state of Trauma Informed Practice in The Justice System? What does it look like, and how does it play out in practice?* This extremely worrying state of affairs recounted in the lived Experience 2 demonstrates a lack of knowledge of T.I.P, a

lack of multi-agency working and joined-up thinking, a lack of respect and valuing of other professionals' advice, and a fundamental lack of training. It clearly shows how the research findings are manifested in the system and an urgent need for change.

Chapter 9: Discussion and Recommendations



Reflective Practice Image: 9 'We asked for Workers and they sent us Humans'
Grove & O'Connor (2020)

9.1 Introduction

Despite the existence of trauma being a well-accepted element of the JS, the literature review uncovered that very little is actually known about developments relating to T.I.P. in the JS in England and Wales. The literature review showed areas of concern about traumatisation and Vicarious Trauma. As highlighted in the Literature Review, Scotland is making significant steps in becoming a Trauma Aware System but does not yet have an intermediary scheme. Likewise, highly relevant research from Canada and Australia about wellbeing and Vicarious Trauma in legal professionals is emerging.

Therefore, the current research, based on the lack of available literature, together with the researcher's professional experience, aimed to answer the following

research question: *How do Justice System Professionals Perceive the Current State of Trauma Informed Practice in The Justice System?*

The research into the current state of affairs of T.I.P in the JS has raised some concerning points, which will be discussed in this chapter. The aim of this chapter is to bring together the research findings in the context of the existing system while drawing examples of good practice and recommendations for future developments.

Six specific research aims were developed to support answering the research question set. These stemmed from a thorough literature review relating to what we know about T.I.P in the JS, alongside the practitioner's own observations:

- 1) it was essential to learn about the practitioners' knowledge of T.I.P.
- 2) considering the need for more information on what training these professionals receive, it was researched whether practitioners received any training, or not and if so, what type. Regardless of whether they received training or the quality of training, practitioners work with traumatised people.
- 3) It was explored how professionals approach working with traumatised people.
- 4) Consequently, and fourthly, it was investigated how well equipped they feel working with traumatised people. T.I.P, however, is not only about the 'client' centred way of understanding trauma, but also about the understanding of how trauma impacts on professionals themselves.
- 5) It was examined how individuals view Vicarious Trauma.
- 6) Lastly, it was researched whether professionals in these highly emotional roles receive any supervision or time for reflective practice. In general, two main themes were being investigated– looking 'outwards' - what does T.I.P look like when working with victims, witnesses, defendants, and others and looking 'inwards' - what does T.I.P look like within the organisation.

The themes generated in the survey findings, such as: concern about the system, lack of training, Vicarious Trauma, and lack of supervision and reflective practice,

were further supported by the semi-structured interviews. Likewise, the accounts of lived experiences of the 'insider researcher.'

The responses from participants draw out an emotional journey through the system – they make for sombre reading with a sense of despair and brokenness coupled with a desire to provide justice and a fair system. The sense of helplessness rendered many professionals, who had started their careers with great hope for making a difference in fighting for justice, to resigned numbness, suffering at times with a sense of colluding with something systemically flawed. The struggle between these opposing positions cannot be underestimated and the toll this causes on human beings rang out throughout the survey and interviews. Being a silent witness in a system where words such as brutal, discriminatory, injustice and bias are used to describe it, is highly stressful for people who wish to serve others in an honest way. Many emotions were present as participants from the four groups described their experiences, such as: tears, rage, shock, dissociated laughter, sobs, moments of speechlessness as the words disappeared, being let down by the system, or horror stories they had heard or images they had seen. *'I need to write it down just as Intermediaries recommend for witnesses,'* one police officer said. The obvious racing thoughts and scrambling to sequence and order their accounts and experiences were resonant of traumatised clients. Also present and clearly observable was the numb resignation. Likewise, shame, guilt, fear and a sense of failure, all common reactions culminating in withdrawal and detachment. It is important to consider that this highly emotional explanation of the JS provided by participants is not anymore purely anecdotal but shared across a high participant number across the sector.

As with the previous chapters, this discussion will follow the key emerging elements, yielding core points. These core points will form the basis of the discussion and will be approached in return. Through the exploration of the above aims in the survey and consequently, in the interviews, three overarching themes were established that interlink all of the aims. It was, therefore, essential to engage in a discussion concerning these themes, rather than simply the aims themselves:

1. The role of the system – professionals discussed the state of T.I.P, including the treatment of 'clients, as well as their own wellbeing in terms of the way The Justice System is set up.

2. Training – while also noted within the first overarching theme, practitioners made specific points concerning the training they had or had not received and how this translated to them being equipped to work in a trauma Informed manner.
3. Vicarious Trauma – professionals made numerous essential observations about their own wellbeing, Vicarious Trauma, and the support mechanisms available.

9.2 The System

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

(Rachel Remen, 1996)

As Remen points out, it is impossible to avoid being scarred by the current system. One immigration barrister SB 350 listed the following as their experience of their regular working life:

1. Judicial bullying.
2. Reading scarring medical reports.
3. Clients giving harrowing evidence in court.
4. Witnessing people have mental health breakdowns.
5. Clients self-harming / ending their life.

There is something significant about the listing of these horrendously complex issues, putting them into an orderly list. It could almost be rattled off in a 'sing-song' dissociated manner, this is a coping strategy to make the unbearable more bearable. To their own surprise, even the most robust people from all four groups have 'hit the wall.'

The top of this list is Judicial bullying. However, it would appear that the attitude of the Judicial Office has been to restrict Judges from speaking and contributing to this research rather than welcoming the opportunity to explore. It has been helpful and vital to gather the experiences of Retired Judges as they are positioned where

change in attitude can trickle down to other legal professionals. There is a need for more research involving the Judicial Office to take place.

There has been a rapid development in the knowledge regarding neuroscience. We understand the physiology of how our brains and bodies function. Arguably, it might be appropriate and overdue for the JS to acknowledge this and realise that they are dealing with people, not just books. The JS seems to have been left behind. Gerry & Cooper (2017, p.5) stated, *'For nations to comply with their obligations towards people with vulnerabilities, such issues should not be left to piecemeal decisions in criminal cases but ought to be the subject of wholesale reform. Fair procedures will count for nothing if the process to determine criminal liability does not react to modern knowledge of cognitive function, mental illness and other disabilities which impact on state of mind.'*

There is discussion at Government level, particularly in Scotland, to introduce trauma informed approaches and awareness. However, from the findings, it would appear that current knowledge and use of T.I.P. is consistently missing across all four researched groups. This creates an out-of-date system that needs more understanding of the needs of traumatised people.

An interesting fact arose during the research: Police were far more expansive about their feelings and experiences when talking in interviews or during police trainings than when they completed their survey. This may be due to Police coming from a culture where orders are obeyed in the name of duty. Psychological and systemic issues may be at play, too, for example, numbing following repeated exposure to traumatic events and accounts/incidents. Their reasons for joining the Police in the first place, systemic attitudes, life experience, and fundamental personality differences, such as compliance, will be contributing factors. Some speak about previous attitudes in the forces and current trends of change in attitudes. However, there was disquiet amongst some officers about not being taken seriously enough when they asked for help. For example, one officer POL40, who asked for help but it never came, said, *"I filled in the Occupational 'Health form very honestly and said' I would have been worried to receive what I had written' I wanted to resign ..they offered me another role. They promised I would receive support... but it hasn't happened. I also worry about front liners....how they see one trauma after another."*

There is general concern about low morale due to the current public image of the Police and the response to the Casey Review and Report (2023). It is reasonable to question whether some of the concerns and findings in the Cassey report might result from overload, lack of training, which the Police have asked for, and lack of supervision.

Concern was voiced about the lack of preparation in training about Vicarious Trauma for new recruits and front liners having to just 'deal with it.' Some mentioned that support was unavailable when they asked for help, whereas others had received support. The inconsistency was frequently raised. The storing of trauma experiences can be sensory, held in the body' and therefore go unnoticed or misunderstood by the officer and those responsible for their development.

Intermediaries reported favourably of the Witness Team at the NCA but voiced their need for more confidence in the Quality Assurance Board QAB, and likewise raised concerns about MOJ. This concern suggests an insecure environment, which results in feeling isolated and unheard. The exit rate is high, with 97 RI Intermediaries leaving the scheme between 2018-2022. There has been a call to increase training of RIs since the Victims Commissioner's (2022) reports highlighted poor conditions, high exit rates, and a need to increase this valuable service. However, the term there is a 'hole in the bucket' could not be more appropriate. The concern stated in these findings indicates a need for change by the MOJ regarding supervision, mentoring, shadowing, and protection due to the high level of traumatic cases Intermediaries encounter in their work.

Startling information about the system was consistently expressed across all groups, such as no DBS requirements for Barristers; the apparent lack of understanding and ability to define the terms *supervision* and *reflective practice*, apart from the Intermediaries who have come from professions where supervision is expected; the level of isolation; the high degree of Vicarious Trauma experienced and the general voicing of experiences of overload and consequences of working in a broken system where bullying and harassment by judiciary and colleagues is reportedly common. Many participants gave accounts of being bullied in court. In 2022, Lord Brunett called for training for s to avoid corrosive and inappropriate behaviour. '*Research shows this is present in our profession with 38% personally experiencing and/or*

observing bullying, harassment /discrimination at work, either in person or while working online' (Williams & Pike, 2021).

As highlighted by participants in the research, there is a concern about the JS being institutionally racist. Currently, Judicial research about this subject is outside the public domain. The research findings of *Bias at the Bench* (Monteith *et al.*, 2022) are distressing. This research was created in response to the Judicial Strategy for Diversity and Inclusion Strategy to increase ethnic diversity in The Judiciary. 119 advocates and legal professionals were surveyed. Their qualitative and quantitative findings from the Monteith research found evidence of racism in the JS. Their findings show concern about privileged backgrounds and power imbalance as factors that restrict the system from becoming diverse. This resonates with some responses already stated in this thesis.

9.3 Training

"Fail to train, train to fail"

(Nigel O'Mara, survivor and core participant in the Independent Inquiry of Child Sexual Abuse IICSA, Oct 2022)

A call for training was unanimous from all four groups with experience working with highly traumatised people while receiving limited training. Training needs to be followed up with regular supervision as learning is ongoing and every case is different. Additionally, Vicarious Trauma is known to be accumulative.

The IICSA (Independent Inquiry of child sexual abuse) report states: '*The overriding objective of the Criminal Justice System is to deal with cases "justly." This includes "acquitting the innocent and convicting the guilty," "respecting the interests of witnesses, victims, and jurors and keeping them informed of the progress of the case," and "dealing with the case efficiently and expeditiously."* Achieving a 'just' outcome, therefore, requires a thorough and impartial police investigation, a timely and accurate decision about whether to charge the suspect, and a fair trial commenced and conducted within a reasonable time.' It has to be questioned whether this can be achieved when working in a system that lacks the training to

provide knowledge and practice in a trauma informed approach and many other vulnerabilities.

The need for joint CPD training, joint reflection and joined-up working has been highlighted in the findings. Lord Bradley's (2010) landmark report set out a vision for better support for people with mental health problems and learning disabilities, which includes those traumatised when they arrive in the system or those who become traumatised by the JS. Ten years on, Lord Bradley highlighted the danger of people working in silos and called for joined-up working. The development of Liaison and Diversion teams are there to help people in most police stations and courts in England. Chief Executive, Sarah Hughes of The Centre Mental Health commented on the enormous achievement in developing the Liaison and Diversion scheme. She calls for this to continue and pushes for reform far beyond this specific achievement to spread throughout the JS to enable effective rehabilitation for those who need it. The need for training must underpin the structural and cultural change in the present JS.

9.4 Vicarious Trauma/Supervision

"You wouldn't send a builder onto a building site without a hard hat."

(Dez Holmes, Director of Research in Practice)

Certain defence mechanisms were mentioned by all four groups, such as 'gallows humour' (Maxwell, 2003; Moran, 1990; Rowe & Regehr, 2010), which is a well-researched phenomenon. The use of alcohol and recreational or prescribed drugs were included as a way of coping to help numb the effect of working in the '*traumatising and traumatised system*' (P11). This highlights the lack of systemic understanding of the value of debriefing and supervision. The benefits are wide-reaching and reflected in previous literature. For example, it relates to confidence and self-efficacy, where debriefing and supervision improve these outcomes. (Christensen & Kline, 2000). Research by Begat, Ellefsen, and Severinsson (2005) further related them to better work satisfaction, and Ray and Altekruuse (2000) also found that the practice of those effectively supervised became more effective.

Health Care Professional Council HCPC strongly demands that allied health professionals receive supervision. Debriefing/supervision reflective practice needs to be in the hands of a psychologically aware and trauma-aware professional, as stated by Harder and colleagues (2021); this is especially true for very traumatic events. Brodmann Maeder (2021) stated that through debriefs, supervision, and reflection, a great deal of relevant learning is possible, informing future practice. If done correctly, it allows for a structured way to discuss what happened by looking into how the person feels, what happened, what went well, and what could be improved in the future (Toews *et al.*, 2021).

The UK's Joint Emergency Service Interoperability Programme (JESIP) is an excellent example of how lessons can be learned from the information that 'comes up' during a debrief (JESIP, 2016). This can be generalised as Police are part of JESIP, and therefore, it could be argued that this transfers to those dealing with trauma in the JS. In the healthcare setting specifically, debriefing seems to result in positive outcomes. While the evidence is not always strong and at times comes from anecdotes or subjective recollections, there seems to be a reduction in PTSD symptoms and a perceived usefulness to debriefing sessions (Twigg, 2020; Scott *et al.*, 2022). To add to the notion of debriefing after traumatic events, Kandasamy and colleagues (2022) call for debriefing in much more general terms to continuously 'check in,' learn, and improve.

However, debriefing, as also noted in other sections, does need to be done by someone appropriate and who is trauma informed; otherwise, any debrief might not be effective (Skowronski & Kerridge, 2022), and any impact on PTSD/symptoms can be questioned (Vagnaud *et al.*, 2022). Skowronski and Kerridge (2022) suggest that it is a potentially psychologically harmful process if they are required to recount what they have seen and experienced to an inexperienced person. They even go as far as noting that ineffective or inappropriate debriefing may worsen PTSD or relevant symptoms, as well as any experiences of Vicarious Trauma. Anarnacia and colleagues (2022) found in their synthesis of evidence that this might actually be because the processing of what happened is *inhibited* by the debrief and, therefore is not being worked on *"My worst ever case was maybe a 22 or 23-year-old (PTSD / brutal rape) who at one point, said she couldn't remember, and the Defence Counsel*

who were now shouting at her and said, "why can't you remember?" Which is just a preposterous question, it's utterly preposterous. I'd intervened in that. I'd intervened earlier around the counsel's tone. When I then asked if we could have a discussion in the absence of the jury and they told me 'No, we can't'. And then Defence Counsel continued in this vein and it was absolutely appalling. That case left me so upset. I still haven't done the invoice, this is like two years ago, I can't bring myself to do the invoice. I've had other cases too... one where the Judge was awful. Awful in a different way, she was just uninterested. And the defence questioning was brutal. If people knew what really happened in the courts, Barristers would be the most hated people, they would be the most hated people in our society. the criminal Justice System depends on public not knowing. some s would have said, 'you're not asking that question in my court.' But it's a lottery" (P11).

This demonstrates a great need for training and sits with the assertion that supervisors need to be T.I.P. trained.

A two-pronged approach to supervision and debriefing is needed with supervision of a more case management type approach, i.e., what went well, what could be done differently, and discussion of strategies coupled with the second prong of reflective practice. The Reflective Practice needs to be trauma informed, following recommendations of professionals such as the above ones by Harder and colleagues (2021), allowing for understanding and normalising feelings and exploring atypical or abnormal reactions to stimuli. The two are probably inextricable.

For this to be cost-effective and possible, a drive to bring in a scheme such as T.I.P. involving Champions or TRIM ambassadors who had received T.I.P Training. As stated in the qualifiable responses, this would require a top-down approach and commitment from the high echelons to be on board to effect change. The fear of potential danger and risk assessments of current working practices for the user of the system and the legal professional may be the only way to implement this very much-needed approach.

9.5 A Call for Change

"The definition of insanity is doing the same thing over and over and expecting different results."

(Einstein)

The results of the findings call for change. There is a suggestion that until the MoJ and Judiciary accept that there are fundamental problems with the JS and that a cultural change is required, the system will continue in its current way. The MoJ needs to implement policy recommendations that relate to the embedding of T.I.P into its regular business. The purpose of this is not to be a 'tick box' exercise but to provide a supportive environment, which in turn benefits all involved (staff, as well as organisation) and builds a resilient workforce able to help others effectively (O'Neill, 2023). The Missouri Model (Carter & Blanch, 2019) was mentioned in the literature review and would be prudent to implement.

This 'broken system' has been found to harbour sexism, misogynistic, discrimination, and racism (Casey, 2023; Monteith *et al.*, 2022; Scottish Police Review, 2023). Furthermore, as the findings of this research indicate, there is a fundamental lack of psychological awareness and trauma informed knowledge. The Police are currently under scrutiny but debatably it could be questioned whether it is time for an inquiry of the JS, at all its levels, to be made. Arguably, it needs to be raised and questioned whether the general public would be assured that their public service is up-to-date, just, fair, and diverse.

The findings of this research indicate that most of the participants, who are legal professionals, are working with traumatised people but have little or no understanding of the subject while working with traumatised people on a very regular basis. To reiterate, the findings are as follows: 73.6% of Police had not attended any formal training on T.I.P. Likewise, 91.3% of Solicitors/Barristers stated that they had not attended any formal training on T.I.P. In contrast, the majority of Intermediaries (75%) had attended some training. However, this was self-funded and not mandatory. This deficit, the disjunct between who they are working with and their level of knowledge, is worrying and questionably needs to be accepted and redressed.

Although the sample size of findings from the five retired Judges is not significantly large enough, three out of the five Judges said they had not attended any training, one did not answer, and one said they had attended training in blocks of once a year for an hour, over three years. Arguably, this needs to be more satisfactory.

As stated in the literature review, Scotland is leading the way with their attitude towards T.I.P. New legislation is currently (Sept 23) going through Parliament in the form of Part 2 (sections 24 to 29) of the Victims, Witnesses and Justice Reform (Scotland) Bill 2023). If accepted, it will amend the Victims and Witnesses (Scotland) Act, 2014. Section 69 actually includes a definition of T.I.P. This very positive step forward, recognising the importance of T.I.P., will result in The Police, the Procurator Fiscal, The Courts, and others maintaining a trauma informed approach, ensuring that all sectors must treat victims and witnesses; "*in a way that accords with trauma-informed practice.*" In section 69 of the Victims, Witnesses, and Justice Reform (Scotland) Bill (2023), there is a definition of Trauma T.I.P. If this is accepted, it will be the first time that T.I.P. has become a legal obligation in primary legislation.

However, one major challenge to Scotland and its declaration of interest in trauma informed approaches is the lack of inclusion of the Intermediary role in their system. Despite Northern Ireland, Wales and England and recently Eire establishing the role of Registered and Court Approved Intermediaries, remains devoid of an Intermediary Scheme .

9.5.1 The Current Situation for the Judges and the Need for Change

The findings of the retired Judges in this research, although a small sample, refer to the stresses involved with their working environment, such as court staff shortages, buildings falling to pieces, the increasing overload from too many cases being listed, a backlog of work; the emotional impact of witnessing delays and adjournments and the lack of resources and training. However, the pride in carrying out a public service is strong. This dichotomy of emotions is difficult to carry. The research into UK Judicial Attitudes (Thomas, 2022) indicates that Judges have strong personal attachments to being part of The Judiciary but feel less respected by society now than two years ago. Also, there is an increase in the proportion of Judges saying

they are considering leaving The Judiciary early. They also indicate a concern about the time for training having decreased.

Vicarious Trauma, although very little research has been carried out in the UK, is a concern, as indicated in the literature review from overseas research and the findings in this research and thesis.

9.5.2 The Current Situation for the Police and the Need for Change

Due to the nature of Police work itself, it is perhaps not shocking that officers are often faced with traumatic events/incidents/experiences not only daily but sometimes multiple times a day. As already raised in the literature review, the UK Police has sustained change and cuts in resourcing and training, another recipe for disaster. With the level of complex cases, mental health epidemic, social service agencies being overloaded, CAMHS services being overstretched, and social and the financial crisis, Police now battle with colossal pressure. As stated in The Wellbeing Survey 2020 already discussed:

'These demands require police officers and staff to take on what in the past would have been regarded as a social welfare role, while still being expected to deliver their traditional policing functions and activities.' (College of Policing, 2023).

As stated in the literature review, Police forces do have TRIM (Trauma Risk Management Model and Oscar Kilo.) However, this research highlights that Police often do not take this route. If supervision, debriefing and weekly reflective practice were part of the vocabulary, narrative, and practice, there may be more uptake. The paper by Grove and O'Connor (2021) describes a pilot study where Police are trained in reflective practice. They suggest that until Police use reflective practice, the system will not change. This pilot study, according to O'Connor in 2023, has had a very slow uptake. The Home Office Report (2019) summarises the grim view of policing, which is experiencing significant change, lack of funding, and increased demands. The complexity of crime is also rising, and consequently, the emotional element of police work becomes more draining. The College of Policing has introduced a Psychological Screening Programme to prevent illness by ensuring they have access to regular screening and therapeutic support if needed.

Their intranet, their internal communication system, now has several links regarding Trauma. However, during discussions at Police Training Centres and in these research findings, it seems that attitudes to T.I.P. and Wellbeing are highly variable from team to team and force to force. Some change and acceptance has been acknowledged with the introduction of wellbeing dogs to help officers relax and destress. There is also positive evidence about the use of an assistance/facility dog for witnesses in police interviews and courts (Spruin *et al.*, 2022).

9.5.3 The Current Situation for the Solicitors and Barristers and the Need for Change

The findings of Solicitors and Barristers are well described in the quantitative and qualitative quotes. This needs to be accepted and acted on at a systemic level.

As with many Intermediaries who seek out privately funded supervision, Solicitors and Barristers are acknowledging the crisis. *Claiming Space* was set up to offer in-person and online training for lawyers working with traumatic material and clients who have experienced Trauma. Rachel Francis and Joanna Fleck are both from a position of experiencing Trauma in the system. Fleck and Francis published.

Vicarious Trauma in the Legal Profession: a practical guide to Trauma, burnout and Collective Care (2021) 'Essential reading for all lawyers as well as those in charge of the regulation of the legal professions ... accessible, readable and practical.

They saw the need to create safe, non-judgmental spaces for legal practitioners to learn, share, and reflect on their practice. They stated, '*We wanted to calibrate something that met the specific needs of legal aid and social justice practitioners. They report that when they started the work, it was like opening Pandora's box. The level of difficulty that lawyers are dealing with is monumental; it is a huge crisis.*' P6

The Bar Council and Law Society are also beginning to respond to the urgent need to address the lack of trauma awareness following the findings in their Wellbeing at the Bar report (Bar Council, 2021b).

9.5.4 The Current Situation for Intermediaries and the Need for Change

As previously discussed, the role of the Intermediary is not well understood or valued. Change can only come about with knowledge and training about the role. This should ideally fall into the responsibility of the Ministry of Justice. With this change in attitude and increased understanding, effective modifications to the system will be easier to foster and implement.

A supervisory system is needed to maintain good levels of Wellbeing and therefore maintaining and increasing numbers working. Without this, Vicarious Trauma will become an insidious occupational hazard.

9.5.5 Equality of Arms

The research findings also raised questions concerning the equality of arms for vulnerable witnesses and defendants. There is, at present, no statutory right for a defendant to be assisted by an Intermediary, unlike witnesses. As yet, there is little evidence of a court assistance dog being used for a defendant. This difference in experience of the system for defendants has been highlighted in the surveys, reported in the interviews, and also highlighted in the literature review in *Racial Bias of the Bench* (Monteith *et al.*, 2022). They found that black defendants, particularly, were treated differently from white defendants.

Some participating Intermediaries in this research, who work across jurisdictions with defendants and witnesses, say there is a difference in attitude from Judges towards them and their role, having their recommendations accepted and even having a Ground Rules Hearing set. This two-tiered system with vulnerable witnesses having a statutory right to be assisted by an intermediary with no equivalent right for a defendant is also played out at the suspect/detainee stage. Assessment and planning between the Intermediary and the interviewing officer is considered best practice prior to questioning a vulnerable witness before a Video Recorded Interview. There is no equivalent for suspect interviews. Very often, things go wrong at this stage when vulnerable people are in custody.

The situation of playing Russian Roulette when walking into an unknown court, with a Judge who might or might not be on board with the concept of Intermediaries, is acute when working with a vulnerable defendant. This uncertainty, which potentially

leads to accumulative Trauma, was a common theme in the findings of the Intermediary Research group.

9.5.6 Time

The lack of time was a significant concern for all the research groups. Responses highlighted the difficulties of being overloaded, the need to multitask between numerous cases, and the pressure of having to move too fast when the vulnerable person is not ready. Research, as already stated, has demonstrated that rapport building is essential for information gathering and achieving the best evidence (Gabbert *et al.*, 2021; Dion Larivière, Crough & Eastwood, 2023). Participants in this research have spoken about their internal battles of knowing that rapport building is essential to trust and safety. However, they report an experience of the system preventing them from achieving this adequately. Therefore, causing a disparity between the theory of good practice and the reality of how it actually plays out.

9.5.7 Positive steps

Looking back over the last 30 years, positive change has occurred with the introduction of Video-Recorded Evidence-in-Chief in England and Wales. Likewise, the introduction of special measures for the gathering and giving of evidence of vulnerable and intimidated witnesses following the Youth Justice and Criminal Evidence Act 1999 (YJCEA). More recently, the introduction of Section 28, the pre-recording of cross-examination. It must be acknowledged that there are some Judges and Barristers who are very supportive of adapting their practice, as seen by the many examples given in the research findings. One such adaptation recently took place in an Immigration Tribunal when Judges, following recommendations by an Intermediary, directed that an assistance dog support a highly traumatised appellant, a victim of trafficking and modern-day slavery, during a deportation appeal.

9.5.8 Time for Change

An overwhelming theme ran through all four groups: that of dedication, a desire to make a difference in life, and the belief in fair Justice. However, at the same time as

expressing this, many declared their disillusionment about the reality of working within the current JS. Some called for a complete overhaul of the system.

Many participants from the research groups mentioned their perceived brutality of the court experience and expressed shock about how witnesses, defendants, respondents, and appellants are treated. Perhaps the JS could follow the sensitive approach used by The Truth Project's approach was sensitive and supportive. (IICSA 2022). Likewise, the introduction of Schwartz Rounds (2023), where professionals working on a case are offered a safe reflective space to discuss the case when it has finished. This is beginning to emerge and has been well received.

As mentioned in the literature review, The IICSA highlighted that people need to be listened to, whether those coming into the system or working in the system. It might be reasonable to suggest that the adversarial system offers little listening. It is heartening when a Judge says they are listening and have heard what people want to say. That can heal the sense of being invisible. This does not affect the search for truth. In the name of fair Justice, the defendant needs to hear and to be heard, too. This is about communication in a non-combative form. It is reasonable to question whether more information will be yielded this way- if the search for the truth is the aim.

9.5.9 Isolation

Isolation was a key theme for Retired Judges, Barristers, and Intermediaries. This could be alleviated by a system that values joint supervision. Likewise, shared CPD learning would be an excellent approach to develop joined-up thinking and multi-agency synthesis. During a visit with the Human Rights Bar to Delhi (2019), discussions took place at the Law School about a course they were developing where psychologists and Solicitors /Barristers could train together. Working in silos is insular and does not view a person as a complex human being.

Chapter 10: Conclusion



Reflective Practice Image: 10 The System, Judgement, and Change.

"It follows that I must accept myself for what I am before I can deliberately change it."

(Horrigan, 1996).

This work is multifaceted, and psychological knowledge is fundamental to future development. We are dealing with people, not just books or laws. The system needs to accept that it is, arguably, flawed before it can be changed. The pretence that the current practice is just and fair needs to be questioned. Without this self-effacing realisation, everything will stay the same, and we will continue to make the same errors. As suggested by many participants, the JS requires fundamental reform. Multiple recommendations were provided throughout the Discussion (chapter 9). The current chapter provides final overarching points.

10.1 Research, Knowledge, and Training ... the bedrock of the System

Research into The Judiciary should be welcomed for change to occur. One of the most significant findings is that the Judicial Office resists the chance to participate in research. As stated, this has happened in this research, and several other researchers have reported the same.

It is reasonable to believe that all research into The Judiciary should be made public. Currently (2023), the Judicial Executive Board has declined to publish a report it commissioned into judicial bullying (Monteith, 2023). The JS is a public service funded by the taxpayer. It is reasonable to question whether the public has a right to know if their public system is operating fairly, whether there are any concerns, how representative of society the courts are, whether the system is functioning, to have an accessible complaints procedure, and whether there is open and transparent governance. As mentioned in the findings: *'The public would be astonished if they knew'* (P11). Up-to-date knowledge and training have to be the bedrock of the system. It is unfathomable to think that those advocating for people with Mental Health issues, young children and adolescents, PTSD, Learning Disabilities, neurodiversity, and the many other presentations of Trauma and vulnerability, have had little or no training.

10.2 Review, Dismantle and Rebuild

In order for the concerns of the participants in this research to be truly addressed, the system, as perhaps reasonably called for by some participants in the study, needs to be 'dismantled' P6, and a drastic rethink needs to occur in order to update the system. There needs to be a top-down synthesis. Without this, little progress, apart from lip service, will happen. SB399 questions:

“An open mind can understand someone else's position to be able to represent them and justify what they have done. Can an open mind permit child abuse? Can the use of logical arguments devoid of emotion make emotional and upsetting events capable of any justification?”

Participants in this research have spoken of the Trauma associated with bullying and aggressive behaviour in court, which must be addressed; an overhaul of the whole

process of judicial appointments should reflect this. All reports and research into The Judiciary should be made public. The Police are now in a position where change is urgently being sort following the already mentioned recent damning reports such as the Cassey review (Cassey, 2023). The same scrutiny and urgency to review policing may apply to the JS and MOJ.

It has to be questioned ,what is this resistance to change is about . This thesis has explored various dynamics such as, Imposter syndrome; finding it difficult to admit uncertainty; The Dunning -Kruger Effect (Dunning, 2011) -when a person overestimates their level of knowledge through their confidence alone, leading to a cognitive bias that causes people to overestimate their knowledge or ability, particularly in areas with which they have little to no experience.

Of course there is the golden nugget that you don't know what you don't know.
Likewise, the more you know the less you feel you know?

Much is to be reflect on. Is it arrogance, defensiveness or fear that prevents progress? Is there an established institutional/organisation belief that they do know, giving people false confidence. Or is it fear of stepping outside the comfort zone or window of tolerance that keeps the current status quo?

10.3 Research Limitations and Future Research

The findings in this research have been very rich and informative. However, this is the tip of the iceberg. There are limitations to this research as there are many variables that need to be taken into account, such as: regional differences, the status of the participants, and length of service in relation to knowledge. Further investigations would ideally investigate the possible correlation between participants' experience or length of service concerning knowledge of T.I.P. Likewise, whether newly qualified people are more aware and informed about Trauma. Also, there is a limitation in this study regarding an analysis of the type, length, and syllabus of the training undertaken. Although 160 participants is a large sample, being unable to survey and interview a larger sample of Judges has brought limitations. Due to time constraints, as the research is a Ph.D., these limitations were unavoidable. However,

it would be ideal to research this subject further, considering the many possible variables.

Other areas which need to be researched which were beyond the scope of this research and thesis, but which arose during this study include:

1. The effect of hearing and seeing traumatic material by Jurors.
2. The language levels of Jurors.
3. The probation service and T.I.P.
4. Prison service and trauma awareness.
5. The effect of working with Trauma as a social worker in the family courts.
6. The effects of working with Trauma on expert witnesses.
7. Equality of arms for all parties in the System.
8. The use of a court assistance dog for vulnerable defendants /respondents and appellants.
9. Suspect interviews and Trauma.

10.4 People ... not just Books.

One hundred and sixty participants gave their time to offer their experience and knowledge of T.I.P. in the JS. As seen in the findings, heartfelt concern was shared not only for their clients but for themselves, their colleagues, and the system they had signed up to join in the name of Justice. The findings demonstrate the many calls for change. This is dependent on the Institution accepting the failings and embracing future change. The current lack of training needs to be addressed urgently. Reflective practice and supervision need to be part of the narrative, part of the currency. It could be considered a reasonable question as to whether reflective practice and supervision should be expected, not an option, in order to deliver a just and fair service to all in the name of Justice.

There needs to be value placed on the fact that the people coming to the system are human beings who deserve to be handled by people who have been trained about the complexities of the human mind, complex Trauma, and all that goes with it. In the words of a participating barrister P13, which sums up the need for training and knowledge to protect ourselves and others:

'If you are not traumatised by children / young people being in gangs in their teenage years and often ending up receiving life sentences before they reach the age of 18, you have a problem. If you are not traumatised by victims of domestic violence or drug and alcohol addicts spending huge amounts of their time in prison because the court system doesn't have another way to deal with them, you have a problem. If you are not traumatised by the number of people in prison who have mental illness and the fact that our system offers no other way to help them, again, you have a problem.'

10.5. Final conclusion

The researcher started this journey due to observations of the JS from within. Upon completing a literature review, it was discovered that her observations aligned with previous research or areas that had not been researched before. The topic of T.I.P. is relatively new in the JS, and knowledge is sparse. Therefore, the journey to better understand how professionals perceive the current state of T.I.P. in the JS began. It has been of utmost importance to give a voice to the professionals and not only focus on a quantitative approach. Hence, through a predominantly qualitative but mixed-method study, key points about the JS from the 'outward' looking perspective of Justice experienced by witnesses, defendants, and others were gathered. Likewise, the experience was gathered about the 'inwards' looking perspective of how those working in the JS perceive their Wellbeing. The research uncovered worrying trends of being overwhelmed, of strong emotions, but also of a need and want by the participants for change. This change called for more T.I.P. techniques, to receive more training, and to put processes in place that safeguard all those in the JS, including JS professionals themselves.

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Appendices

Appendix 1 – Ethics Application and Approval

Ethics ETH2021-0183: Miss Catherine O'Neill

Date Created 28 Feb 2021

Date Submitted 13 Mar 2021

Date of last resubmission 01 Jul 2021

*Date forwarded to
committee*

16 Mar 2021

Approved July 2021

Researcher Miss Catherine O'Neill

Student ID ONE19187882

Category Postgraduate Research Student

Supervisor Mrs Katarina Ozcakil Mozova

Project An investigation into the knowledge and experience of Trauma

Informed Practice in the Justice System

Faculty Faculty of Science, Engineering and Social Sciences

School School Of Law, Policing And Social Sciences

Current status Approved after amendments made

Ethics application

Personal details

Applicant name

Miss Catherine O'Neill

Status

Postgraduate Researcher

Faculty

Faculty of Science, Engineering and Social Sciences

School/Team

School Of Law, Policing And Social Sciences

CCCU email address

c.oneill278@canterbury.ac.uk

Are you the principal researcher?

Yes

Course Type

MPhil/PhD Policing

Study level

PhD

Name of CCCU academic supervisor/tutor

Mrs Katarina Ozcakil Mozova, Dr Liz Spruin, Professor Steve Tong

Email address of CCCU supervisor/tutor

katarina.mozova@canterbury.ac.uk, liz.spruin@canterbury.ac.uk, steve.tong@canterbury.ac.uk

Project details

Project title

The role of the intermediary in Trauma Informed Practice: Investigating physiological and psychological responses evoked during police interviews and court appearances.

Estimated start date of data collection

02 Aug 2021

Estimated end date of data collection

01 Mar 2023

Estimated end date of project

25 Mar 2025

Does your project involve human participants?

Yes

Does your project involve interaction with animals?

No

Does your project involve the processing of data not in the public domain?

No

Will the study involve participants who may lack capacity to consent or are at risk of losing capacity to consent as defined by the Mental Capacity Act 2005?

No

Will the study involve recruitment of participants through the NHS?

No

Will the study involve participants (Children or Adults) who are currently users of social services including those in care settings who are funded by social services or staff of social services departments?

No

Project summary

Briefly explain the purpose and intended outcomes of your project.

I am looking at the existing knowledge, understanding and use of Trauma Informed Practice in the Justice System. By understanding the perspectives of varied professionals (e.g. police, Judges), this study will analyse and identify if there is a current understanding of trauma and ways forward in terms of a need for the use of special measures in adapting the processes involved in the justice systems.

It is also aimed to assess if there is need to educate /psychoeducate police, intermediaries and other legal professionals about the neuroscience and impact of trauma and to assess if people are adequately knowledgeable in order to adapt to enable effective participation in the justice process. On the side of the professionals themselves, the intention is also to look at insight and recognition of vicarious /secondary trauma of people working in the justice system. The outcome would be a recognition of the need to understand the complexities of the effects of trauma and raise awareness so this knowledge is part of the currency and directive of police forces and courts.

Briefly explain your methods, research design and data analysis in lay terms.

For the purposes of this study, a mixed method research design is utilised. Views of criminal justice professionals are sought out, as follows:

- Intermediaries (communication specialists working with vulnerable people in the justice system; for more, see www.intermediaries-for-justice.org).

- Police

- Barristers

- Judges

The study is composed of two phases.

- The first phase is based on a mixed-method survey (utilising non-experimental and phenomenological designs). These data will be collected using the tool 'Online Surveys' analysed using the software SPSS through descriptive and inferential statistics.

- The second phase follows from the results and is concerned with gaining more in-depth information through qualitative interviews, utilising a phenomenological design. These data will be analysed through the software NVivo and analysed through thematic analysis.

Please indicate how you may disseminate the findings from your project.

Thesis/Dissertation

Journal article

Monograph or chapter in a book

Conference paper

Research reports to funders

Internal communication(s)

Ethics & governance checklist

Does your project involve collecting and/or processing Personal Identifiable Information/personal data?

Yes

Does your project involve processing security-sensitive data?

No

Is this an externally funded project?

No

Will your research/any part of your research be carried out in a location outside of the UK?

No

Is the research taking place primarily within an organisation external to CCCU?

No

Does the study have the potential to impact on professional relationships?

No

Does the study involve participants who are particularly vulnerable or unable to give informed consent?

No

Does the project involve any patients and/or service users of a health and social care organisation?

No

Will the study require the co-operation of a 'gatekeeper' for initial access to any vulnerable groups or individuals to be recruited?

No

Will the study use deliberate deception?

No

Will the study involve discussion of, or collection of information on, topics of a sensitive nature personal to the participants?

No

Is it possible that criminal or other disclosures could be made by participants in the research that will require action?

No

Are drugs, placebos or other substances (including but not restricted to food substances, vitamins) to be administered to human or animal participants?

No

Does the study involve invasive or intrusive procedures, such as blood taking or muscle biopsy, from human or animal participants, or the storage of human tissue?

No

Is physiological stress, pain, or more than mild physical discomfort to humans or animals, beyond the risks encountered in normal life likely to result from the study?

No

Is it anticipated that there will be any discomfort or distress caused to participants and/or animals (as appropriate), the researcher or organisations as a result of this research?

No

Will the study involve prolonged or repetitive testing?

No

Will financial inducements be offered to participants?

No

Human participants

Who are the participants?

Professionals working for organisations directly linked to the investigation and Prosecution of crime, working with vulnerable witnesses and defendants. These include: the police, intermediaries, solicitors, barristers and Judges.

The design of this study has been further developed and we are no longer including participants who are taking part in training directly and this therefore means that the researcher no longer has a dual role. We are now only recruiting participants for the purposes of A) a survey and B) interview.

How many participants will there be?

For the first phase, approximately 50 participants per group of professionals are aimed for. For the second phase, a sub-section of participants, approximately ten, per group are to be interviewed.

Please detail the rationale for the number of participants including if necessary a power calculation.

I aim to capture a wide understanding about the existing knowledge and experience . I want to capture a good sample from the various legal groups. Fifty participants per group will allow for a wide variety of views to be captured. The subsection will allow for more depth to be gained based on the phase one results

What are the selection criteria for participants?

All participants have to be current professionals within the justice system, as per the groups noted earlier (intermediaries, police, barristers, Judges). All have to be over the age of 18. They all have to be involved in the criminal justice process of being responsible for a victim/witness/suspect at any stage of the process from initial statement to court proceedings.

What will the participants be expected to do?

Share their experience and knowledge or lack of knowledge as part of information gathering by completing a questionnaire and reflecting on their practice.

For phase 1, participants are asked to spend approximately 20 minutes filling in a survey relating to their understanding of trauma-informed practice and Vicarious Trauma, and their understanding of them.

For phase 2, participants will be asked to spend approximately 30-60 minutes with the researchers, taking part in an interview.

For both phases, participants will be asked to reflect on their knowledge and experience but they will not be asked to discuss any specific cases. If they do so, such information will be deleted and not used for analysis.

How will the participants be recruited?

Through professional contacts i.e police forces where I run trainings or have contacts built up over the years working as an intermediary via email , social media ,newsletters and internal intranet existing networks.

The organisations to be involved in this research study are those directly involved in the investigation and Prosecution and defence of crime where there are vulnerable witnesses and defendants.

Further, considering this is a part of their job description, these are organisations where vicarious trauma is very likely. Whilst recruitment is through professional contacts, all organisational guidelines will be adhered to throughout the processes.

Please upload any advertisement materials (ie posters, flyers etc).

Will it be necessary for participants to take part in the study without usual informed consent procedures having been implemented in advance?

No

How will you record consent?

Informed consent will always be captured, regardless of the nature of participation. Participants will always be given a thorough Information Sheet first.

For phase one, the consent form is presented as part of the survey (via Online Surveys) and consent is sought via 'forced response' questions. For phase two, the consent form will be obtained via e-mail but will also be obtained verbally prior to the start of the interview.

Please upload the consent materials.

How will participants be informed of the research project and what is required of them?

Prior to any participation an information sheet regarding the research and participation will be provided.

Please upload the participant information materials.

Please describe any expected benefits to the research participant.

By understand the need for Trauma Informed Practice and identifying the current need for information and need to understand vicarious secondary trauma, special measures can be implemented through knowledge and evidence of need. Likewise adequate supervision can be established to improve services and for staff to have the wellbeing heard and protected

How will participants be debriefed following their participation in the research?

Verbal debriefing will be built into the project design in the case of interviews. In terms of the survey, participants will be thanked for their participation at the end of the survey and they will be provided with researcher details again if they have any further questions or would like further debrief.

Please upload any debriefing materials.

How will individual participants be made aware of the results of the project?

Participants will have researcher details and so can contact the researcher directly to obtain results

Also via their organisations Criminal Bar Association, college of policing , Ministry of Justice and Intermediaries for Justice.

Please detail the process for participant withdrawal and what is to be done with their data once consent is withdrawn.

The consent form indicates how withdrawal can take place within 14 days. Participants will be able to withdraw their consent by contacting the researcher or supervisor stating their name. Participants will not be asked about specific cases, rather, about issues relating to cases. If, by any chance, a participant discloses something which can identify them or the case, such information will not be transcribed and/or will not be retained in any data, all materials will be destroyed. materials connected to the participant will be destroyed and anything identifiable will not be used in analysis . The consent form indicates how withdrawal can take place within 14 days.

CCCU participants

Will your study specifically target staff or student participants from a Faculty other than your own?

No

If yes, please select all relevant Faculties.

Will your project involve the recruitment of 100 (or more) CCCU student participants?

No

Research materials & additional information

Please upload any research materials or tools e.g. surveys, interview questions, focus group guidelines.

Please provide details of any other ethical issues that you think are relevant to your project that have not been covered elsewhere within this application.

Whilst it is not anticipated that this study will require gatekeeper access, the police often require a data sharing agreement. Attached are two which are ready to be used in case they are necessary and these can be amended for other organisations, as well.

Please upload any additional documentation to support the submission.

Data protection

Will special category personal data be collected?

No

What types of personal data will be collected?

Name (for the purposes of matching responses and withdrawal within 14 days), position/role, years of service and knowledge surrounding trauma informed practice

What is the lawful basis for the collection and processing of personal data?

Consent

Public interest or exercise of official authority

Please provide details of any arrangements in place to respond to individual requests for access to their personal data (Subject Access Requests).

On receipt of a request by email or phone they will be able to receive their contribution. The research will have access to a sheet with names and a personal identifier (participant number) and whilst consent forms with the name will be stored separately from any other documentation, information on this specific sheet can match a name to a participant number and all data surrounding this participant

will be provided to the participant upon request.

Will participants be able to withdraw consent at any stage of the research? If not, what is the cut-off date and the reasoning for this?

No – this is stated on the consent form. Participants can withdraw up to 14 days after participation.

What is the process for participant withdrawal?

They can contact me or my supervisor . Details of which are provided on the consent form and participants form. As explained earlier, the researcher can match a name to participant information with ease. Participants will be informed they can only withdraw up to two weeks after participation because it is likely their responses will by then become part of analysis.

Who will have access to the personal data?

Only the researcher and supervisors. External and internal examiners may be given access to anonymised personal data.

Please provide details of any third parties involved in the collection or processing of personal data.

N/A

If relevant, have you ensured that all third party involvement in the processing of data is/or will be covered by a Data Sharing Agreement (with a data controller) or a Data Processing Agreement (with a data Processor)?

Not applicable

Will personal data be collected from or shared with parties outside of the UK?

No

If yes, please list the country/ies involved.

Detail the additional safeguards that are in place to ensure the personal data is protected.

Encrypted password protected computer. Up to date virus protection. Screen obscure filter to prevent other people seeing the screen . I am insured with CIO for my ministry of justice work therefore I am bound by their governance and the guideline of DPA /GDPR article 6(1)

The following has been considered :

Subject matter and duration of the processing;

nature and purpose of the processing;

type of personal data and categories of data subject; and

obligations and rights of the University.

Are you using social media/online forums to recruit participants? If so, how are you gaining informed consent?

Recruitment through professional online platforms and online networks is a likely part of this process - an online version of a consent form, including 'forced response' questions, is available. For any interviews which may take place virtually, the consent will be gained through e-mailing the form.

Are you using social media/online forums as a source of data collection? If so, how have you ensured the security surrounding your use of personal data in social media/online activities?

Use of online forum to inform people about the research and gather interest and participants is likely.

Forums only for registered professionals may be used. If wider social media recruitment is used, this will be to gather interest. The participants will have to have a live e-mail address of their organisation in order to take part in the research.

Are you undertaking any activities that could create privacy concerns for individuals due to personal intrusion? If so, please provide details of the activities and how the privacy concerns will be addressed to reduce the impact.

NO

Please provide details of the processes in place to ensure confidentiality.

Participants are only asked for their name in order to match it to their responses for withdrawal purposes. However, the name will be switched to an identifiable code right after participation and will only be known to the researcher herself. The matching document will be stored separately from the rest of the data. Having worked for years in the NHS i am very familiar with data protection and anonymity If participants write/talk about something which could identify them/cases; such information will be deleted and not used for any analyses.

Please detail the processes in place to check the dataset received or processed is, and will continue to be, relevant, adequate and not excessive.

I will abide by the GDPR (article 5) and university guidance on data collection on lawfulness, fairness and transparency. I will only collect relevant data . I will only collect data relevant to my research question and I will keep required data to the minimum, limited to what is necessary in relation to the purposes for which they are processed ('data minimisation')

Every reasonable step will be taken to ensure that personal data that is inaccurate, in relation to the purposes for which they are processed, are erased or rectified without delay. Data will be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals ('storage limitation');

The data for my research will be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ('integrity and confidentiality').

Where and how will personal data be stored?

On my password protected encrypted computer, As I work for the Ministry for Justice, I have a very secure email account and storage.

How are you ensuring that personal data is safely stored, processed and disposed of securely when no longer needed?

As soon as the data is transferred to an encoded method, the personal data will be destroyed by deleting it from my computer. If paper notes are taken in the interviews, these will be immediately stored electronically and the paper shredded. Electronic and magnetic waste can be disposed of by housekeeping at CCCU in accordance with : <https://cccu.canterbury.ac.uk/informationtechnology/docs/policies/information-handling-guidelines.pdf>

<https://cccu.canterbury.ac.uk/information-technology/docs/policies/information-classification.pdf>

How long will personal data be kept/stored for after the project has completed and in what format will this be?

Personal data will be stored in an unidentifiable anonymous code form as a matter of process. The data will be stored in groups such as intermediaries, police, barristers, Judges etc but there is no need to store personal data. Any identifiable data will be destroyed upon the completion of the PhD project. Other data will be stored for a period of up to five years as per University guidance

Research health & safety risk assessment

Have you completed a Research Health & Safety Risk Assessment form?

Yes

Has your supervisor reviewed your Research Health & Safety Risk Assessment form?

Yes

Has your Research Health & Safety Risk Assessment form been approved by the relevant Head of School/Department or delegated member of staff?

Yes

Please upload your approved Research Health & Safety Risk Assessment form.

Attached files

3xxx Consent-form-may 21.docx

3 xxx Participant-Information-May 21.docx

Trauma informed survey ethics .pdf

GDPR Agreement with Hendon MPS Police CONeill.docx

GDPR Agreement with Hendon MPS Police CONeill.docx

x3 Research-Health-and-Safety-Risk-Assessment-Form-Nov19 ST 12.03.21.docx

CONSENT FORM

Title of Project: *An investigation in to the knowledge and use of Trauma Informed Practice in the Justice System*

Lead Researcher: Catherine O'Neill

Address:

Policing Department

North Holmes Road

CT11QU

Email: Lead researcher: Catherine O'Neill - c.oneill278@canterbury.ac.uk

Supervisors: Dr Katarina Mozova, katarina.mozova@canterbury.ac.uk

Professor Steve Tong, steve.tong@canterbury.ac.uk

Dr Elizabeth Spruin, liz.spruin@canterbury.ac.uk

Please initial box

1. I confirm that I have read and understand the participant information for the above project and have had the opportunity to ask questions.
2. If applicable, I confirm that I agree to any audio and/or visual recordings.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential, anonymised and in line with the University [Research Privacy Notice](#)
4. I understand that my participation is voluntary and that I am free to withdraw my participation at any time, without giving a reason.

Name of Participant: Date: Signature:

Name of person taking consent (if

different from researcher)

Date: Signature:

Researcher: Date: Signature:

PARTICIPANT INFORMATION

Project Title : An investigation in to the knowledge and use of Trauma Informed Practice in the Justice System

A research study is being conducted at Canterbury Christ Church University (CCCU) by Catherine O'Neill, supervised by Dr Katarina Mozova, Dr Elizabeth Spruin and Professor Stephen Tong.

Background

My name is Catherine O'Neill and I am a PhD researcher at Christchurch University Canterbury.

Having worked as a Registered Intermediary in the justice system for the last 14 years. I am aware that an understanding of Trauma Informed Practice is crucial for understanding the needs of vulnerable people. This is highlighted in the Policing Guidelines and also raised by IICSA –Independent Inquiry into Child Sexual Abuse. My research project examines the current knowledge and understanding of Trauma Informed Practice; its physiological effect on communication and wellbeing by both the vulnerable person and the person working in the system and how those involved adapt their practice to the needs of vulnerable people.

What will you be required to do?

You have been invited to take part in a research study where Police, Intermediaries, Barristers

and Judges will be asked about their knowledge of Trauma Informed Practice. Before deciding to take part in this research study, it is important that you understand why the research is being done and what you would have to do as a participant.

The aim of the research study is to explore the existing knowledge about trauma and how it manifests in the people you work with. Also, the impact of working with traumatised people you meet during your work, on your own wellbeing i.e. secondary trauma /Vicarious Trauma. We will also explore whether there are currently trainings provided for you which help you work in a trauma informed way . You will be required to reflect on your practice and discuss in an open and honest way. This will be through a combination of questionnaires and for some more in depth interviews. All data will be anonymous and confidential.

To participate in this research you must:

Work in the Justice System, specifically, be an Intermediary (registered or independent), Police Officer, Barrister or Judge.

Procedure

You may be asked to participate in a number of ways. This may be 1) through an online questionnaire 2) some people who agree to will take part in an in-depth interview following the questionnaire.

Through any participation, you will firstly be asked to consider this information sheet and ask

any questions you may have. Then, you will be asked to provide informed consent. You will then be A) asked to fill in a questionnaire, B) and/or asked to allow for anonymised discussions in depth semi-structured interview (remotely or in person depending on up to date

CCCU and COVID guidelines).

Participation is absolutely voluntary and none of your rights will be affected if you decide not to participate. You can change your mind regarding participation at any time during the study, and you do not have to answer any questions that you are uncomfortable to answer. The questionnaire will take about 10-15 minutes of your time and will be completed online.

An interview is expected to last between 30-60 minutes, depending on the depth of the conversation. The questions during the interview will be focused on your experiences of working within the Justice System and your knowledge of Trauma Informed Practice, previous trainings undertaken, access to supervisions and any challenges you may observe. The interview will be audio recorded for the purpose of transcription, the audio-recordings will be transcribed and subsequently deleted. All data will be held confidentially and securely online with password protection and encryption.

All information gathered will be anonymous apart from your profession .

Confidentiality and Data Protection

Please refer to our [Research Privacy Notice](#) for more information on how we will use and store

your personal data.

The following categories of personal data (as defined by the [General Data Protection Regulation](#) (GDPR)) will be processed:

- The personal data we will need is : title of profession and number of years of service, ethnicity, name – only for the purposes of tracing responses across time*

We have identified that the public interest in processing the personal data is:

- This information will be used to help understand and give a general overview of understanding of Trauma Informed Practice in the Justice System.*

Data can only be accessed by the lead researcher and supervisors, as below. Information will be retained until March 2025

If you would like to obtain further information related to how your personal data is processed for this project please contact Catherine O'Neill or a supervisor.

You can read further information regarding how the University processes your personal data for research purposes at the following link: Research Privacy Notice -

<https://www.canterbury.ac.uk/university-solicitors-office/data-protection/privacynotices/privacy-notices.aspx>

Dissemination of results

The results of the study will be published or otherwise disseminated via Intermediaries for Justice, RIO –Registered Intermediaries Online (MOJ) and the thesis will be published in the CCCU library. Findings will also be published in academic journals and may be presented at conferences/training events.

Process for withdrawing consent to participate

You are free to withdraw your consent to participate in this research project without having to

give a reason during participation up to 14 days after participation. This can be done by emailing the lead researcher and your contribution will be destroyed.

You may read further information on your rights relating to your personal data at the following link: Research Privacy Notice - <https://www.canterbury.ac.uk/university-solicitorsoffice/>

[data-protection/privacy-notices/privacy-notices.aspx](https://www.canterbury.ac.uk/university-solicitorsoffice/data-protection/privacy-notices/privacy-notices.aspx)

Any questions?

Please contact the lead researcher: Catherine O'Neill - c.oneill278@canterbury.ac.uk

Or Supervisors: Dr Katarina Mozova, katarina.mozova@canterbury.ac.uk ; Professor Steve Tong steve.tong@canterbury.ac.uk or Dr Liz Spruin liz.spruin@canterbury.ac.uk

Department of Policing, North Holmes Road, CT11QU Phone number : 01227 927700

Appendix 2 – Survey

Trauma Informed Practice Survey

Page 1

Background

My name is Catherine O'Neill and I am a PhD researcher at Christchurch University Canterbury.

AN INVESTIGATION IN TO THE KNOWLEDGE AND USE OF TRAUMA INFORMED PRACTICE IN THE JUSTICE SYSTEM

A research study is being conducted at Canterbury Christ Church University (CCCU) by Catherine O'Neill, supervised by Dr Katarina Mozova, Dr Elizabeth Spruin and Professor Stephen Tong.

Having worked as a Registered Intermediary in The Justice System for the last 14 years. I am aware that an understanding of Trauma Informed Practice is crucial for understanding the needs of vulnerable people. This is highlighted in the Policing Guidelines and also raised by IICSA – Independent Inquiry into Child Sexual Abuse. My research project examines the current knowledge and understanding of Trauma Informed Practice; its physiological effect on communication and wellbeing by both the vulnerable person and the person working in the system and how those involved adapt their practice to the needs of vulnerable people.

What will you be required to do?

You have been invited to take part in a research study where Police, Intermediaries, Solicitors, Barristers and Judges will be asked about their knowledge of Trauma Informed Practice. Before deciding to take part in this research study, it is important that you understand why the research is being done and what you would have to do as a participant. The aim of the research study is to explore the existing knowledge about trauma and how it manifests in the people you work with. Also, the impact of working with traumatised people you meet during your work, on your own wellbeing i.e. secondary trauma /Vicarious Trauma. We will also explore whether there are currently trainings provided for you which help you work in a trauma informed way. You will be required to reflect on your practice and discuss in an open and honest way. This will be through a combination of questionnaires and for

some who offer, more in depth interviews. Your responses will be anonymous and confidential.

To participate in this research, you must:

Currently work in The Justice System, specifically, be an Intermediary (registered or independent), Police Officer, Solicitor, Barrister or Judge.

Procedure

You may be asked to participate in a number of ways. This may be 1) through an online questionnaire 2) some people who agree will be invited to take part in an in-depth interview following the questionnaire.

Through any participation, you will firstly be asked to consider this information sheet and ask any questions you may have. Then, you will be asked to provide informed consent. You will then be A) asked to fill in a questionnaire, B) and/or asked to take part in a semi-structured interview (remotely or in person depending on up-to-date CCCU and COVID government guidelines).

The questionnaire will take about 15-20 minutes of your time and will be completed online. . The questions will be focused on your experiences of working within The Justice System and your knowledge of Trauma Informed Practice, previous trainings undertaken, access to supervisions and any challenges you may observe.

Some people may offer to be interviewed. The interview is expected to last between 30-60 minutes, depending on the depth of the conversation. The interview will be audio recorded for the purpose of transcription, the audio-recordings will be transcribed and subsequently deleted. The interview will be audio recorded for the purpose of transcription, the audio-recordings will be transcribed and subsequently deleted.

Participation is absolutely voluntary and none of your rights will be affected if you decide not to participate. You can change your mind regarding participation at any time during the study, and up to two weeks after taking part (after this time, your answers are likely to be collated with others'). You do not have to answer any questions that you are uncomfortable to answer. All data will be held confidentially and securely online with password protection and

encryption. Your participation is anonymous and confidential – only general trends will be reported and you, as an individual, will not be identified based on any of the published writing.

Confidentiality and Data Protection

Please refer to our Research Privacy Notice for more information on how we will use and store your personal data.

The following categories of personal data (as defined by the General Data Protection Regulation (GDPR)) will be processed:

- The personal data we will need is: title of profession and number of years of service, ethnicity, and your views on the questions. We will also collect your name but only for the purposes of withdrawal.

We have identified that the public interest in processing the personal data is:

- This information will be used to help understand and give a general overview of understanding of Trauma Informed Practice in The Justice System.

Data can only be accessed by the lead researcher and supervisors, as below. Anonymised data will be retained until March 2025.

If you would like to obtain further information related to how your personal data is processed for this project, please contact Catherine O'Neill or a supervisor.

You can read further information regarding how the University processes your personal data for research purposes at the following link: Research Privacy Notice

- <https://www.canterbury.ac.uk/university-Solicitors-office/data-protection/privacy-notices/privacy-notices.aspx>

Dissemination of results

The results of the study will be published or otherwise disseminated via Intermediaries for Justice, RIO –Registered Intermediaries Online (MOJ) and the thesis will be published in the CCCU library. Findings will also be published in academic journals and may be presented at conferences/training events.

Process for withdrawing consent to participate

You are free to withdraw your consent to participate in this research project without having to give a reason during participation up to 14 days after participation. After this date, it is likely that your data will be collated with others'. This can be done by emailing the lead researcher or supervisors and your contribution will be destroyed.

You may read further information on your rights relating to your personal data at the following link: Research Privacy Notice - <https://www.canterbury.ac.uk/university-Solicitors-office/data-protection/privacy-notices/privacy-notices.aspx>

Any questions?

Please contact the lead researcher: Catherine O'Neill - c.oneill278@canterbury.ac.uk

Department of Policing, North Holmes Road, CT11QU Phone number : 01227 927700

Or Supervisors: Dr Katarina Mozova, katarina.mozova@canterbury.ac.uk ; Professor Steve Tong steve.tong@canterbury.ac.uk or Dr Liz Spruin liz.spruin@canterbury.ac.uk

Page 2: Consent form

Title of project: An investigation in to the knowledge and use of Trauma Informed Practice in The Justice System

Lead Researcher: Catherine O'Neill

Policing Department; North Holmes Road; CT11QU c.oneill278@canterbury.ac.uk

Supervisory team:

Dr Katarina Mozova, katarina.mozova@canterbury.ac.uk

Professor Steve Tong, steve.tong@canterbury.ac.uk

Dr Elizabeth Spruin, liz.spruin@canterbury.ac.uk

Please, read the following statements. You can only continue with the study if you agree with all of them.

1) I confirm that I have read and understand the participant information for the above project and have had the opportunity to ask questions.

- 2) If applicable, I confirm that I agree to any audio and/or visual recordings.
- 3) I understand that any personal information that I provide to the researchers will be kept strictly confidential, anonymised and in line with the University Research Privacy Notice
- 4) I understand that my participation is voluntary and that I am free to withdraw my participation at any time and up to 14 days, without giving a reason.

1. Please, provide your name (used purely for the purposes of possible participant withdrawal). * *Required*

2. Do you consent to taking part in this study, based on all the information provided to you? * *Required*

- Yes
- No
-

Page 3

Thank you for your willingness to help us better understand trauma-informed practice. If needed you can increase the size of the text boxes for your answers by left-clicking on the bottom right corner and dragging diagonally down to the right.

In this next section, we are interested to know more about you so that we can understand what kinds of individuals took part in this survey.

3. *What is the title of your current role? [Pol & Int: If doing more than one role please state what roles they are.]*

4. *How long have you worked for [Pol: the police?] [SB: in this role?] [Int: as an Intermediary(RI or non reg Intermediary)?] Please, answer in years.*

5. *What is your gender?*

- Male
- Female
- Other

- Prefer not to say

6. *What is your ethnicity?*

[Pol: 7. *What is your current rank?*]

7/8. *How old are you?*

Page 4

The next few questions are about training relevant to Trauma Informed Practice.

8/9. Have you ever attended any formal training on Trauma or Trauma Informed Practice?

- Yes
- No

8/9.a. If yes, who was it delivered by?

8/9.a.i. What did the training entail?

8/9.a.ii. How long was the training?

8/9.a.iii. Were you satisfied with the training? In other words, do you think it prepared you to work in a trauma-informed manner?

Page 5

Whether you received training or not, we are keen to know more about your views surrounding Trauma-Informed Practice. Please, do not look up answers, we want to be able to gauge your knowledge and understanding of the topic.

9/10. What is your current understanding of Trauma Informed Practice?

- No understanding at all
- Little understanding
- Uncertain
- Good understanding
- Very good understanding

10/11. Do you work with traumatised people?

10/11.a. What makes you think they are traumatised?

11/12. Do you know about the physical effects of trauma?

- Yes
- No
- Don't know

11/12.a. If yes, what physical behaviours do you think a traumatised person may exhibit?

12/13. Do you know about the impact of trauma on an individual's ability to communicate?

12/13.a. If yes, what does the impact look like? Can you think of any examples?

- Yes
- No

13/14. Do you think that trauma impacts on the quality of evidence and participation?

- Yes
- No

13/14.a. If yes, in what ways do you think it impacts on evidence and participation?

Please, think of specific examples.

14/15. 1What are the main factors which affect the success of achieving clear, coherent evidence?

Please don't select more than 1 answer(s) per row. Please select at least 15 answer(s).

	1. Really not important	2. Not that important	3. Quite important	4. Important	5. Very important
Age of vulnerable person					
Trust					
Good language development					

Knowledge of truth and lie					
Rapport					
Multi agency support					
Quick disclosure					
Complying to the constraints of the system					
Time					
Use of Intermediary					
Preparation					
Information gathering i.e. education/medical reports					
Communication style of barrister/solicitor/interviewing officer					
Police/court understanding of and willingness to adapt to communication and					

mental health needs					
Support from other professionals /multi agency joined up approach					

[Pol & SB: 15/16. In your opinion, what are the most important factors which enable clear, coherent evidence and effective participation?]

15/16/17. Do you know what is meant by the 'window of tolerance'?

- Yes
- No

15/16/17.a. If yes, what do you think it means?

Page 6

Regardless of whether you've heard of the 'window of tolerance' before, we would like to provide you with an explanation to keep in mind for the next few questions.

The window of tolerance is the optimum place of comfort, safety and trust where a person is able to keep emotionally regulated, avoiding hypovigilance or hypervigilance without going into fight, flight or freeze mode. Therefore, it allows for communication and participation. Trauma impacts on how 'big' our window of tolerance is.

16/17/18. Have you adapted your practice to accommodate this?

- Yes
- Partially
- No

16/17/18.a. If yes or partially, what do the adaptations look like?

16/17/18.b. If no, why do you think that is?

17/18/19. Which adaptations may assist a child or vulnerable person to best communicate their evidence? Please, try to be as specific as possible.

[Pol: 20. Do you know what an Intermediary is?] [Int: 18. From your experience, do other professionals working in The Justice System know what an Intermediary is?]

- Yes
- No

[Pol: 20.a. How would you describe the role of an Intermediary?] [Int: 18.a. If YES what do they understand the role to be?]

[Pol & S/B: 19/21. Have you worked with an Intermediary/Communication Specialist before?

- Yes
- No
- Not sure]

[Pol & S/B: 20/22. Who can be assisted by an Intermediary? Please list here]

19/21/23. Is there anything else you feel is relevant in terms of Trauma Informed Practice?

Page 7

[Pol: So far, you were asked questions about people you work with. We also want to know about your own workplace and so the next few questions are about trauma from that perspective.]

20/22/24. Do you know what Secondary/Vicarious Trauma is?

- Yes
- No

20/22/24.a. If yes, please explain

Page 8

We would like to provide you with a definition of secondary/Vicarious Trauma.

Vicarious Trauma is the emotional response that can be absorbed when working with traumatised people. This can be through hearing or witnessing their pain, terror, fear, images, materials or events. It can also be a response to working in certain working environments or systems.

21/23/25. Have you experienced secondary /Vicarious Trauma yourself due to your work?

- Yes
- No

21/23/25.a. If yes, please give examples

21/23/25.b. If no, how do you think you managed to avoid becoming impacted?

22/24/26. Do you have any concerns about your work exposing you to this?

- Yes
- No

22/24/26.a. Can you please explain your answer?

23/25/27. Do you think it is important to be trained in de-escalation techniques considering what you know about trauma?

- Yes
- No

23/25/27.a. If yes, in what ways?

24/26. Have you had any de-escalation technique training?

- Yes
- No

24/26/28.a. If yes, has it been sufficient?

- Yes
- No

24/26/28.a.i. What main techniques do you remember?

25/27/29. Do you use grounding techniques (these are techniques to keep people calm, emotionally regulated and able to communicate)?

- Yes
- No
- Don't know

25/27/29.a. If yes, can you explain what types and why?

25/27/29.b. If no, why do you think that is?

In some professions including the NHS, it is now regular practice to engage in reflective practice regarding learning points i.e. What went well with a case, what could have been done differently and areas of development for CPD (Continuing Professional Development). Some professions require a log to be kept.

26/28/30. Do you carry out reflective practice?

- Yes
- No

26/28/30.a. Do you think reflective practice would be/is useful in The Justice System?

26/28/30.b. [Int: As an Intermediary] are you required to participate in CPD on an annual basis?

- Yes
- No

27/29/31. [Int: As an Intermediary] do you have regular supervision?

- Yes
- No

27/29/31.a. If yes, what type?

- Yes
- No

27/29/31.b. How often?

28/30/32. If you do have supervision, have you been finding it beneficial?

- Yes
- No
- Not sure

28/30/32.a. Please explain your answer

31/33. Do you think you should have regular supervision?

- Yes
- No
- Not sure

29/31/33.a. Please explain

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For the next few questions, think about things like how you feel in your job day to day, the support you have, the team around you.

30/32/34. Do you feel comfortable discussing your well-being [Pol & S/B: at work?]

[Int: with colleagues?]

- Yes
- No
- Not certain

30.a. Do you feel comfortable discussing your well-being with MOJ/NCA?

- Yes
- No
- Not certain

[Pol & S/B: 33/35. Do you have someone in the organisation, as a formal arrangement, you can go to who you can trust and express your feelings to?] [Int: 31.

Do you have a **formal** arrangement where you can go to someone who you can trust and express your feelings to?]

31/33/35.a. If yes, who is this? We do not want names or specifics, rather, whether they are a line manager, a colleague, etc.

[Int: 31.b. Do you have an informal or ad hoc arrangement where you can turn to colleagues if needed?

- Yes
- No

Bearing in mind what you've just told us, we would like to know more about the culture of your organisation

32/34/36. What is your experience of being able to disclose your own feelings or experiences?

- Yes
- No

33/35/37. Is there anything else you would like to add in relation to the topic of Vicarious/Secondary trauma? This can be a specific incident, trial, interaction with court personnel, the system etc and how things were dealt with etc.

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Thank you for your help. Your answers will help us much better understand professionals' understanding of Trauma Informed Practice.

In order to gain as much detail as possible, we also need to conduct some more in-depth interviews to gain a greater understanding of your perspectives and experiences. We would really appreciate it if you were willing to take part in the follow up.

34/36/38. If you would be willing to be interviewed, please, leave your phone number and/or e-mail in this box.

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Thank you so much for your help in this very important piece of research. Your contributions are very valued.

This survey is part of Catherine O'Neill's PhD research at Canterbury Christ Church University. It explores the impact of deeply distressing experiences of witnesses, defendants

and respondents including children and vulnerable adults. It also explores the effect of dealing with traumatised people on practitioners like yourself.

Please, remember, that you can still withdraw from this study by e-mailing the lead researcher, up until 14 days after your participation. Your responses are confidential and anonymous, answers will be reported in aggregate, so no individual will be identifiable from any publications presenting the result of this survey. If you would like further information about this research, please contact me via this email: c.oneill278@canterbury.ac.uk

I appreciate that you were asked about some complex issues; if you feel impacted by your participation, know that there are a number of organisations available for confidential advice.

For example, you can consider contacting Mind - www.mind.org.uk - 0300 123 3393

Catherine O'Neill

Appendix 3 – NVivo Codebook

Name	Description	References	Mentions by individual professional	In answer to which question (if relevant)
1 Level of knowledge of T.I.P	Research question: What level of knowledge do legal professionals such as Barristers, Solicitors, police and Intermediaries have about Trauma Informed Practice (T.I.P)?	-	-	-
<ul style="list-style-type: none"> ACEs 	Demonstrating recognition that adverse childhood experiences cause trauma and impact e.g., communication, emotional regulation, ability to give evidence, etc.	5	Int=5	Do you work with traumatised people? What makes you think they are traumatised?
<ul style="list-style-type: none"> De-escalation 	Demonstrating knowledge of techniques about de-escalation	47	Pol=11 SB=5 Int=25	Do you think it is important to be

				<p>trained in de- escalatio n techniq ues consider ing what you know about trauma? If yes, in what ways?</p> <p>Have you had any de- escalatio n techniq ue training ? What main techniq ues do you rememb er?</p>
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<ul style="list-style-type: none"> • Desire for more awareness 	Demonstrating a need/desire for more trauma-informed knowledge	12	Pol=2 SB=4 Int=5	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Systemwide 	Demonstrating a need/desire for more trauma-informed knowledge across the system	9	Pol=1 SB=4 Int=3	
<ul style="list-style-type: none"> • Lack of knowledge 	Demonstrating a lack of knowledge about trauma-informed practice	30	Pol=8 SB=5 Int=13	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ De-escalation 	Demonstrating a lack of knowledge about de-escalation techniques in T.I.P	44	Pol=10 SB=20 Int=14	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Grounding techniques 	Demonstrating a lack of knowledge about grounding techniques in T.I.P	23	Pol=9 SB=10 Int=4	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Vicarious Trauma 	Demonstrating a lack of knowledge about Vicarious Trauma in T.I.P	8	Pol=7 Int=1	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Window of tolerance 	Demonstrating a lack of knowledge about the window of tolerance in T.I.P	4	Pol=2 Int=2	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Systemwide 	Mentioning a lack of knowledge on T.I.P across the system	6	Int=6	
<ul style="list-style-type: none"> • Learning on the job 	Providing examples of or stating that the participant has learnt some form of T.I.P through the job itself, rather than any training	9	Pol=4 SB=3 Int=2	

<ul style="list-style-type: none"> Physiological, sensory and behaviour effects of trauma 	<p>Demonstrating knowledge of the physiological, sensory and behaviour effects of trauma</p> <p>Each subtheme represents an example mentioned of these effects</p>			<p>Do you know about the physical effects of trauma? If yes, what physical behaviours do you think a traumatised person may exhibit?</p>
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Aggression 	Mention of aggression, aggressive behaviour, violence, lashing out	17	Pol=4 SB=3 Int=10	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Anxiety 	Mention of anxiety, anxious behaviour, worry, nervous behaviour	47	Pol=16 SB=13 Int=18	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> Panic attacks 	Mention of panic attacks	21	Pol=4 SB=5 Int=12	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Breath change 	Breathlessness, shallow, rapid or irregular breathing,	22	Pol=2 SB=2 Int=18	

	hyperventilating, hypoventilating			
○ Capacity	Mention of an inability to cope with present situation/environment	5	Pol=2 SB=2 Int=1	
○ Denial	Mention of denial	4	Pol=2 SB=1 Int=1	
○ Depression	Mention of depression (as official diagnosis or depressed moods)	23	Pol=8 SB=10 Int=5	
○ Dietary, eating changes	Mention of dietary changes, eating habits changes, and weight loss and gain	7	Pol=3 SB=2 Int=2	
○ Dissociation	Mention of dissociation, dissociative identity disorder, derealisation	27	Pol=5 SB=5 Int=17	
○ Dizziness	Mention of dizziness, feeling dizzy	3	Int=3	
○ Emotional or mood lability	Mention of emotional/mood lability, emotional outbursts, distress, manic behaviour, out of place laughter/smiling, unpredictable mood changes, emotional dysregulation, hysteria, emotional instability	17	Pol=5 Int=12	
▪ Anger	Mention of anger, becoming angry	17	Pol=6 SB=4	

			Int=6	
▪ Fear	Mention of fear, becoming fearful, scared	7	Pol=3 SB=1 Int=3	
▪ (Di)stress	Mention of stress, becoming distressed	5	Pol=2 SB=2 Int=1	
○ Upset, crying, tearfulness	Mention of upset, crying, tearfulness	14	Pol=4 SB=3 Int=7	
○ Eye gaze change	Mention of poor, reduced and avoiding eye contact, having a fixed gaze/staring, rapid eye movement, pupils dilate, pupils retracting	11	SB=1 Int=10	
○ Facial expression change	Blank, revealing true feelings, flat facial affect	3	Pol=1 Int=2	
○ Fainting	Mention of fainting or collapsing	4	Int=4	
○ Fatigue	Mention of fatigue, exhaustion, tiredness	14	Pol=1 SB=6 Int=7	
▪ Lethargy	Mention of lethargy	7	Pol=1 SB=1 Int=5	
○ Fight Flight Freeze	Mention of fight, flight, freeze (and fawn, flop) and the related reactions	20	Pol=2 SB=2 Int=16	
○ Flashbacks	Mention of flashbacks, reliving trauma	14	Pol=2 SB=4	

			Int=8	
○ General poor mental health	Mention of mental health diagnoses and overall risk to suffer from mental health issues	14	Pol=7 SB=2 Int=5	
○ Guilt, self-blame	Mention of guilt, shame, self-blame	5	Pol=4 SB=1	
○ Heartrate change	Mention of increased or decreased heart rate, palpitations	13	Pol=1 Int=12	
○ Hypo or hyper vigilant	Mention of hypovigilance or hypervigilance as well as hyperarousal, high alertness	16	Pol=1 SB=3 Int=12	
○ Ill health	General mention of physical/physiological ill health	14	Pol=3 SB=5 Int=6	
▪ Bladder issues	Mention of bladder issues, including incontinence	5	SB=1 Int=4	
▪ Headaches	Mention of headaches	8	SB=3 Int=5	
▪ Stomach issues	Upset stomach, nausea, bowel problems, stomach ache, vomiting, constipation, incontinence, gut related symptoms, digestive symptoms	20	Pol=1 SB=4 Int=15	
○ Impaired communication	General mention of communication difficulties	20	Pol=1 SB=9 Int=10	

<ul style="list-style-type: none"> ▪ Voice or speech change 	Flat tone, muteness, faster speech, inability to recall vocabulary, quiet tone or whisper, blank spells; immature speech development; communication blocks; fast cluttered communication; stuttering	18	Pol=4 SB=4 Int=10	
<ul style="list-style-type: none"> ○ Impaired judgement 	Mention of impaired judgement	1	Pol=1	
<ul style="list-style-type: none"> ▪ Risky behaviour 	Mention of risk-taking/risky behaviours	3	Pol=1 SB=1 Int=1	
<ul style="list-style-type: none"> ○ Impaired thinking 	Mention of impaired, distorted thinking	2	Pol=2	
<ul style="list-style-type: none"> ▪ Concentration impact 	Mention of difficulty concentrating, inability to pay attention, difficulty focusing, short attention span, distractibility	21	Pol=6 SB=4 Int=11	
<ul style="list-style-type: none"> ▪ Confusion 	Mention of confusion, distorted thinking	7	Pol=4 SB=2 Int=1	
<ul style="list-style-type: none"> ○ Jumpiness 	Mention of someone being 'jumpy'	4	Pol=2 SB=1 Int=1	
<ul style="list-style-type: none"> ○ Lack of or over sexualised behaviour 	Mention of sexualised behaviour or total lack	2	Pol=1 Int=1	

○ Memory effects	Mention of memory issues, inability to recall events, memory loss	10	Pol=3 SB=4 Int=3	
○ Muscle and posture effects	Mention of muscularension, pains/aches, rigidity, flaccidity, slumping/floppy posture, curling up, rocking, folding in on self	16	Int=16	
○ Numbness	Mention of numbness, absence of emotion	6	Pol=1 SB=1 Int=4	
○ Psychosis	Mention of psychosis	2	SB=1 Int=1	
○ Repetitive behaviours	Mention of tics, hand wringing, fidgeting, pacing, head banging, skin picking	13	Pol=1 SB=1 Int=11	
▪ Fidgeting	Mention of fidgeting	5	SB=3 Int=2	
○ Restless, agitated	Mention of restlessness and/or agitation	14	SB=3 Int=11	
○ Self-esteem issues	Mention of low self-esteem	3	SB=2 Int=1	
○ Self-harm	Mention of self-harm and self-injurious behaviours	19	Pol=5 SB=2 Int=11	
▪ Suicidal ideation	Mention of suicidal ideation and thoughts	3	Pol=1 SB=2	
○ Sensory dysregulation	Mention of sensory dysregulation, including	6	Int=6	

	hallucination, sensitivity to light/sound			
○ Shaking	Mention of shaking, tremors, shivering, functional seizures	24	Pol=4 SB=7 Int=13	
○ Skin colour change	Mention of skin colour change, such as white/blue around mouth, pale skin, pallid skin	8	SB=1 Int=7	
○ Sleep problems	Mention of sleep problems, such as insomnia, other sleep disorders, nightmares, poor sleep patterns	22	Pol=6 SB=6 Int=10	
○ Substance misuse	Mention of drug and alcohol abuse/addiction, general substance use	11	Pol=3 SB=2 Int=6	
○ Susceptibility	Mention of susceptibility (easily manipulated) and appeasement (trying to please asker of questions)	6	SB=2 Int=4	
○ Temperature change	Mention of temperature change, too hot/too cold	2	Pol=1 Int=1	
▪ Sweating	Mention of sweating	16	Pol=2 SB=4 Int=10	
○ Withdrawing	Mention of withdrawing, shutting down, going blank, zoning out	29	Pol=10 SB=3 Int=16	
▪ Avoidance	Mention of avoidance	7	Int=7	

▪ Detached	Mention of detachment, disinterest	10	Pol=4 SB=1 Int=5	
▪ Quiet, calm	Mention of being unusually calm and quiet	7	Pol=5 SB=2	
• Trauma affects communication	Demonstrating knowledge of how trauma impacts communication. All for this theme are a general acknowledgement of the impact on communication. The subthemes demonstrate knowledge of specific ways in which communication is affected.	72	Pol=19 SB=16 Int=37	Do you know about the impact of trauma on an individual's ability to communicate? If yes, what does that impact look like? Can you think of any examples?

○ Acquiescence	Mention of acquiescence, agreeing to anything and everything	2	Pol=1 Int=1	
○ Aggression	Mention of aggression, aggressive behaviour, violence in a way that impacts communication	7	Pol=1 SB=2 Int=4	
○ Anger	Mention of anger, outbursts in a way that impacts communication	7	Pol=1 SB=3 Int=3	
○ Anxiety	Mention of anxiety, nervous behaviour, panic attacks impacting communication	12	Pol=5 SB=2 Int=5	
○ Avoidant	Mention of avoidance of certain topics or details when communicating about trauma	13	Pol=2 SB=6 Int=5	
○ Collaboration difficulty	Mention of an inability or difficulty collaborating, engaging, cooperating with communication, interviews, Justice System processes	25	Pol=5 SB=6 Int=14	
○ Confusion	Mention of confusion, inability to understand or be understood, impaired cognitive functioning, impaired ability to process language impacting communication	43	Pol=4 SB=9 Int=30	

○ Crying	Mention of crying, tearfulness disrupting ability to communicate	5	Pol=1 SB=1 Int=3	
○ Dissociation	Mention of dissociation, zoning out, hallucination that impacts communication	22	Pol=5 SB=5 Int=12	
○ Distress	Mention of distress, stress, hysteria, breaking down, emotional dysregulation impacting communication	24	Pol=3 SB=5 Int=16	
○ Fatigue	Mention of fatigue, tiredness impacting communication	2	Pol=1 SB=1	
○ Fixation	Mention of fixating on specific details, getting stuck	9	Pol=4 SB=1 Int=4	
○ Flashbacks	Mention of flashbacks, resurfacing of difficult memories impacting communication	9	Pol=1 SB=3 Int=5	
○ Impaired speech	Mention of becoming mute, non-verbal, unintelligible, quiet, reduced speech, echolalia	44	Pol=6 SB=10 Int=28	
○ Misplaced or inappropriate emotional expression	Mention of emotional expression that seems inappropriate e.g., laughter, calm flat affect, emotionlessness, seeming desensitised	14	Pol=3 SB=3 Int=8	

○ Poor eye contact	Mention of inability to make eye contact during communication	9	Pol=2 Int=7	
○ Poor focus, concentration	Mention of poor concentration, focus, attention impairing communication	34	Pol=6 SB=5 Int=23	
○ Poor memory	Mention of poor memory, inability to recall details/information, fragmented memory, memory loss, confused chronology	38	Pol=11 SB=9 Int=18	
○ Poor narrative skills	Mention of an inability or difficulty forming a coherent and clear narrative	61	Pol=17 SB=16 Int=28	
○ Shame, self-blame	Mention of shame, embarrassment, self-blame impairing how something is communicated	6	Pol=3 SB=1 Int=2	
○ Suggestibility	Mention of suggestibility, appeasement	7	SB=3 Int=4	
○ Trust issues	Mention of distrust and lack of trust impairing communication	10	Pol=3 SB=2 Int=5	
○ Withdrawal	Mention of withdrawing, closing/shutting down impairing communication	20	Pol=8 SB=2 Int=10	
• Trauma's impact on evidence	Demonstrating knowledge of how trauma impacts the	6	Pol=1 SB=5	Do you think

	<p>ability to gather good evidence. All for this theme are a general acknowledgement of the impact on evidence. The subthemes demonstrate knowledge of specific ways in which gathering evidence is affected.</p>			<p>that trauma impacts on the quality of evidence and participation? If yes, in what ways do you think it impacts on evidence and participation? please, think of specific examples.</p>
<ul style="list-style-type: none"> ○ Acquiescence and malleability 	<p>Mention of agreeing to all questions even when it's not true, especially leading questions/statements, being suggestible, being unable to</p>	10	<p>SB=4 Int=6</p>	

	challenge incorrect information			
○ Bad impression/credibility	Mention of unexpected emotional responses, especially those that leave a bad impression on Judge, jury etc. For example, seeming unemotional/unaffected by traumatic experiences resulting in an impression that the account is not credible, poor eye contact	23	Pol=7 SB=10 Int=6	
○ Collaboration difficulty	Mention of an inability or difficulty to collaborate, participate, engage in the interview, processes, trial, providing evidence etc.	59	Pol=17 SB=15 Int=27	
○ Communication difficulties	Mention of general communication difficulties when providing evidence including, fixation, inability to speak, avoidance	80	Pol=18 SB=24 Int=38	
○ Comprehension difficulties	Mention of difficulty comprehending, understanding questions, statements etc. thinking clearly	28	Pol=1 SB=6 Int=21	
○ Concentration difficulties	Mention of lack of concentration, focus, attention	27	Pol=4 SB=8 Int=15	

○ Emotional difficulties	All mentions of emotional reactions impacting evidence collection. Subthemes demonstrate knowledge of specific emotional experiences that may disrupt evidence collection	128	Pol=35 SB=23 Int=70	
▪ Anxiety	Mention of anxiety and panic impacting ability, capacity, desire to give evidence	18	Pol=2 SB=1 Int=15	
▪ Dissociation	Mention of dissociating disrupting ability to give evidence	8	Pol=3 Int=5	
▪ Distress & hysteria	Mention of distress, hysteria, emotional dysregulation disrupting ability to give evidence	9	Pol=3 Int=6	
▪ Fear	Mention of fear (of perpetrator/defendant, lawyer, Judge, repercussions of giving evidence, of being retraumatised etc.) disrupting ability to give evidence	13	Pol=4 SB=4 Int=5	
▪ Retraumatization	Mention of retraumatization and risk of this disrupting ability to give evidence	32	Pol=7 SB=9 Int=16	

▪ Shame & self-blame	Mention of feelings of shame, self-blame and guilt disrupting ability to give evidence	5	Pol=3 Int=2	
▪ Substance misuse	Mention of substance use affecting ability to give evidence	2	Pol=2	
▪ Withdrawal	Mention of withdrawing, shutting down disrupting ability to give evidence	11	Pol=1 Int=10	
○ Memory retrieval difficulties	Mention of difficulty in retrieving memory disrupting ability to give evidence	42	Pol=23 SB=7 Int=12	
• Window of tolerance	Unprompted mention of the window of tolerance	3	Int=3	
○ Definition	Definitions provided for the window of tolerance	60	Pol=9 SB=11 Int=40	Do you know what is meant by the 'window of tolerance'?
				If yes, what do you think it means?

▪ Correct	Correct definitions provided for the window of tolerance	51	Pol=5 SB=11 Int=35	
▪ Incorrect	Incorrect definitions provided for the window of tolerance	9	Pol=5 Int=5	
2 Level of T.I.P training	Research question: What level of training regarding T.I.P have they received in order to competently work using a Trauma Informed Approach?	-	-	-
• Desire for training	Mention of a desire for training, both personal and systemwide	186	Pol=52 SB=49 Int=85	
○ Resistance	Resistance to receiving trauma-informed training	3	SB=2 Int=1	
○ De-escalation training	Mention of a desire for de-escalation training	95	Pol=38 SB=20 Int=37	Do you think it is important to be trained in de-escalation techniques considering what

				you know about trauma? If yes, in what ways?
○ To prevent Vicarious Trauma	Mention of a desire for training to help prevent Vicarious Trauma	11	Pol=7 SB=1 Int=3	
• Formally provided				
○ Issues	Mention of any issues/barriers to receiving formally provided trauma-informed training	31	Pol=27 SB=4 Int=1	
▪ Lack of resources	Mention of lack of resources as a specific issue for receiving formally provided trauma-informed training	8	Pol=7 SB=1	
▪ Time	Mention of time being a barrier to attending more training	5	Pol=3 SB=1	
• Introductory training	Mention of trauma-informed training received only being introductory	7	Pol=4 Int=3	
• Lack of training	Acknowledgement of a lack of training or implication of a lack of training	93	Pol=38 SB=43 Int=12	

○ Insufficient for practice	Specific mention of training being insufficient for practice	5	Int=5	
• Training topics covered	Subthemes demonstrate what topics were covered in any trauma-informed training they attended	-	-	<p>Have you ever attended any formal training on Trauma or Trauma Informed Practice ? What did the training entail?</p> <p>Have you had any de-escalation technique training ? What main</p>

				techniques do you remember?
○ ACEs	Adverse childhood experiences, learning about childhood trauma	7	Pol=1 SB=1 Int=5	
○ Attachment	The role of attachment in trauma	3	Int=3	
○ Communication skills	Communication skills needed when working with someone with trauma	5	Int=5	
▪ Interview skills		5	Pol=2 Int=3	
○ Coregulation	Using coregulation to keep someone with trauma regulated	5	Int=5	
○ Identifying trauma	Learning how to identify signs of trauma	9	Pol=1 Int=8	
▪ Trauma physiology	Learning about specific physiology of trauma (of body and mind, behaviour, bodily response, effect on sensory system, etc.)	5	Int=5	
○ Intermediary-specific training	Trauma training taken by Intermediaries to learn about trauma in relation to the Intermediary role	5	Int=5	

○ Memory	Impact of trauma on memory	2	Pol=2	
○ Neuroscience of trauma	Neuro sequential model, neuro awareness, neuropsychology	5	Int=5	
○ PACE Methodology	Trauma-informed approach to supporting children/young people developed by Dan Hughes. Playfulness, Acceptance, Curiosity, Empathy	2	Int=2	
○ Polyvagal theory		5	Int=5	
○ Secondary trauma	Vicarious Trauma	8	Pol=1 SB=1 Int=6	
▪ Self-protection	Learning self-protection techniques to avoid Vicarious Trauma	4	Pol=2 Int=2	
○ Supportive techniques	Learning general techniques on how to support traumatised people	12	Pol=4 Int=8	
▪ Creating a safe environment	Learning specifically about creating a safe environment for traumatised people	11	Pol=1 Int=10	
▪ Grounding techniques	Learning specifically about grounding techniques	15	Pol=1 Int=14	

○ Trauma's impact	Training on learning the impacts trauma can cause	27	Pol=8 SB=1 Int=18	
○ Trauma-informed approach	Overall broad training: How can trauma manifest; how to work with someone with trauma; spotting problems, signs, reactions, symptoms; understanding types, origins, impacts of trauma	10	Pol=1 SB=1 Int=8	
• What's needed	Any mention of what is needed in trauma training specifically, and what is needed in the wider system that training would assist in making happen	92	Pol=16 SB=22 Int=54	
3 Knowledge of special measures	Research question: What is their knowledge of other special measures? Subthemes all demonstrate specific mentions of special measures known to assist in working with traumatised people	-	-	Which adaptations may assist a child or vulnerable person to best communicate their evidence and participate?

				In your opinion, what are the most important factors which enable clear, coherent evidence and effective participation?
• Fixed time	Ensuring time for e.g., providing evidence is fixed and doesn't change	10	Int=10	
• Ground rules hearing		6	SB=3 Int=3	
• Intermediaries	Mention of an Intermediary as a special measure (unprompted)	131	Pol= SB=44 Int=16	
○ Definition	Definition of an Intermediary/the Intermediary role	111	Pol=51 SB=44 Int=16	Pol=How would you describe

				<p>the role of an Interme diary?</p> <p>SB= Have you worked with an Interme diary/C ommuni cation Specialis t before? Who can be assisted by an Interme diary? Please list here</p> <p>Int=Fro m your experie nce, do other professi onals</p>
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				working in The Justice System know what an Interme diary is? If YES, what do they understa nd the role to be?
▪ Correct	Correct definitions of an Intermediary/the Intermediary role	17	Pol=16 SB=17	
○ Negative, wrong or limited perception	Negative, wrong or limited descriptions of Intermediaries (both in the role description and in response to other questions)	104	Pol=45 SB=9 Int=50	
▪ Barrier to barrister case	Interrupting barrister's normal communication/questioning style	3	SB=1 Int=2	
▪ Expectati ons beyond the role	Intermediary perceived as needing to fulfil tasks beyond or not aligned with their role	3	Int=3	

▪ Not neutral or impartial	Intermediary perceived as not being neutral or impartial	5	Int=5	
▪ Not used for defendants	Defendants left out of definition of who Intermediary works with or not understood that an Intermediary can be used with defendants/suspects as well	29	Pol=21 SB=5 Int=3	
▪ Only communication assistant	Intermediary perceived as communication expert only, with a lack of understanding for how trauma, emotional regulation etc. impact communication	33	Pol=23 Int=10	
▪ Only for children	Intermediary perceived to only be used for children	2	SB=1 Int=1	
▪ Only support person	Intermediary viewed only as a support person	12	Pol=1 Int=11	
▪ Tick box	Intermediary as an enforced measure rather than helpful	2	Int=2	
○ Positive	Positive mention of Intermediaries	14	Pol=10 SB=2 Int=2	
• Involving relevant professionals	Mention of involving relevant professionals to help a case	40	Pol=23 SB=11 Int=6	

• Lack of measures	Mention of a lack of measures in place within The Justice System help with trauma-informed practice	3	SB=2 Int=1	
• Live link		11	SB=3 Int=8	
• Planning questioning	Planning questions for VP in advance to ensure they are understandable, appropriate and triggers are reduced	32	Pol=1 SB=18 Int=13	
• Pre-recorded evidence		6	SB=6	
• S28 Hearings		4	SB=1 Int=3	
• Screens	Screens to prevent witness and defendant from being able to each other	13	SB=8 Int=5	
• Support animal	Presence of a support animal	10	SB=1 Int=9	
• T.I.P adaptations	Mention of specific adaptations in line with T.I.P	1135	Pol=270 SB=338 Int=527	
○ Adjusting language, communication	Adjustment of language, vocabulary, communication style, tone, body language etc.	96	Pol=26 SB=36 Int=34	
○ Adjusting people present	E.g., taking gender and number of people and type of authority into account according to person's trauma	62	Pol=22 SB=21 Int=19	

	experience, avoiding defendant, bringing in safe person, supportive person, etc.			
○ Breaks	Making time for and ensuring ability to have breaks as and when needed	79	Pol=10 SB=31 Int=38	
○ Changing environment	Environmental audit, time out rooms, best place to sit, make comfortable, tent in courtroom to retreat to, VP's distance to door, exit route, interviewing at home, child-friendly interview suites, witness service rooms with suitable furniture, adjusting seating, etc.	112	Pol=38 SB=25 Int=49	
○ Communication aids	Relying on communication methods other than oral communication, such as writing, pointing to images, signalling etc.	65	Pol=15 SB=8 Int=42	
○ Coregulation	Using coregulation	8	Int=8	
○ Educating relevant authorities	Educating relevant people on VP's needs and presentation to ensure best practice is maintained	24	SB=1 Int=23	
○ Emotional validation	Validating emotions of VP, reassurance, compassion	4	SB=3 Int=1	
○ Encouraging self-regulation	Teaching methods for self-regulation and encouraging	19	SB=9 Int=10	

	them e.g., breathing, cognitive strategies, tapping, 3 things you can see			
<ul style="list-style-type: none"> ▪ Expectations management 	<p>Overall mention of expectations management. Ensuring VP understands what's happening and why, knows in advance etc. Preparation, visual schedules, timetables, information in accessible format, sounds that might occur, familiarisation with people and place, pre-trial visit</p> <p>Subthemes are specific mentions in relation to expectations management</p>	100	<p>Pol=36</p> <p>SB=41</p> <p>Int=23</p>	
<ul style="list-style-type: none"> ▪ Consistency 	Ensuring expectations are met through consistency	6	<p>Pol=2</p> <p>SB=1</p> <p>Int=3</p>	
<ul style="list-style-type: none"> ▪ Familiarisation 	Familiarising VP with setting, people, pre-trial visit etc.	24	<p>Pol=5</p> <p>SB=10</p> <p>Int=9</p>	
<ul style="list-style-type: none"> ▪ Open, honest communication 	Use of open, honest communication	27	<p>Pol=23</p> <p>SB=4</p> <p>Int=1</p>	
<ul style="list-style-type: none"> ○ Extra time 	Taking as much time as might be needed to ensure	53	<p>Pol=7</p> <p>SB=29</p>	

	VP remains emotionally regulated, has energy and can provide evidence suitably		Int=17	
○ Flexibility	Remaining flexible to the needs of the VP	37	Pol=16 SB=16 Int=5	
○ General support		65	Pol=26 SB=25 Int=14	
○ Giving VP more control	of e.g., breaks, environment, people present, use of stop/pause/ok signal cards	29	Pol=6 SB=2 Int=21	
○ Grounding techniques	Use of grounding techniques	110	Pol=16 SB=22 Int=72	
○ Learning VP's needs	Learning the specific needs, whatever they may be, of the VP so these can be met and an individualised process can be established	83	Pol=19 SB=32 Int=32	
○ Limit waiting time	Limit waiting times, e.g., between occasions giving evidence	6	SB=3 Int=3	
○ Monitoring potential dysregulation	Monitoring VP for potential dysregulation so this can be disrupted and person can be supported	34	Pol=4 SB=10 Int=20	

<ul style="list-style-type: none"> ▪ Checkin g in 	Checking in with VP so they can declare their emotional state themselves	5	Int=5	
<ul style="list-style-type: none"> ○ Polyvagal safety cues 	Use of polyvagal safety cues e.g., voice, face expression, body language, calm and warm tone, slow movements, eye contact or not	1	Int=1	
<ul style="list-style-type: none"> ○ Preparation 	Time and thought given to prepare for VP's needs	23	Pol=10 SB=2 Int=11	
<ul style="list-style-type: none"> ○ Provide distractions 	Overall mention of providing distraction for VP to e.g., maintain emotional regulation Subthemes include specific types of distraction	61	Pol=12 SB=11 Int=38	
<ul style="list-style-type: none"> ▪ Fun or calming activities 	Using fun or calming activities as distraction	3	Int=3	
<ul style="list-style-type: none"> ▪ Providin g soothers 	Providing items, objects, etc. that can soothe the VP e.g., stress balls, fidget toys, drawing materials, models, playdoh, blutac, object important to VP, stress aids, pets/support animals	35	Pol=3 SB=2 Int=30	

<ul style="list-style-type: none"> • Sensory aids to provide comfort/distraction, soothing e.g., touch, smell 		24	SB=2 Int=22	
<ul style="list-style-type: none"> ○ Rapport building 	Building rapport with the VP to ensure there is good communication, trust etc.	88	Pol=36 SB=25 Int=27	
<ul style="list-style-type: none"> ▪ Trust 	Specific mention of trust between VP and people present/relevant authorities and the processes (often there as a result of rapport building)	48	Pol=24 SB=15 Int=9	
<ul style="list-style-type: none"> ○ Reduce distraction 	Reducing distraction to e.g., maintain emotional regulation	7	SB=1 Int=6	
<ul style="list-style-type: none"> • Video link 		11	Pol=3 SB=8	
<ul style="list-style-type: none"> • VRI 		7	Pol=5 SB=1 Int=1	
4 Vicarious Trauma	Research question: Is there an understanding of Vicarious Trauma?	-	-	-

<ul style="list-style-type: none"> • Definition 	Definitions provided for Vicarious Trauma	99	Pol=21 SB=32 Int=46	Do you know what Secondary/Vicarious Trauma is? If yes, please explain
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Incorrect 	Incorrect definitions of Vicarious Trauma	5	Pol=2 SB=1 Int=2	
<ul style="list-style-type: none"> • Experience 	Experience of Vicarious Trauma mentioned, either personally or witnessing others experience it	283	Pol=85 SB=90 Int=108	Have you experienced secondary/Vicarious Trauma yourself due to your work? If yes, please give examples

○ Affecting ability to practice	Experience of Vicarious Trauma impacting ability to keep working/practising	15	SB=7 Int=8	
○ Affecting personal life	Experience of Vicarious Trauma impacting personal life	29	Pol=9 SB=11 Int=9	
○ Anger or irritability	Vicarious Trauma causing anger and/or irritability	6	Pol=1 SB=2 Int=3	
○ Anxiety or panic attacks	Vicarious Trauma causing anxiety and/or panic attacks	9	Pol=1 SB=2 Int=6	
○ Examples	Specific examples provided of Vicarious Trauma	141	Pol=29 SB=60 Int=52	
▪ Within the system	Examples of the ways in which the system itself causes trauma	76	Pol=8 SB=33 Int=35	
○ Flashbacks	Vicarious Trauma causing flashbacks	5	Pol=1 SB=2 Int=2	
○ Guilt	Vicarious Trauma causing feelings of guilt	6	SB=3 Int=3	
○ Hopelessness	Vicarious Trauma causing feelings of hopelessness	2	SB=1 Int=1	
○ Imposter syndrome	Vicarious Trauma causing imposter syndrome (the feeling that one doesn't belong/isn't good enough for one's role)	2	Int=2	

○ Lethargy, fatigue	Vicarious Trauma causing lethargy, tiredness, fatigue	5	SB=3 Int=2	
○ Low mood	Vicarious Trauma causing low mood, depression, sadness	18	Pol=2 SB=8 Int=8	
○ Professional isolation	Feelings of isolation in the professional setting exacerbating or causing Vicarious Trauma	18	Int=18	
○ Rumination	Vicarious Trauma causing one to not be able to stop thinking about traumatic details	24	Pol=3 SB=6 Int=15	
○ Sleeplessness and dreams	Experience of sleeplessness, nightmares, sleep disturbance because of Vicarious Trauma	20	Pol=5 SB=7 Int=8	
○ Stress	Experience of stress due to Vicarious Trauma	3	Pol=1 SB=1 Int=1	
○ Management	General descriptions of how Vicarious Trauma is managed	115	Pol=32 SB=34 Int=49	Have you experienced secondary/Vicarious Trauma yourself due to

				your work? If no, how do you think you managed to avoid becoming impacted?
▪ Collegial support	Mentions of collegial support being used to prevent/manage Vicarious Trauma	16	Pol=5 SB=4 Int=7	
▪ Importance of managing potential	Answers that detail why managing Vicarious Trauma is important e.g., knock-on impacts	28	Pol=5 SB=5 Int=18	
▪ System measures in place	Mention of system measures in place to manage/prevent Vicarious Trauma	31	Pol=22 SB=9	
• Wellbeing	Mentions of wellbeing both in direct relation to Vicarious Trauma and not	14	Pol=4 SB=10	
5 Supervision	Research question: What is the level of supervision available to them in their	-	-	-

	work place? What is their attitude to supervision and reflective practice?			
• Case management only	Supervision described as case management only (not emotional support etc.)	20	SB=18 Int=2	Do you have regular supervision? If yes, what type?
• Collegial support	Mention of using colleagues and peers for supervisory and supportive purposes	138	Pol=36 SB=36 Int=66	
• Desire for supervision, what's needed	Expressed desire for supervision, including details of what's needed personally and in the wider system	124	Pol=32 SB=25 Int=67	Do you think you should have regular supervision? Please explain
○ Supervision to prevent Vicarious Trauma	Expressed desire for supervision to play a role in preventing Vicarious Trauma	29	Pol=7 SB=2 Int=20	
• Lack of supervision	Mention of a lack of supervision or defined lack of supervision through	63	Pol=13 SB=21 Int=29	

	mentions of it being once a year or less			
• Lack of support	Mention of a lack of support within the system or collegially	129	Pol=30 SB=34 Int=65	
• Positive	Positive experience or description/perception of supervision	113	Pol=43 SB=20 Int=50	If you do have supervision, have you been finding it beneficial? Please explain your answer
• Reflective practice	Mention of reflective practice	8	Int=8	
○ Lack of reflective practice	Mention of a lack of reflective practice	2	SB=2	
• Resistance	Expressed resistance to supervision	32	Pol=3 SB=22 Int=7	
○ To disclosing feelings	Expressed resistance to disclosing feelings (either due to fear of how it will be received (not receiving the	132	Pol=36 SB=23 Int=73	What is your experience of

	desired support) or an attitude towards not sharing/being open about emotions e.g., not wanting to be perceived as weak)			being able to disclose your own feelings or experiences?
<ul style="list-style-type: none"> ▪ With management 	Resistance to disclosing feelings on an organisational/management level or with higher-ups		Pol=13 SB=10 Int=45	Int= What is your experience of being able to disclose your own feelings or experiences to MOJ/NCA?
<ul style="list-style-type: none"> • Self-funded 	Mention of self-funding or needing to self-fund supervision	19	Pol=1 Int=18	
6 Demands working with the traumatised	Research question: Do people feel equipped to deal with the demands of			

	working with traumatised people?			
• Case impact	Descriptions of how trauma can impact cases	35	Pol=11 Int=24	
• High involvement with trauma	Descriptions of how a high involvement of trauma in the work impacts on professional capacity and what is needed to account for the high involvement	29	SB=1 Int=28	
• Attitudes	Attitudes and culture preventing changing the system to be more trauma-informed	35	Pol=12 SB=10 Int=23	
• Overwhelmed workload	Mention of high workload preventing engagement with trauma-informed practice, learning, supervision etc.	16	SB=6	
7 T.I.P measures in place	Research question: What measures are currently in place to inform legal professionals about Trauma Informed Practice (police, Intermediaries, solicitor and Barristers)?			
Lack of measures in place	Mention of the lack of measures in place	111	Pol=12 SB=34 Int=65	
8 Examples from other professions	Research question: Can examples be taken from other professions?	13	Pol=1 SB=1 Int=11	

	Mentions of other professionals in relation to T.I.P			
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Appendix 4 – Adapting Practice to Window of Tolerance

Appendix 4a – Police mentions

- 19 Changing environment
- 10 Learning the vulnerable person's needs
- 8 Flexibility
- 7 Adjusting language and/or communication style/tone
- 6 Intermediaries 6
- 6 Adjusting people present
- 5 Breaks
- 4 Involving relevant professionals
- 4 Rapport building
- 3 Open, honest communication
- 3 Monitoring for potential dysregulation
- 3 Giving vulnerable person more control
- 2 VRI
- 2 Familiarisation 2 (e.g. pre-trial visit)
- 1 Providing soothers/fidget tools
- 1 ABE assessment
- 1 Communication aids
- 1 Grounding techniques
- 1 Expectations management

Appendix 4b – Mentions by Solicitors/Barrister

- 16 Learning the vulnerable person's needs
- 16 Adjusting/Changing environment
- 11 Expectations management
- 10 Planning/adjusting questioning
- 9 Adjusting language and/or communication style/tone
- 9 Breaks
- 8 Extra time

- 7 Familiarisation (e.g. pre-trial visit)
- 7 Rapport building
- 7 Screens
- 6 Communication aids
- 6 Video link
- 6 Pre-recorded evidence
- 4 Adjusting people present
- 4 Involving relevant professionals
- 3 Emotional validation
- 2 Monitoring for potential dysregulation
- 2 Trust
- 2 Ground rule hearing
- 1 Flexibility
- 1 Open, honest communication
- 1 Giving vulnerable person more control
- 1 Reduce distraction
- 1 SARC interview

Appendix 4c – Intermediary mentions

- 24 Adjusting environment/ Flexibility
- 20 Breaks
- 25 Monitoring for potential dysregulation
- 20 Rapport building/trust
- 18 Learning the vulnerable person's needs
- 15 Providing soothers/fidget tools
- 13 Educating relevant professionals
- 11 Communication aids
- 11 Grounding techniques
- 10 Giving vulnerable person more control
- 9 Adjusting people present
- 8 Expectations management

- 8 Planning/adapting language, communication style/tone questioning
- 7 Extra time
- 6 Planning and preparation
- 6 Providing/reducing distraction
- 4 Emotional validation
- 3 Involving relevant professionals
- 3 Support animal
- 2 Familiarisation (e.g. pre-trial visit)
- 2 S28 hearings
- 1 Screens