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Re-living the storm – The Paradox of trauma narratives: A qualitative study exploring indirect trauma among youth justice practitioners

Tegan Brierley-Sollis[1], **Sarah Dubberley**[1] **and Caroline Hughes**[1]

Abstract

The child–practitioner relationship is crucial in encouraging engagement in justice settings while providing a relational space for the child to feel supported and nurtured. Within such relational spaces, trauma narratives may be shared with practitioners, which can manifest in healing for the child but leave emotional residue with the practitioner. Therefore, issues stemming from indirect trauma, such as secondary traumatic stress and vicarious trauma, emerge as a potential outcome of a relational, trauma-informed way of working and thus require careful management and support mechanisms. This article will consider the child–practitioner relationship advocated within trauma-informed youth justice, the emotional demands of working through a relational lens and, consequently, indirect trauma as a risk for youth justice staff within the justice system.

Keywords

youth justice, trauma-informed practice, indirect trauma, secondary traumatic stress, vicarious trauma, justice-involved children, attachment, trauma

[1]Wrexham University, UK

Corresponding author:
Tegan Brierley-Sollis, Wrexham University, Mold Road, Wrexham LL11 2AW, UK.
Email: tegan.brierley-sollis@wrexham.ac.uk

Introduction

Youth justice (YJ) practice places importance on relationship-based approaches when working with justice-involved children. It is understood that building trusting and consistent relationships supports engagement and facilitates positive outcomes, particularly for children who have experienced trauma and disrupted attachment histories. While previous research has examined relational needs and experiences of justice-involved children (Fullerton et al., 2021; Johns et al., 2017), far less attention has been paid to how these relational expectations shape practitioners' exposure to indirect trauma and its emotional consequences.

This article addresses that gap by focusing on the emotional and relational demands placed on YJ practitioners. In a system which is on a trauma-informed journey, practitioners are encouraged to engage empathically, build trust and create conditions allowing children to feel able to disclose distressing experiences. Although such relational work is considered essential to effective practice, it may also unintentionally expose practitioners to the emotional impact of repeated trauma disclosures.

The concept of indirect trauma is useful in understanding these experiences, referring to the psychological impact of exposure to others' traumatic experiences, often through engaging with trauma narratives. Indirect trauma exposure may lead to secondary traumatic stress, which causes the mirroring of trauma-related symptoms following indirect exposure, and vicarious trauma, the cumulative and cognitive impact of empathic engagement (Knight, 2013). While these concepts offer valuable insights, they have historically been applied to therapeutic settings; therefore, their application to YJ contexts requires further exploration.

YJ differs in important ways from traditional therapeutic settings. While sharing elements of therapeutic practice, relationships between practitioners and children are also shaped by statutory intervention, risk management and surveillance. As such, relational work in this context involves navigating tensions between empathy and risk. Consequently, practitioners are required to establish meaningful connections in complex relational environments, often while being exposed to accounts of trauma and adversity.

While there is literature from adjacent settings (Burruss et al., 2018; Greinacher et al., 2019; Lee, 2017; Petrillo and Bradley, 2022; Singh and Hassard, 2026), there remains limited empirical research examining how YJ practitioners experience indirect trauma within the context of relationship-based, trauma-informed practice. Drawing on qualitative data from YJ practitioners, this article examines how exposure to justice-involved children's traumatic narratives is experienced within the relational and structural conditions of YJ practice. This article proceeds by outlining the conceptual framework, followed by an overview of the methodology. It then presents an analysis of practitioner accounts of relationship building, trauma disclosure and emotional impact before considering the implications of these findings for trauma-informed YJ practice.

Indirect trauma in professional practice

Various terminologies are used to describe how indirect trauma may impact professionals, namely those in mental health roles, for example, compassion fatigue, vicarious trauma

and secondary traumatic stress (Sprang et al., 2019). Secondary traumatic stress was introduced by Figley (1995) when exploring secondary effects on clinical providers when working with primary trauma-associated disorders, occurring when there is a manifestation of biopsychosocial posttraumatic stress symptoms such as intrusive thoughts, hypervigilance, nightmares and traumatic memories (Bride, 2007). Also developed in the early 1990s was the concept of vicarious trauma, which occurs when a transference of emotional residue results between an individual and the therapist supporting them (McCann and Pearlman, 1990). Vicarious trauma involves negative changes in perceptions of self, others and the world view if emotions are left unprocessed (McCann and Pearlman, 1990). Compassion fatigue refers to decreased interest or ability in empathising with clients and can occur where there is or is not a shared trauma narrative (Adams et al., 2006). Those involved in the treatment of trauma may experience high levels of stress but may not necessarily go on to develop secondary traumatic stress (Newell et al., 2016).

Much of the early work on indirect trauma has focused on clinical roles or professions specialising in particular types of traumas, such as those working with survivors of sexual violence (McCann and Pearlman, 1990). As discussed earlier, contemporary studies have explored indirect trauma exposure among many professionals outside of the therapeutic field, including within emergency services and the justice system. For example, indirect trauma has been studied in police work relating to Internet and digital offences against children (Burruss et al., 2018) among allied mental health professionals (Singh and Hassard, 2026) and probation workers (Lee, 2017; Petrillo and Bradley, 2022).

Although YJ practitioners are recognised as being at risk of indirect trauma (Liddle et al., 2016), and staff well-being is considered through frameworks such as Enhanced Case Management (ECM), which offers clinical supervision (Skuse and Matthew, 2015), research in this area remains notably limited. The YJ context differs from the therapeutic settings in which indirect trauma has most commonly been studied. Relationships between practitioners and justice-involved children are underpinned by compulsory engagement and statutory intervention rather than voluntary participation, and practice is shaped by often competing and sometimes contradictory policy and practice frameworks, including the Risk Factor Prevention Paradigm, Child First and Desistance and Trauma-Informed Practice (Day, 2023a). Contemporary YJ practice has been characterised as hybrid; relational and strengths-based approaches coexist with models which are punitive and grounded in the management of risk (Smith and Gray, 2019) which blur traditional distinctions between welfare- and justice-oriented practice (Case and Smith, 2023). As such, practitioners must continue to negotiate the tension between empathic engagement and risk management, operating within a context often characterised by fear of error and potential negative outcomes (Day, 2023a). Therefore, exposure to indirect trauma within YJ may be shaped by the more ambiguous and complex nature of practitioner–child relationships compared to clinical settings, where therapeutic boundaries are clearer and engagement is typically framed as voluntary and cathartic.

Relational and trauma-informed practice in youth justice

The relationship between justice-involved children and practitioners is considered crucial when aiming for effective engagement and practice (Drake et al., 2014; Fullerton

et al., 2021; Johns et al., 2017). Foundations of healthy and nurturing connections must be in place to maintain a healthy and supportive child–practitioner relationship. Unfortunately, some children experience "relational poverty" (Szalavitz and Perry, 2011: 136), which is a scarcity of connection to others needed to promote survival and well-being. Where relational trauma or mistrustful child–adult relationships have been experienced, it may be more difficult to establish the foundations needed to maintain a healthy and supportive child–practitioner relationship (Lewing et al., 2018). However, despite potential challenges, the relationship should be pursued because the building of positive and trusting relationships at the earliest point can influence relational patterns into adulthood (Lewing et al., 2018). Relationship building with justice-involved children involves five core elements, including appraisal, communication, co-production, purposeful interactions and pro-social behaviour (Bamber et al., 2016). All five elements combined create a holistic relational foundation which assists in preserving the child–practitioner relationship.

Relational care and relationship-centred practice are key to trauma-informed approaches, placing importance on creating and nurturing supportive, positive and compassionate relationships with individuals using the service as well as co-workers and those from external organisations (Andrews et al., 2019; Motz et al., 2019). Trauma-informed approaches advocate a universal responsibility in facilitating opportunities for those affected by trauma/adversity while understanding its widespread impact (Adverse Childhood Experiences Hub Wales and Traumatic Stress Wales, 2022). The Youth Justice Blueprint for Wales includes aspirations to develop a YJ system with one of the guiding principles being to embed trauma-informed practice throughout the various layers of service (Ministry of Justice and Welsh Government, 2019), naturally weaving in relational care if fulfilled. This included the implementation of ECM, which is underpinned by the trauma recovery model (TRM), a seven-stage model which bases intervention and support on presenting behaviours and underlying needs. The TRM advocates that initial work with children should be concentrated on building trusting and consistent relationships and holds roots in attachment theory and attachment-informed concepts (Evans et al., 2023). Although relationship building and maintenance can be challenging for those who have experienced relational/attachment trauma, healing may take place when the relationship is one of nurture and consistency (Freeman, 2015).

Disclosure of distressing experiences is often facilitated through relational dynamics. In particular, the development of trusting relationships, practitioners' active engagement with children's emotional distress and the creation of safe opportunities to communicate have been identified as central (Brennan and McElvaney, 2020). These elements closely align with principles of trauma-informed and relational practice, which emphasise safety, trust and attuned responsiveness. However, such approaches may also increase the likelihood that practitioners are exposed to children's traumatic experiences, particularly as justice-involved children often have histories of trauma (Liddle et al., 2016). As practitioners build deeper relational connections and actively invite discussion of distress, they may become recipients of highly emotive and potentially traumatic disclosures. This illustrates the complex balance within trauma-informed practice; while relational approaches are essential in supporting children to disclose and access help, they may simultaneously heighten practitioners' vulnerability to indirect trauma.

Although an overview of the different manifestations of indirect trauma has been presented, the study did not specifically investigate these variations, instead highlighting more general findings that indirect trauma is experienced within YJ.

Methodology

Research design

This article draws on data collected during a PhD study. While the aim of this study was to explore the trauma-informed paradigm within which youth justice service (YJS) staff work, from the perspectives of children subject to and service providers delivering YJ interventions, this article focuses primarily on the perspectives of the YJ practitioners. A qualitative methodology was used, incorporating two complementary theoretical approaches: symbolic interactionism, which examines the subjective meanings individuals assign to objects and experiences to analyse society, and hermeneutic phenomenology, which explores how individuals socially construct and interpret their world (Blaikie, 2000).

Participants and recruitment

This study was conducted as part of a PhD project taking place before, during and after the Covid-19 pandemic, which influenced both the study design and participant recruitment. For example, fewer children were recruited than originally planned due to restrictions.

A total of 36 service providers participated in the study, 30 of whom were working within Youth Offending Teams. Participants were recruited using purposive and snowball sampling to capture a range of perspectives across roles supporting justice-involved children. Initial access was facilitated through liaison with organisational managers, alongside the researcher's existing professional networks. This was followed by snowball sampling, whereby participants identified other relevant practitioners who may be interested in taking part.

The service provider sample included individuals across organisational levels, including strategic managers, organisational coordinators, operational managers and frontline practitioners. Roles represented included YJ officers, substance misuse workers, support workers, team leaders, prevention workers, health practitioners, education officers, youth engagement officers and probation officers, as well as professionals with backgrounds in policing, psychology and support services.

Service providers were given the option to participate in either focus groups or one-to-one interviews, depending on availability and preference.

Data collection

Data were collected through semi-structured interviews and focus groups.

Six focus groups were conducted with service providers, each involving approximately 6–10 participants. In addition, five one-to-one semi-structured interviews were

conducted with service providers. The option to participate in either format was offered to accommodate participants' availability, preferences and time constraints.

Due to Covid-19 restrictions, some interviews and focus groups with service providers were conducted virtually.

Data analysis

The analysis followed an ongoing process of thematic development consistent with reflexive thematic analysis (Braun and Clarke, 2023). Analysis was iterative and began during data collection, continuing throughout transcription and fieldwork. This allowed emerging insights to inform subsequent stages of data collection and interpretation.

All interviews and focus groups were transcribed verbatim, with identifying information removed and pseudonyms assigned to participants (SP = service provider). The researcher listened to recordings multiple times during transcription to ensure accuracy and familiarity with the data.

Data were initially coded line-by-line to identify meaningful features across the dataset. These codes were then reviewed and organised into broader patterns of shared meaning, which were developed into themes and refined through an iterative process of comparison across the dataset.

NVivo12 qualitative data analysis software was used to support data organisation and coding.

Ethical considerations

Ethical approval for this study was obtained from the University's Research Ethics Sub-Committee (RESC) prior to data collection. The study was conducted in accordance with the ethical guidelines of the British Sociological Association (2017) and the Social Research Association (2003).

Given the involvement of practitioners discussing potentially sensitive experiences of trauma, heightened attention was required to safeguard emotional well-being, minimise potential distress and address issues of power. Participation was voluntary, and all participants received both written and verbal information about the study prior to giving informed consent.

Confidentiality and anonymity were ensured through the use of pseudonyms and the removal of identifying information in all transcripts and outputs, unless disclosure of harm took place.

Consideration was given to the emotional impact of participation on practitioners discussing indirect exposure to trauma, including the potential for vicarious distress. Given the sensitive nature of the topic, safeguards were implemented to reduce the risk of distress and indirect trauma. Participants were not required to disclose personal trauma histories, and interviews and focus groups were conducted in a manner that allowed participants to pause or withdraw from discussion at any point. Information on relevant support services was provided in a debrief sheet to all participants.

The researcher also engaged in ongoing reflexive practice throughout the research process, particularly in relation to managing exposure to trauma-related narratives.

The following analysis is divided into three sections. First, the child–practitioner relationship is explored with regard to the therapeutic alliance typically developed within YJ. Second, the demands of relational work carried out by practitioners alongside exposure to disclosures of trauma will be examined. Third, the risks associated with indirect trauma among YJ practitioners will be considered alongside some of the strategies employed to manage emotional toil among the staff population.

Relational engagement as trauma-informed youth justice practice

Service providers consistently positioned relational engagement as central to trauma-informed YJ practice. Practitioners positioned relational engagement as a prerequisite for meaningful participation and behavioural engagement:

> I think it's key with any work you do with anybody in the youth offending or adult . . . it's that relationship that starts any work that you do. If you haven't got that relationship with somebody, I don't think you can do the work with them, positively anyway. (SP10)

SP10's account positions relational work as an occupational requirement of trauma-informed YJ practice rather than an optional interpersonal skill. Within this framing, the practitioner's ability to establish trust, emotional safety and relational consistency becomes central to delivering interventions with justice-involved children.

Participants described relational engagement as extending beyond direct work with children alone, often requiring practitioners to navigate complex family dynamics shaped by intergenerational trauma and adversity. As one practitioner explained,

> We need to look at further than just their backgrounds, it's actually their families background and how that developed and what's acceptable in that family and that home because a lot of the parents have got significant childhood trauma issues themselves and so it sort of continues really and that's a real challenge for the staff and developing that relationship and developing . . . because some of the cases work then by supporting the parents and then the young person to develop that relationship becomes really complex. (SP12)

This account highlights how relational engagement within YJ practice is understood by practitioners as a compounded and emotionally demanding process requiring sustained trust-building, consistency and perseverance across multiple relational contexts. Practitioners described the need to work relationally with wider family systems shaped by long-standing trauma and adversity. In this respect, the four relational building blocks of trust, safety, consistency and perseverance (Brierley-Sollis, 2022) emerged as central to practitioners' understanding of effective engagement, particularly where relational work involved navigating family dynamics and intergenerational experiences of trauma. Participants emphasised the importance of building trusting and consistent relationships with children, drawing upon relational qualities associated with trauma-informed and therapeutic practice, including empathy, safety, genuineness and non-judgemental engagement (Brierley-Sollis, 2022; Fullerton et al., 2021; Sandu, 2019, 2020).

Practitioners described relational work as central to facilitating engagement and enabling children to "open up" (SP19), with some referring to becoming "more counsellor-oriented" (SP1) or developing "a therapeutic alliance" (SP32).

However, the application of therapeutic concepts within YJ contexts remains complex. Therapeutic alliances are traditionally associated with voluntary counselling and psychotherapy settings centred on healing and client well-being (Bordin, 1979; Rogers, 1951), whereas YJ interventions operate within statutory frameworks characterised by surveillance, risk management and compulsory engagement (Bateman, 2023; Day, 2023b; Smith and Gray, 2019). As such, practitioners occupy dual positions of care and authority simultaneously. While supportive relationships may provide important opportunities for trust, stability and emotional support, they are also shaped by broader systems of governance and behavioural regulation (Deakin et al., 2022). Consequently, although participants' accounts reflected relational features resembling therapeutic practice, direct comparisons with traditional therapeutic models should be treated cautiously.

Practitioners' accounts demonstrated that relational engagement frequently extended beyond offence-focused intervention into forms of emotional assistance and crisis response. Service providers described responding to homelessness, bereavement, family instability and acute emotional distress as routine aspects of practice. As SP18 reflected, offending behaviour was often "just the tip of the iceberg" requiring offence-focused work to "go on the backburner" while immediate welfare crises were addressed. Similarly, SP5 described the YJS team as "really good at . . . crisis management," explaining that when children attended "in crisis . . . we deal with it right away." These accounts suggest that relational YJ practice frequently involves managing instability and emotional distress alongside formal intervention objectives.

Practitioners viewed trauma-informed YJ as relational work centred on "building that trust" and sustaining a "commitment to that young person" (SP15). However, they also recognised the emotional demands of this approach, particularly in managing intensive relationships and negotiating how to "step away from that in a safe way" (SP13) when interventions come to an end. Accounts such as this reflected the importance of emotional authenticity, consistency and perceived commitment from practitioners. Several of these relational qualities resemble those associated with therapeutic practice, including empathy, trustworthiness, dependability and respect (Fullerton et al., 2021). Practitioners similarly described the importance of creating emotionally safe relational environments in order to facilitate disclosure and engagement.

Practitioners also described justice-involved children continuing to seek contact and validation from trusted practitioners beyond the conclusion of interventions. Reflecting on a young person with whom they had worked for over a year, one practitioner noted that they continued to receive "phone calls" and messages containing screenshots of achievements, explaining that "he just wants me to say 'oh that's brilliant'" (SP26). This account suggests that the relationship had become a source of encouragement and affirmation for the young person, who continued to seek recognition from the YJ practitioner even after the intervention work had been completed. The practitioner attributed this ongoing connection to the time invested in the relationship building, emphasising that "getting that relationship" enabled the young person "to then move on" and attempt to

improve life outcomes. Such accounts indicate that practitioners viewed relational continuity as an important mechanism through which justice-involved children experience support, validation and positive progress.

Similarly, SP2 described children expressing anxiety at the end of intervention periods and transitions into probation:

> . . . they all expressed a sort of anxiety and fear in . . . letting go of YOT and the support that they're gonna get from here (YOT). (SP2)

These accounts suggest that practitioners are expected to provide considerable levels of emotional availability, consistency and relational continuity with their work with children. Participants described relational engagement as extending beyond formal case management responsibilities, often involving sustained trust-building and emotional support over prolonged periods of intervention. The anxiety described at the ending of interventions further illustrated the emotional significance attached to these practitioner–child relationships and the relational responsibilities practitioners are required to navigate.

The relational work mentioned requires ongoing emotional labour, particularly where practitioners become key sources of stability for children experiencing wider instability and disconnection. Managing trust, dependency, emotional disclosure and relational endings, therefore, informs an important and at times emotionally demanding aspect of trauma-informed YJ practice.

Trauma disclosure and the emotional demands of relational work

Where attachment bonds are built between children and practitioners, trust starts to form, which previous research suggests is key to enabling children to speak about their experiences (Featherstone and Evans, 2004; Freake et al., 2007). Even where trust is established, disclosure may not take place for several reasons, such as fear of consequences, fear of abuser, fear of not being believed and lack of trust that disclosing will make the situation better (Featherstone and Evans, 2004; Willow, 2009). Relationship building within YJS can be difficult where relational trauma has taken place and there is a lack of trust (see Brierley-Sollis, 2022). However, where trusting child–practitioner relationships are formed, "the next time they meet a professional . . . they'll have a better platform to step off because they've had a positive relationship with you" (SP25). Thus, participants perceived that forming positive child–practitioner connections may provide a foundation for future trusting relationships. This has benefits twofold in terms of the child's engagement with their YJ order and their willingness to share their stories, which may involve adversity and trauma, as highlighted in the account below where SP15 reflected on a previous case:

> . . . she was the youngest within like an organised crime gang and throughout her whole childhood hadn't known any different than being groomed and exploited and that's within her family as well, being used as like something so her family could get a hit and she eventually,

> because of her confidence building with professionals, felt comfortable to disclose situations that had happened which then supported her within the criminal justice system.

This extract illustrates one practitioner's account of the potential outcomes associated with strong relational connections between the child and the practitioner. Service providers perceived that, with care and consideration, relationships can be built that are composed of trust and safety, which may facilitate disclosures as in the account above.

Practitioners described relational closeness as an important mechanism through which trauma disclosures appeared to emerge, with increasing trust perceived to enable more frequent, detailed and emotionally significant narratives to be shared. Practitioners often described disclosure emerging through ongoing practical and emotional support rather than formal therapeutic intervention. Children frequently approached practitioners during periods of crisis, instability or distress, positioning practitioners as consistent relational figures within otherwise potentially unstable circumstances. As SP2 explained, "when a child experiences a crisis . . . it's the worker that they come to help them resolve that crisis." Disclosure therefore appeared embedded within broader relational processes of support, continuity and crisis management rather than isolated conversations. Disclosure is conceptualised as revealing the deepest feelings and thoughts surrounding distressing experiences through speech or writing (Pennebaker, 2000). Effective disclosure occurs when individuals have autonomy over approaching the topic regarding timing and speed (Pennebaker, 2000). In the study, it was found that when practitioners work in a more relational way with children, they "build relationships and kids begin to matter more and children disclose more" (SP32), which practitioners perceived placed them in a stronger position to respond to children's individual needs.

Practitioners described how responding to children's broader needs often took precedence over the completion of planned intervention work. Reflecting on a case characterised by "crisis management and constantly ups and downs," SP7 acknowledged that they had not completed "near enough as much" offence-focused work as intended because they had been "tackling all of the other stuff." Despite this, practitioners viewed the work as meaningful, explaining that the child "listen[s] to what we've got to say because they know we are invested in them." This account suggests that practitioners understood engagement and influence as emerging from their responsiveness to children's wider circumstances, with trust developing through sustained investment. This echoes the general experiences of crisis management which practitioners alluded to as part of their roles: when a child experiences a crisis, "it's the worker that they come to help them resolve that crisis" (SP1). Previous research suggests that discussing traumatic events and constructing trauma narratives can be beneficial within the healing journey for a child when undertaken safely and within an appropriate therapeutic framework (Foa and Kozak, 1986; Gofman et al., 2021; Kaminer, 2006; Paivio and Laurent, 2001; Pennebaker et al., 2001). While this study did not examine these therapeutic outcomes directly, practitioners perceived opportunities for disclosure as an important aspect of relational practice.

However, the relational work described above also involves significant emotional labour for practitioners, who must sustain emotionally attuned engagement in order to support disclosure while simultaneously managing exposure to increasingly detailed

accounts of trauma and adversity. Although not occupying formal therapeutic roles, YJS practitioners therefore encounter trauma in ways that resemble those described in the indirect trauma and helping professions literature. Importantly, this exposure is not limited to isolated incidents of disclosure but develops cumulatively over time, as practitioners repeatedly receive trauma narratives across cases. In this way, relational practice may produce an ongoing emotional load in which trauma disclosure becomes a routine feature of engagement rather than an exceptional occurrence, generating potential emotional residue.

Negotiating indirect trauma risk within youth justice systems

While sharing trauma narratives can form part of the healing journey for justice-involved children, the relational processes which enable disclosure may also expose practitioners to repeated and emotionally demanding encounters with trauma narratives. Practitioners described carrying children's stories, feeling emotionally overwhelmed by disclosures and struggling to separate the emotional demands of work from their personal lives, suggesting the presence of indirect trauma risk within relational YJ practice, with practitioners describing, for example, how they "feel their [children] distress . . . it's painful . . . you build a therapeutic alliance" (SP32) with the children. Although practitioners were not employed in formal counselling roles, their accounts suggest that relational YJ practice frequently involved emotionally attuned engagement comparable to that in helping professions associated with indirect trauma. Practitioners agreed that there was an expectation "to be more counsellor-orientated" (SP1) when responding to justice-involved children's trauma. It was suggested that working in such a way may encourage children to share feelings, which could result in indirect trauma:

> . . . maybe by working on those issues, maybe you increase the chances of them opening up and then it does affect you then, as staff, that you're absorbing some of that trauma by being with them as well. (SP23)

This finding suggests that trauma-informed relational practice may unintentionally redistribute trauma exposure onto practitioners themselves. The same relational closeness which enables children to disclose traumatic experiences may simultaneously increase practitioner vulnerability to indirect trauma through repeated empathic engagement with distressing narratives.

In this extract, SP23 also acknowledges that an absorption of trauma may take place due to exposure to trauma narratives, which may be difficult for staff to manage and become "all-encompassing . . . you're not able to focus on the other things" (SP22). Practitioners described difficulties with emotionally disengaging from cases, suggesting that trauma exposure was not necessarily confined to the immediate interaction but could extend beyond the workplace through emotional residue and ongoing concern for the children's well-being. The findings align with literature surrounding secondary traumatic stress, burnout and compassion fatigue in helping professions, particularly where repeated empathic engagement occurs over prolonged periods of time (Molnar et al.,

2017). This raises important organisational questions regarding how YJSs recognise and respond to indirect trauma risk among practitioners.

It was acknowledged by a service provider that "personal resilience" (SP33) is required when employed by the YJS and "the system doesn't really have an eye to" (SP33) this. SP33 is suggesting that, despite the role requiring specialist characteristics, the YJS may not consider this at a strategic level. SP13 reiterated this statement and agreed that, at a management level, "I don't think we're addressing . . . how much emotional impact" intense cases may have on YJ practitioners. The same participant did also state that "there's other cases coming through so it's really difficult" to manage impact effectively, which suggests that there is recognition of the emotional impact of such work but not always the time and resources to respond effectively. Importantly, practitioners described this emotional impact as cumulative rather than isolated to singular distressing events. Exposure developed gradually through ongoing relational engagement with multiple children experiencing adversity, exploitation and trauma, creating a persistent emotional load across practice.

Support at the management level was described in the following account, and this change of leadership approach is reflective of a trauma-informed lens:

> . . . before we were asked what kind of things or interventions are you doing with them, it's more now "how are they doing? How are you coping? How are they coping?". They look at us, we are dealing with the trauma as well and that can be quite hard sometimes, you know, looking and seeing what these kids are going through or have gone through. (SP7)

When working with children who have experienced trauma, an "emotional tie" (SP13) may form, and it is potentially because of this, and the child–practitioner relationship, that staff feel the "impact" (SP13), particularly when the child is "reliant on us" (SP13). Here, SP13 suggested that indirect trauma is difficult to manage because it may exist through emotional bonds; however, it is important to manage due to the influence it may have on well-being, but also because the children rely on YJ practitioners for support. Beyond the personal impact of trauma-informed YJ practice, participants identified a deeper structural conflict between advocating for children and operating within the constraints of the YJ system. As explained in the extract below, practitioners described being caught between supporting children and resisting systemic processes that may further harm them:

> I think it's a real tragedy that you got a lot of really intelligent, well-trained, child-centred practitioners who are focusing too much of their time in trying to throw a spanner into the system and protect the child from the system and advocate to the system for the child. (SP33)

Together, these accounts suggest a structural tension within trauma-informed YJ practice. Practitioners were expected to provide emotionally attuned and relational forms of care while simultaneously operating within systems associated with surveillance, enforcement and risk management.

In order to manage indirect trauma, service providers suggested that support is needed, which may be informal via the team or through a more formal mechanism such as

clinical supervision, which was introduced to YJ teams during the ECM pilot as "part of the package" (SP32). Here, SP32 discussed the need for clinical supervision when working "in a very relational way" with children. The introduction of reflective and clinically informed supervision within ECM was therefore viewed by practitioners as an important mechanism for emotional support when engaging in intensive relational work.

Service providers recognised that, outside of clinical supervision, team support within the YJS is beneficial in promoting well-being among staff. Where there are particularly distressing cases, staff advocated "sharing some of that out . . . and . . . looking after staff" (SP13). It can be assumed that SP13 is referring to allocating caseloads based on complexity or the potential distress they may cause as well as informal debriefing between staff when needed. SP12 explained that "the positive thing is the team support," and because every staff member works differently and has various strengths, they can adopt a range of skills and receive support from each other. However, SP12 also recognised that this informal support could not always take place:

> . . . people will have those conversations to support each other, but it is a time intensive process that really isn't allowed to happen sometimes.

The above extract indicates that, generally, the teams support each other informally through conversations and information sharing; however, the YJ environment may be too fast-paced at times to allow organic processes of support to transpire. While individual coping strategies may offer some benefit, practitioners' accounts suggest that indirect trauma cannot be understood solely as an individual responsibility requiring personal resilience or self-management. Rather, the findings indicate the importance of organisationally embedded support structures, including reflective supervision, manageable workloads and trauma-informed workforce support. While there is a gap in research exploring indirect trauma interventions among YJ practitioners, interventions such as mindfulness and meditation have shown potential in reducing the effects of secondary traumatic stress (Motta, 2023) and enhancing individuals' resolve (Harker et al., 2016) in helping professions. Kim et al. (2022) conducted a scoping review of existing vicarious trauma interventions, which include psychoeducation, mindfulness, art and recreational activities and alternative medicine. Findings from the scoping exercise demonstrate that the various interventions reviewed were effective in decreasing some vicarious trauma symptoms but ineffective in other outcomes, thus suggesting that a tailored approach may be needed (Kim et al., 2022). Although mindfulness activities can be effective, they place the burden on the practitioner to take action. For these practices to be informed by indirect trauma, the organisation should take responsibility for supporting the practitioner, rather than leaving it solely to the individual (Clark et al., 2025; Molnar et al., 2017).

Future direction

Weaving trauma-informed practice throughout the layers of the YJS is a central aim in Wales (Ministry of Justice and Welsh Government, 2019), and work is already being carried out to see this aim to fruition. There is an understanding of the adversity and trauma experienced by justice-involved children, and, when working in a more trauma-informed

way, practitioners will naturally engage in effective relational working to support children to build pro-social skills and disengage from crime (Fullerton et al., 2021).

The sharing of trauma narratives may offer a healing opportunity for the child (Kaminer, 2006; Pennebaker et al., 2001), potentially including altered self-perception and a lowered risk of negative internalisation. While this is positive, consideration must be given to the risk of indirect trauma among practitioners, which is considered an occupational hazard. Clinical supervision has been offered via the ECM (not applicable to all Youth Offending Teams (YOTs)); however, further research on tailored indirect trauma interventions is needed. Psychoeducation, mindfulness, art and recreational activities and alternative medicine have been suggested as potential effective routes (Kim et al., 2022), although these may burden the individual with too much responsibility. Thus, bespoke interventions which take into account individuals' personal background and organisational support systems are recommended (Kim et al., 2022).

Therefore, for the service to succeed on their journey to become trauma-informed, the first step should be working towards *indirect* trauma-informed practice. This would ensure that staff are fully supported to heal from their own trauma and the organisation is responsive to the risk and impact of indirect trauma. As trauma-informed practice naturally requires relationship-focused work, trauma narratives and stories will be shared through an organic process. Therefore, if practitioners are not equipped and well anchored by the organisation, negative impacts may be experienced. This could result in indirect trauma being woven into the fabric of the organisation, which may infringe on the scaffold of future child–practitioner relationships.

ORCID iD

Tegan Brierley-Sollis https://orcid.org/0009-0001-7667-3952

Ethical considerations

This study was approved by the Wrexham (nee Glyndwr) Research Ethics Committee on 12 November 2019. An addendum was submitted and approved on 25 February 2020.

Consent to participate

All participants provided written informed consent prior to enrolment in this study.

Consent for publication

Consent forms provided to participants included a statement regarding future publications – all participants involved confirmed this via their written informed consent.

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Data availability statement

The data supporting the findings of this study are not available due to ethical restrictions.

References

Adams RE, Boscarino JA and Figley CR (2006) Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry* 76(1): 103–108.

Adverse Childhood Experiences Hub Wales and Traumatic Stress Wales (2022) *Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity*. Public Health Wales NHS Trust.

Andrews NCZ, Pepler DJ and Motz M (2019) Research and evaluation with community-based project: Approaches, considerations, and strategies. *American Journal of Evaluation* 40(4): 548–561.

Bamber J, Brolly C, Miles E, et al. (2016) *Lessons From the Literature: Building Relationships With Detained Young People to Improve Pro-Social Outcomes*. Oberstown Children Detention Campus.

Bateman T (2023) Challenging punitive youth justice. In: Case S and Hazel N (eds) *Child First: Developing a New Youth Justice System*. Palgrave Macmillan, pp.25–49.

Blaikie NWH (2000) *Designing Social Research*. Polity Press.

Bordin ES (1979) The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice* 16(3): 252–260.

Braun V and Clarke V (2023) Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. *International Journal of Transgender Health* 24(1): 1–6.

Brennan E and McElvaney R (2020) What helps children tell? A qualitative meta-analysis of child sexual abuse disclosure. *Child Abuse Review* 29: 97–113.

Bride BE (2007) Prevalence of secondary traumatic stress among social workers. *Social Work* 52(1): 63–70.

Brierley-Sollis T (2022) *Surfing the waves of accountable compassion: A qualitative study of the emerging trauma-informed culture within North Wales Youth Justice Service* [Unpublished doctoral thesis]. University of Chester.

British Sociological Association (2017) Statement of ethical practice. Available at https://www.britsoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf (accessed 31 March 2020).

Burruss GW, Holt TJ and Wall-Parker A (2018) The hazards of investigating internet crimes against children: Digital evidence handler's experiences with vicarious trauma and coping behaviors. *American Journal of Criminal Justice* 43(3): 433–447.

Case S and Smith R (2023) Child First and the end of 'bifurcation' in youth justice? *Journal of Children's Services* 18(3–4): 180–194.

Clark SL, Miller B, Akin BA, et al., (2025) Investigating the Effects of Resilience and Meditation Interventions on Secondary Traumatic Stress Among Child Welfare Professionals: A Randomized Clinical Trial. *Traumatology* 31(4): 568–582.

Day A-M (2023a) 'It's a hard balance to find': The perspective of youth justice practitioners in England on the place of 'risk' in an emerging 'child-first' world. *Youth Justice* 23(1): 58–75.

Day A-M (2023b) The place of risk within child first justice: An exploration of the perspectives of youth justice practitioners. In: Case S and Hazel N (eds) *Child First: Developing a New Youth Justice System*. Palgrave Macmillan, pp.271–299.

Deakin J, Fox C and Harragan A (2022) Help or hindrance? Rethinking interventions with 'troubled youth'. *International Journal of Law in Context* 18(1): 100–115.

Drake DH, Fergusson R and Briggs DB (2014) Hearing new voices: Re-viewing youth justice policy through practitioners' relationships with young people. *Youth Justice* 14(1): 22–39.

Evans J, Skuse T, Kennedy D, et al. (2023) *Desistance, adversity and trauma: Implications for practice with children and young people in conflict with the law*. Academic Insights 2023/08. HM Inspectorate of Probation.

Featherstone B and Evans H (2004) *Children Experiencing Maltreatment: Who Do They Turn to?* NSPCC.

Figley CR (1995) Compassion fatigue as secondary traumatic stress disorder: An overview. In: Figley CR (ed.) *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. Routledge, pp.1–20.

Foa EB and Kozak MJ (1986) Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin* 99: 20–25.

Freake H, Barley V and Kent G (2007) Adolescents view of helping professionals: A review of the literature. *Journal of Adolescence* 30: 639–653.

Freeman J (2015) Trauma and relational care: Integrating an awareness of trauma into the characteristics of relational child and youth care. *Journal of Child and Youth Care Work* 25: 120–132.

Fullerton D, Bamber J and Redmond S (2021) *Developing Effective Relationships Between Youth Justice Workers and Young People: A Synthesis of the Evidence*. REPPP Review, University of Limerick.

Gofman M, Kivity Y, Bar-Kalifa E, et al. (2021) Narrative reconstruction as an intervention for posttraumatic stress disorder: A pilot delayed intervention quasi-randomized controlled trial. *Journal of Traumatic Stress* 34: 92–103.

Greinacher A, Derezza-Greeven C, Herzog W, et al. (2019) Secondary traumatization in first responders: A systematic review. *European Journal of Psychotraumatology* 10(1): 1562840.

Harker R, Pidgeon AM, Klaassen F, et al. (2016) Exploring resilience and mindfulness as preventative factors for psychological distress burnout and secondary traumatic stress among human service professionals. *Work* 54(3): 631–637.

Johns D, Williams K and Haines K (2017) Ecological youth justice: Understanding the social ecology of young people's prolific offending. *Youth Justice* 17(1): 3–21.

Kaminer D (2006) Healing processes in trauma narratives: A review. *South African Journal of Psychology* 36(3): 481–499.

Kim J, Cheswoth B, Franchino-Olsen H, et al. (2022) A scoping review of vicarious trauma interventions for service providers working with people who have experienced traumatic events. *Trauma Violence Abuse* 23(5): 1437–1460.

Knight C (2013) Indirect trauma: Implications for self-care, supervision, the organization, and the academic institution. *The Clinical Supervisor* 32(2): 224–243.

Lee R (2017) The impact of engaging with clients' trauma stories: Personal and organizational strategies to manage probation practitioners' risk of developing vicarious traumatization. *Probation Journal* 64(4): 373–387.

Lewing B, Doubell L, Beevers T, et al. (2018) *Building Trusted Relationships for Vulnerable Children and Young People With Public Services*. Early Intervention Foundation.

Liddle M, Boswell G, Wright S, et al. (2016) *Trauma and Young Offenders: A Review of the Research and Practice Literature*. Beyond Youth Custody.

McCann IL and Pearlman LA (1990) Vicarious trauma: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress* 3(1): 131–149.

Ministry of Justice and Welsh Government (2019) *Youth Justice Blueprint for Wales*. Ministry of Justice and Welsh Government.

Molnar BE, Sprang G, Killian KD, et al. (2017) Advancing science and practice for vicarious traumatization/secondary traumatic stress: A research agenda. *Traumatology* 23(2): 129–142.

Motta RW (2023) Mindfulness meditation and secondary trauma. In: Motta RW (ed.) *Secondary Trauma: Silent Suffering and Its Treatment*. Springer, pp.97–112.

Motz M, Andrews NCZ, Bondi BC, et al. (2019) Addressing the impact of interpersonal violence in women who struggle with substance use through developmental-relational strategies in a community program. *International Journal of Environmental Research and Public Health* 16(21): 1–9.

Newell JM, Nelson-Gardell D and MacNeil G (2016) Clinician responses to client traumas: A chronological review of constructs and terminology. *Trauma, Violence and Abuse* 17(3): 306–313.

Paivio SC and Laurent C (2001) Empathy and emotion regulation: Reprocessing memories of childhood abuse. *Journal of Clinical Psychology* 57(2): 213–226.

Pennebaker JW (2000) The effects of traumatic disclosure on physical and mental health: The values of writing and talking about upsetting events. In: Violanti JM, Paton D and Dunning C (eds) *Post Traumatic Stress Intervention: Challenges, Issues and Perspectives*. C.C. Thomas, pp.97–114.

Pennebaker JW, Zech E and Rimé B (2001) Disclosing and sharing emotion: Psychological, social, and health consequences. In: Stroebe MS, Hansson RO, Stroebe W, et al. (eds) *Handbook of Bereavement Research: Consequences, Coping, and Care*. American Psychological Association, pp.517–543.

Petrillo M and Bradley A (2022) *Working with trauma in adult probation: HM Inspectorate of Probation research and analysis bulletin 2022/02*. Project Report. The Crown – Her Majesty's Inspectorate of Probation.

Rogers CR (1951) *Client-Centered Therapy*. Houghton Mifflin.

Sandu RD (2019) What aspects of the successful relationships with professional helpers enhance the lives of young people facing significant disadvantage? *Children and Youth Services Review* 106: 1–13.

Sandu RD (2020) *What is the role of professional helping relationships in altering the trajectories of young people facing severe and multiple disadvantage?* PhD Thesis, University of Cambridge, UK.

Singh J and Hassard J (2026) Emotional labour, emotional regulation strategies and secondary traumatic stress: A cross-sectional study of allied mental health professionals in the UK. *The Social Science Journal* 63(3): 1130–1144.

Skuse T and Matthew J (2015) The trauma recovery mode: Sequencing youth justice interventions for young people with complex needs. *Prison Service Journal* 220: 16–25.

Smith R and Gray P (2019) The changing shape of youth justice: Models of practice. *Criminology and Criminal Justice* 19(5): 554–571.

Social Research Association (2003) Ethical guidelines. Available at: https://the-sra.org.uk/common/Uploaded%20files/ethical%20guidelines%202003.pdf (accessed 31 March 2020).

Sprang G, Ford J, Kerig P, et al. (2019) Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology* 25(2): 72–81.

Szalavitz M and Perry BD (2011) *Born for Love: Why Empathy Is Essential – and Endangered*. Harper.

Willow C (2009) Putting children and their rights at the heart of the safeguarding process. In: Cleaver H, Cawson P, Gorin S, et al. (eds) *Safeguarding Children: A Shared Responsibility*. Wiley, pp.13–37.

Author biographies

Tegan Brierley-Sollis is an academic specialising in trauma-informed approaches, youth justice and criminology with a background in working in the criminal justice field and the third sector. Tegan is the trauma-informed convenor for the Centre for People's Justice, and her research focuses on trauma, indirect trauma and criminal justice.

Sarah Dubberley is an academic specialising in youth justice, rehabilitation, homelessness and criminology. Sarah holds a PhD and has extensive experience in research, doctoral supervision, external examining and public service, contributing to national policy, professional networks and governance through leadership and trustee roles.

Caroline Hughes is an academic and Associate Dean for Student Engagement with a professional background in probation and youth justice. Caroline's research focuses on homelessness, social inclusion, youth justice and Welsh criminal justice. Caroline holds a PhD and is actively involved in research and professional criminal justice networks.