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Abstract

Purpose

People with intellectual disabilities are more likely to encounter the criminal justice system (CJS) and are also more likely to experience abuse and other forms of trauma compared to the general population. This study explored the perspectives of practitioner psychologists who work with adults who have intellectual disabilities and are in the CJS to identify how trauma-informed practice (TIP) could be applied.

Design

An interpretivist epistemological position was taken within a contextualist epistemology. Nine psychologists were recruited; semi-structured, one-to-one interviews were conducted.

Findings

Reflexive thematic analysis resulted in four themes: [1] TIP in the CJS has challenges, [2] TIP has diverse interpretations, [3] People with intellectual disabilities are systematically disadvantaged in the CJS, and [4] Change is needed. Participants identified challenges in the CJS including environmental and systemic barriers. Apprehension arose regarding TIP being adopted superficially. Compassion, safety, resisting re-traumatisation and individualised approaches were deemed crucial. Participants felt this group experience unique challenges within the CJS, including going unrecognised and lacking adaptations. Participants requested systemic change towards trauma-informed practices and further training for criminal justice staff.

Originality

This study is the first and only known qualitative study exploring trauma-informed practices for people with intellectual disabilities in the criminal justice system from a psychologist perspective.

Introduction

Individuals who have an intellectual disability are more likely to encounter the criminal justice system (CJS) compared to the general population (Marshall-Tate *et al.*, 2020). It is difficult to accurately estimate prevalence of intellectual disabilities in the CJS due to variations in how intellectual disabilities are assessed across studies as well as issues such as underreporting, non-disclosure of diagnoses and unrecognised additional needs related to intellectual disabilities. However, previous estimates of the prevalence of people with intellectual disabilities in prisons have indicated up to 28% in the UK (Ministry of Justice, 2024), 20% in Australia (Hayes, 2007); 4-14% in the United States (Petersilia, 2000), 28% in Ireland (Murphy *et al.*, 2000) and 10.8% in Norway (Søndenaa *et al.*, 2008).

Psychological trauma (henceforth 'trauma') refers to stressful experiences which cause enduring distress (Van der Kolk, 2003). People who have intellectual disabilities appear significantly more likely to experience traumatising life events when compared to the general population (Govindshenoy & Spencer, 2006). Severely disenfranchised historically, people who have intellectual disabilities continue to experience various forms of trauma and abuse at higher rates than people without intellectual disabilities (Beail *et al.*, 2021). For example, a population-based study in Sussex (UK) demonstrated children with moderate to severe intellectual disabilities were more likely to be registered for child protection; 2.9 times more likely to be registered for emotional abuse; 3.4 times more for physical abuse; 5.3 times more for neglect; and 6.4 times more for sexual abuse, compared to non-disabled children (Spencer *et al.*, 2005). Similar levels of maltreatment have been documented globally and in adults, also occurring in Australia (Mclean *et al.*, 2017) and the USA (McDonnell *et al.*, 2019). Given that people in contact with the CJS (Razza *et al.*, 2011), and people with intellectual disabilities are more likely to experience traumatic events, individuals belonging to both populations would be expected to be particularly vulnerable to trauma (Morris *et al.*, 2019).

Approaches that have gathered increasing momentum over the past decade in healthcare, education and social settings are 'trauma-informed' approaches (TIA), often referred to as trauma-informed care (TIC) or trauma-informed practice (henceforth 'TIP') (TIP; Purtle, 2020). TIP include "programs, organisations or systems that realise the impact of trauma, recognise the symptoms of trauma, respond by integrating knowledge about trauma into policies and practices, and seek to reduce traumatisation" (Maynard *et al.*, 2019; p.1). TIP has six guiding principles focusing on [1] safety, [2] trustworthiness, [3] choice, [4] collaboration, [5] empowerment, and [6] cultural consideration (Harris & Fallot, 2001). The processes through which agencies become more trauma-informed usually involve formal training for staff (Connors-Burrow *et al.*, 2013; Layne *et al.*, 2011), specialist supervision (Berber & Quiros, 2014; 2016), and updating organisational policies and procedures to be consistent with TIP principles (Maynard *et al.*, 2019). Among the best placed to teach, supervise, and support these processes appear to be psychological professionals (e.g., Practitioner Psychologists) due to their highly relevant skills and training (Ormiston *et al.*, 2020).

The applications of TIP have demonstrated various positive outcomes in educational (Blodgett & Dorado, 2016) and healthcare settings (Bryson *et al.*, 2017). Studies have also explored the benefits and challenges of implementing TIP for people with intellectual disabilities. A recent scoping review by Leverington (2023) included 23 studies across the US, UK, Australia, Canada and India exploring the application of TIC principles with people who have intellectual disabilities. Included studies explored the implementation of TIP within schools, support services and healthcare settings. The review identified a lack of empirical implementation and effectiveness research and highlighted four themes: [1] opportunities for embedding TIP within intellectual disability contexts; [2] incorporating TIP principles into specific models of services for these individuals; [3] implementing TIP across micro

(individual), meso (organisational) and macro (societal) levels; and [4] challenges to implementing TIP. A similarly challenging context to consider the implementation of TIP is in the CJS. Although the relevance and importance of TIP is evident with victims of crimes or abuse (Sullivan *et al.*, 2018), a more complex consideration is using TIP with perpetrators of crimes or abuse. Given the significant rates of trauma in the offender population internationally (Baranyi *et al.*, 2018) and the consistently high recidivism rates of offenders (Yukhnenko *et al.*, 2023), it appears timely to explore these approaches.

Several studies have evaluated the impact of TIP initiatives in the CJS to date. A systematic review in the US highlighted staff recognising trauma can aid recovery and prevent re-traumatisation of offenders (McAnallen & McGinnis, 2021). Interestingly, an evaluation at a high-secure forensic hospital for adults with intellectual disabilities in England found that staff lacked awareness of trauma's impact on functioning and the signs that may indicate a history of trauma (Brackenridge & Morrisey, 2010).

Considering the implementation of TIP into CJS with perpetrators of violent and/or sexual harm is fraught with debate. Some may argue, for example, that the principles of TIP are not congruent with some of the overarching principles of the English and Welsh CJS. The explicit purposes of criminal sentencing in England and Wales include the punishment of offenders, protecting the public, and making the offender give something back (Sentencing Council, n.d.). Actions and procedures required to meet some of the functions of sentences and the CJS overall may therefore seem conflicting with the ethos of TIP. For instance, how can conditions of choice and 'making an individual' do something co-exist? Similarly, how can principles of empowerment and punishment both be implemented in a system?

There have also been some critiques of the TIP approach. Commentators from settings such as mental health care, for example, may criticise the concept of TIP by asserting that it can be challenging to distinguish it from more general 'good practice' guidelines of how

practice should always be conducted. However, one only needs to consider the many procedures and practices that can be trauma-inducing (or actively retraumatising) and are still active today to see that a more structured transformation is needed. Examples where there is a fundamental tension between TIP principles and everyday practices include the traumatic impact of physical restraint (Cusack *et al.*, 2018), forced medication and seclusion in inpatient mental health settings (Hennessy *et al.*, 2023).

In an analysis of 20 in-depth interviews with professionals across a range of organisations, Senker *et al* (2023) proposed ten 'critical questions' to help structure the concept and debate of TIP in CJS. Through these critical questions, various dilemmas are briefly discussed including whether the priorities of managing risk, protecting the public and being trauma-informed can reside together and whether the environment of CJS settings are conducive to a trauma-informed approach. Despite these various dilemmas and challenges, however, it is clear there are potential values and benefits that a trauma-informed CJS could lead to more effective rehabilitation of offenders (Randall *et al.*, 2013).

The current study set out to explore the application of TIP within the CJS as it relates to adults who have intellectual disabilities. Specifically, we aimed to explore the perspectives of Practitioner Psychologists (namely Clinical Psychologists, Forensic Psychologists, and Counselling Psychologists) in England within health and/or CJS and who work directly with adults who have an intellectual disability in the CJS.

Method

Design

A qualitative design was used. The sample size was informed by the information power framework (Braun & Clarke, 2021). This study was completed as part of a

clinical psychology doctorate programme. Approval from the School of Psychology University of Ethics committee (URMS Number 186774) and Health Research Authority (IRAS Project ID 339466) panel was gained.

Procedure

Nine practitioner psychologists (*n*=6 Clinical Psychologists and *n*=3 Forensic Psychologists) were recruited via purposive sampling utilising advertisements on social media platforms. Study invitation emails were sent to psychologists employed by a National Health Service (NHS) trust in the North of England. Individuals who expressed an interest in participating contacted the lead author via email. A participant information sheet was then provided, and an interview was subsequently arranged. Prior to the interview, participants completed the consent form and a demographic questionnaire.

The lead author conducted semi-structured interviews with participants via Microsoft Teams. The interview schedule was intended to be a basis for a conversation and not prescriptive, utilising an open-ended, inductive style of interviewing typical for qualitative methods (Riger & Sigurvinsdottir, 2016). Questions were informed from the findings of a review exploring TIP in the CJS with people who have intellectual disabilities (Evans, 2024) and a government-led initiative (Changing Futures) for people experiencing multiple disadvantages in the UK (Department for Levelling Up, 2023). Transcribed interviews were checked against audio files. Interviews lasted an average of 52 minutes and 25 seconds.

Analysis

Thematic analysis is a method used to identify, analyse, and interpret patterns of meaning, known as themes, within qualitative data (Braun & Clarke, 2006). The aim of TA is to interpret key features of the data guided by the research question. The six stages of

thematic analysis were utilised. Each transcript was read and re-read while listening to the corresponding audio file. Initial ideas relevant to the research question were noted during this process. Each transcript was coded, and codes were organised into potential themes. Numerous iterations of theme combinations were reviewed to ensure that themes best represented the coded data extracts. Recoding was conducted, when necessary, to allow the analysis to be iterative. Once the initial codes were generated, codes were collated into potential themes, and all relevant data was gathered for each potential theme. A hierarchical coding frame was considered however was not incorporated due to its inflexibility, whereby it can be difficult to adapt once it is created and could limit the scope of the research and potentially overlook emerging themes (Hecker & Kalpokas, 2024).

Themes were then checked to see if they work in relation to the coded extracts and the entire dataset. Ongoing analysis occurred to refine the specifics of each theme. Themes were named and defined, and a concise narrative of the data was presented. Extracts were selected, and the analysis was discussed with members of the research team. All analyses related back to the original research question and the corresponding literature.

Study aims were operationalised for coding. In this study, both semantic (explicit) and latent (implicit) meanings were derived from the transcriptions. Pseudonyms were used to protect participant confidentiality. Peer audits including a 15-Point Checklist of Good Criteria for Good Thematic Analysis Process were utilised.

Epistemology

This study adopted a broad interpretivist epistemology, which is important within TA methodologies, since it asserts that the researcher is part of the research and interprets the data in a way which can never be fully objective or removed from the research (Denzin,

2008). The personal, interpersonal, methodological, and contextual ways in which the researcher interpreted the data were capitalised on throughout the reflexive process. A critical realist stance was also utilised, acknowledging that all transcribed data were interpreted through the perceptions and beliefs of both participants and the researchers, which subsequently affected data analysis.

Reflexivity

A reflexive approach was taken which directly impacted the research including the use of a reflective diary to record details of the nature and origin of any emergent interpretations including values, preconceptions, and reflections, and can therefore incorporate personal, interpersonal, methodological, and contextual reflexivity (Braun & Clarke, 2021). This included recording preconceptions, theoretical and personal influences, and discussing these in research supervision.

Quality Assurance

The lead author maintained an audit trail of all documents and data throughout the process. An independent audit was carried out on 20% of the participant data. Practical elements were adhered to during the analysis process such as a peer-credibility check and supervision during which the supervisors reviewed the first interview transcription and annotated transcripts with codes, notes, and themes to check the credibility and method of data analysis.

Results

All nine participants worked in the NHS. Five were recruited via social media; four were recruited through an NHS Trust. Ethnicity was collected however has not been reported on the individual level to protect participant's anonymity. Most (n=8) participants

identified as White British and (*n*=8) female. Participants' ages ranged from 30-48 years. Years of experience as practitioner psychologists ranged from six months - 20 years. Most participants (*n*=6) reported liaising with the CJS over 20 times annually.

The thematic analysis generated 839 codes (93 per transcript on average) resulting in four themes and 14 subthemes. A thematic map demonstrates the relationship between the themes (Figure 1).

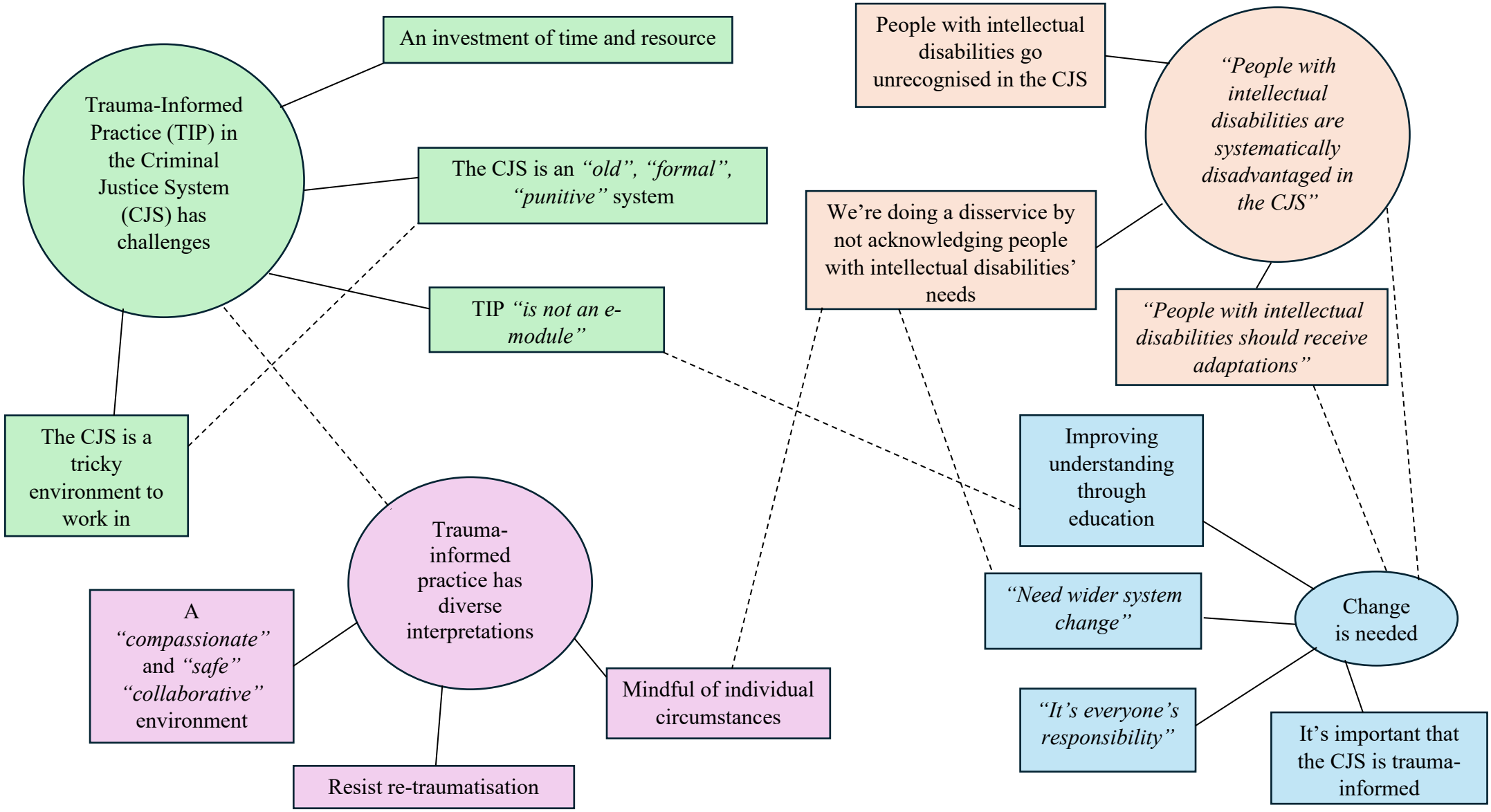


Figure 1 Thematic map showing four key themes (represented by circles) and thirteen sub-themes (represented by squares). Each colour represents a different theme. Solid lines indicate direct connection between the theme and the sub-theme. Dotted lines represent indirect connection between themes and subthemes.

Theme 1: TIP in the CJS has challenges

All participants discussed a range of general challenges to using TIP in the CJS, including lack of resources (e.g., time and money) alongside environmental, systemic, and staff-specific obstacles:

> *"I think it's [the CJS] such a … old system … it's so far away from bringing some of those new thinking into … and I suppose people don't have the time do they..."*

These challenges were spontaneously discussed by participants throughout the interviews without necessarily being considered in the context of intellectual disability, and before being asked about challenges specifically. There was a general feeling that participants needed to go through the exercise of considering TIP in the CJS in general, prior to discussing specific approaches towards people with an intellectual disability.

Four sub themes arose:

1.1 An investment of time and resource

All participants perceived that if TIP were to be incorporated more within the CJS, it would be an "*investment",* which required *"time", "resource",* and *"the right environment."* This was perceived as challenging due to *"a lack of resources"* in the CJS. Indeed, lack of *"funding", "resources", "specialist providers", "staff", "supervision", "support", "time", and "staff busyness", and "personal and financial resources"* were all reported as possible barriers.

1.2 The CJS is an "old", "formal", "punitive" system

Six participants described the CJS as an *"old, complicated, punitive system"* under *"huge pressure"* and with *"formal language"* that was not conducive to implementing TIP or making adaptations for intellectual disability. Participants described a *"less punitive"* and *"formal"* system as better for everyone, particularly for people with intellectual disabilities. Some participants felt the CJS was *"broken beyond repair"* with *"barriers all the way through the system",* which prevented

embedding *"new thinking"* such as TIP into the system. Finally, participants thought wider society *"wouldn't want to be trauma-informed*" since *"some parts of society think it [the CJS] is there to punish people."*

1.3 TIP "is not an e-module"

Seven participants identified barriers to working in a trauma-informed way included challenges with implementing TIP whereby it *"needs to be done in a thought out, resourced way"* and not as an *"e-module" [referring to electronic training which staff are asked to complete on a computer]* or yet *"another initiative"* that CJ staff are mandated to complete. Some participants explicitly critiqued the concept of TIP throughout the interview, suggesting it can be viewed as *"superficial"* or a *"buzzword"* and *"directing attention and resource away from transformation."* Indeed, one participant referred to TIP as a *"cosmetic reform measure",* stating *"..it [TIP] serves as a superficial reform measure that fails to challenge the fundamental power structures that produce and perpetuate trauma, so rather than addressing the causes of harm and violence, trauma informed care within such systems is a bit of an antagonistic gesture, it's about maintaining the status quo and obscuring the need for system change."*

There was a sense that TIP may *"be too painful to hold"* for some CJ staff due to staff capacity, or that staff *"might see it being used as an excuse for behaviour."* Participants described TIP as valued, but two participants expressed concerns if TIP *"starts being done in a tokenistic way."*

1.4 The CJS is a tricky environment to work in

Participants discussed numerous challenges for staff within the CJS throughout interviews and often described these as barriers to implementing TIP.

> *"I think that also goes on to, when we think about working with staff as well and recognising that we need to work with staff in a trauma informed way but then also more widely the*

organisations themselves, cause organisations can be quite traumatised, erm which means it can impact on the care they can provide for people with learning disabilities…"

Eight participants referred to staff as *"stressed", "pressured"* and *"overworked"* with *"a lack of funding, resources, support, staffing and supervision."* Participants identified how *"stressed*" the CJ environment can be to work in and how this could prevent embedding trauma-informed principles. Participants reported CJ staff *"deal with lots of distress, lots of trauma"* and may *"get really stressed"* or are *"working under fire."*

Theme 2: TIP has diverse interpretations

When describing trauma-informed ideas in the context of the CJS, it was clear that all participants had a good working knowledge of TIP and how it could be applied across the CJS. However, this was not always consistent across participants. For example, there was variation in what aspects of TIP participants chose to discuss in the interview. In addition to the six guiding principles of TIP which participants discussed, participants described TIP as *"formulation-led", "compassionate", "resisting of re-traumatisation", "communicative", "person-centred", "demonstrating trustworthiness and transparency", and "having trauma aware staff."* This demonstrated how some participants' core professions may have influenced their understanding of TIP.

Every participant suggested that working in a trauma-informed way may be beneficial for various reasons including reductions in *"risk", "reoffending", "recidivism", "incident rates", "self-harm", "staff sickness*" and increasing *"safety"* within the CJS.

2.1 A "compassionate", "safe", "collaborative" environment

Most participants discussed various aspects of TIP that were crucial, including "*Not retraumatising people, treating people with respect, empowering people to make their own decisions, creating safety, and explaining the reasons behind decisions." "Compassion", "safety"* and *"collaboration"* were commonly mentioned terms across all interviews and were perceived as important for TIP. However, *"holding justice and compassion simultaneously"* was viewed as being possibly difficult for CJ staff. For example, one participant named collaboration as necessary but challenging in the CJS.

> *"I think good examples of that [collaborative working] are evidence of collaboration where people have some kind of choice and control, which I know is challenging within a, throughout the criminal justice pathway."*

Participants mentioned safety in the sense that TIP was about *"embedding relational, physical, and psychological safety"* into the CJS. Many participants mentioned *"collaboration"* including *"working in partnership"* with intellectual disabilities and *"enhancing multi-agency working."*

2.2 Resist re-traumatisation

Throughout interviews, participants expressed that several *"things about the process"* within the CJS were indeed *"traumatising or re-traumatising"* for everyone, particularly those with intellectual disabilities.

> *"Some prisons are really quick to use force, so there's no de-escalation and they just go straight to using force against someone and if you think about someone who's come from a trauma background and the force is being used against them it could easily retraumatise [them]."*

There was a sense amongst participants that *"risk needs to be managed in a trauma-informed way"* yet an appreciation that this may have challenges. The idea that TIP *"is about not retraumatising people",* particularly in the context of reducing restrictive practice arose, especially considering that *"prison itself can be traumatising"* and regarding it being *"traumatising to have an LD [intellectual disabilities]"* in general, due to people who have intellectual disabilities having needs that society and the CJS does not always adapt for. When considering TIP in the CJS, all participants described how staff should actively support individuals from being re-traumatised.

2.3 Mindful of individual circumstances

Participants described TIP as *"person-centred"*, which can be incongruent with the CJS with one participant terming it "*a generic system*" which struggles to implement individual adaptations. Participants described TIP as *"mindful of individual circumstances"* and "*adapted to individual needs*" including *"adapted assessments, practices and sentences."* Participants described TIP as "*not generic"* however appreciated that the CJS was meant to be *"one size fits all."* Participants described a person-centred approach as crucial to all who encounter the CJS, with consideration for intellectual disability and unique needs. A concept arose amongst six participants that people who have intellectual disabilities should be seen as individuals, and adaptations would need to be tailored accordingly.

Theme 3: "*People who have intellectual disabilities are systematically disadvantaged in the CJS*"

All participants discussed people who have intellectual disabilities being *"systematically disadvantaged"* within the CJS. Specific challenges ranged from systematic difficulties (e.g., struggling with uncertainty or the concept of time), to lacking resources to cope with the system. Participants referred to the CJS as *"restrictive"* and felt this could be (re)traumatising for individuals

due to restrictive practices and lack of adjustments. Participants described them as *"forgotten people"* in the CJS and wider society who *"aren't given a fair chance."*

> *"…I think there's a lack of understanding erm that people with a learning disability also have a life of experiences, you know, they are much more than somebody with a learning disability, and I think quite often there is that diagnostic overshadowing where everything is just seen as having a learning disability, whereas actually they've got a whole lifetime of experiences and you know, relational patterns and all these different things that we all have, but I think that's massively.. .. and I think that's also maybe why people struggle to kind of hold that understanding and that compassion."*

3.1 "We're doing a disservice by not acknowledging individual needs"

It seemed difficult for participants to describe implementing TIP with people who have intellectual disabilities without first acknowledging difficulties with the system, particularly surrounding the current system *"doing a disservice by not acknowledging individual needs."* All participants described that people who have intellectual disabilities tend not to be given required individual adaptations. For example, participants reported they *"aren't given the information they need"* and referred to the CJS as *"inaccessible for people with different communication needs."* Whilst "*considering accessibility"* when working with individuals *"is trauma-informed",* participants felt if adaptations were not made for them, they would remain *"disadvantaged",* and it would also be *"a waste"* of CJ staff's time. Participants discussed individuals being *"let down"* by a lack of adjustments. There was a sense that the system and way CJ staff are trained to work is a barrier to implementing TIP.

3.2 "These individuals should receive adaptations"

Participants discussed the various adaptations for intellectual disability that occur within the CJS already and how implementing adaptations for them is a trauma-informed way of working. There was an overall sense amongst all participants that adaptations should be made for individuals within the CJS, some of which are not specific to a trauma-informed approach, including *"tailored pathways", "additional time", "pacing", "clear guidelines of next steps", "adapted communication and assessments*", and *"presenting information in multiple forms."* However, there was also an understanding amongst some participants that adjustments may be perceived negatively amongst CJ staff and in society, whereby people may think *"that's justifying or minimising"* the offense if individuals receive adjusted or *"too lenient"* sentences.

3.3 Intellectual disabilities go unrecognised in the CJS

There was a sense amongst six participants that individuals *"pass"* and go unrecognised within the CJS due to both a *"lack of knowledge, understanding, awareness and identification"* from CJ professionals and individuals being reluctant to share their diagnosis or *"masking."* Participants seemed to believe due to differing screening and identification methods, some individuals with intellectual disabilities remain *"unrecognised"* and *"forgotten."*

> *"People wouldn't necessarily know that they had a learning disability because there just isn't that knowledge there, there isn't that awareness. I think if someone like appears able to kind of mask and engage in conversations and all this kind of stuff people would just presume that they understand kind of what's happening to them."*

It was understood that if people remain unrecognised, individual adaptations which are trauma-informed would not be implemented successfully.

Theme 4: Change is needed

All participants described change is required for the CJS to be trauma-informed in general and specifically for people who have intellectual disabilities. Some participants noted that change has been occurring within the CJS and healthcare systems over the past several years, including *"huge strides towards [TIP]"* and *"much better understanding around trauma"*. Some believed this has occurred due to research driving *"practical change."* Participants reflected on change they believe still needs to occur, including *"the way CJ staff and healthcare practitioners view risk"* and *"how staff views are imposed on individuals".* There was a sense that adjustments were done *"too late"* within the CJS (e.g. identification of intellectual disability, making trauma-informed adaptations), and if done earlier, it may improve individual experiences in the CJS and contribute to a trauma-informed approach. There was an overarching idea that the system needed to change first for effective change to occur at an individual level.

4.1 "Need wider system change"

There was a sense amongst eight participants that the CJS *"needs wider system change" and "a complete overhaul"* to be effective in *"reducing risk and reoffending"*, as well as in supporting individuals to *"reintegrate back into the community."* Participants described change within the CJS as challenging since it tries *"to promote concordance instead of change"* and suggested *"changes need to start with government policies."* Whilst participants suggested that the CJS would benefit from change, there was a sense of *"anxiety about change in the CJS"* and potential negative implications with how these changes would be perceived within wider society, including whether people would be viewed as getting *"a free pass."*

> *"I think people are worried about like the societal view of like the justice system is getting soft, we're not arresting the right people, we're not charging the right people, the sentences are too lenient, like this person's getting away with it because they've got a learning disability but that*

means they get a free pass to do what they want and that's a thing, like people think that already so how, how would that kind of work if people knew that trauma informed care was an important feature?"

4.2 "It's everyone's responsibility"

Five participants discussed the collective responsibility to possess knowledge about intellectual disability, meet the needs of this population, and apply TIP.

"Erm, everybody... I really, I think you know from Police officers to probation officers, erm the courts, nurses, yeah, I think everybody should have some type of awareness and then obviously more in-depth training for people who are actually then working directly with them [PWLD] but at least awareness training would be really important on all levels."

Participants reflected how it is *"everyone's responsibility to work in a trauma-informed way"* and that *"everybody needs to be on board with [TIP]."* It was discussed that *"everybody…from police officers to probation officers, the courts, nurses... should have some type of awareness"* of trauma and intellectual disabilities. A sense of uncertainty around responsibility arose regarding who was responsible for identifying intellectual disability and implementing adaptations, with many participants viewing this as a collective responsibility with specific responsibility from leaders, since *"if your senior members of staff are working in more trauma-informed ways, then junior staff are more likely to follow."* Indeed, some participants felt *"prioritising trauma-informed working has got to come from the top"* and that leaders possessed responsibility to *"model [TIP] principles"* within the CJS and *"make sure staff's knowledge and awareness of [intellectual disability]"* was sufficient.

4.3 Improving understanding through education

Participants discussed *"identification", "awareness", "training"* and *"education"* about intellectual disability and trauma as important. Throughout interviews, it was expressed amongst all participants that *"training about LD (intellectual disability)"* should *"form a more significant part of training"* for CJ professionals with an assumption that this would increase understanding. *"A greater level of understanding of [intellectual disability]*" was seen as a precursor to implementing change. Participants discussed understanding TIP as important in the CJS; however, this was contradictory to what they believed society sees the CJS' purpose is *"to punish."*

4.4 It's important that the CJS is trauma-informed

All participants expressed the importance of the CJS to work with everyone in a trauma-informed way, particularly in meaningful and *"not tokenistic"* ways because it's *"humane", "ethical", "moral"* and *"inclusive."* Participants saw it as *"important that life experiences are taken into account*" and that working in a trauma-informed way would *"get to the root of the problem"* and promote understanding of reasons behind offending. Most participants acknowledged that *"most of the people in the CJS will have experienced trauma"* and the idea that *"trauma is widespread"* contributed to a sense that TIP should be considered with everyone, including but not limited to intellectual disability.

Discussion

The first theme captured the various individual, systemic and environmental challenges to implementing trauma-informed practice within CJS settings. Participants described extensive individual, systemic and environmental barriers to implementing TIP. The most salient included limited time and resources, inconsistent supervision, and a CJS described as "formal, punitive, and fragmented." Such conditions may oppose the relational and compassionate ethos of TIP at times. These barriers mirror wider research identifying prisons as inherently trauma-inducing due to their

physical and procedural environments (e.g. hostile architecture, security paraphernalia) (Senker *et al.*, 2023).

The second theme discusses how the meaning of TIP can vary depending on who, where and how it is implemented. Indeed, a systematic review identified that TIP lacks a coherent conceptualisation (Champine *et al.*, 2019) and Australian staff in child/family welfare services have experienced challenges with how well TIP is defined alongside a lack of resources and guidance for staff (Wall *et al.*, 2016). Participants highlighted the importance of resisting re-traumatisation, being trauma aware and understanding the impact of trauma, alongside additional considerations for intellectual disability. A study investigating professional views of TIP and intellectual disability identified services being trauma aware and providing person-centred support as key for them (Truesdale *et al.*, 2019). This is consistent with research into TIP and the CJS, which identified staff recognising trauma as important to support recovery and avoid re-traumatisation (McAnallen & McGinnis, 2021).

The third theme highlighted participant views that the needs of some individuals with intellectual disabilities remain unidentified throughout CJ procedures. Participants were concerned that remaining unidentified often affects how an individual experiences the CJ process, with some aspects (e.g., court proceedings) proving a particular challenge. This is consistent with literature suggesting individuals with intellectual disabilities are at increased risk of being disadvantaged when they encounter the CJS (Murphy & Clare, 2009). These disadvantages could relate to impaired understanding of legal rights and potential susceptibility to acquiescence, suggestibility, compliance, and confabulation (Clare & Gudjonsson, 1995).

Over the past decade, there have been some positive shifts towards implementing adaptations for ‘vulnerable people’ who encounter the CJS including use of appropriate adults during police interviews and intermediaries during court proceedings (O’Mahony, 2024). The changes brought about

after the Bradley Report (2009), including the commissioning of criminal justice liaison and diversion teams in police custody and the courts, have no doubt had a positive impact on early identification and support for people with intellectual disabilities in the CJS (Marshall-Tate *et al.*, 2020).

The fourth theme suggests conceptual and systemic changes may be required in the CJS for effective TIP implementation, consistent with recent US studies suggesting systems-level approaches to CJ reform (Mears, 2022). Participants discussed experiences of CJ staff not appearing interested in CJS change, understood by a lack of desire for training in intellectual disability and trauma-informed practice. Indeed, a systematic review identified CJ staff were unsure if the CJS was always appropriate for people who have intellectual disabilities, and struggled to identify them, suggesting staff may need to prioritise understanding intellectual disability and the support needs that come with this before implementing change (Evans, 2024).

An overarching objective of the CJS is to reduce crime. A systematic review identified that reducing recidivism was a benefit of TIP and suggested that evaluating the impact of well-implemented TIP on re-offending will be a challenging yet vital future task (Walker, 2021). Anxiety from some participants arose regarding how the public would interpret TIP in the English and Welsh CJS. Conducting research on the relationship between TIP and recidivism may help to challenge some public assumptions that punishment is an effective way of reducing crime and re-offending. However, it is likely that public attitudes towards punishment of offenders are not simply based on beliefs of the effectiveness of punishment in reducing re-offending though may also involve ideas of accountability and justice. It is relevant to consider the internally conflicting purposes of the criminal justice system itself (including both the punishment and rehabilitation of offenders; Criminal Justice Act, 2003, s142) and that it may well be possible to design a CJS that is genuinely trauma-informed, though can also be experienced as punishment (e.g., through the loss of liberty and privacy that many criminal sentences inevitably cause). Further empirical investigation of the potential association between well-

implemented trauma-informed practice and the rate of re-offending may be key to developing attitudes and understanding of this hotly debated topic.

Systemic changes participants suggested can be organised into micro (individual), meso (organisational) and macro (societal) levels (Dopfer *et al.*, 2004). Suggested micro changes included individual changes (e.g., reducing restrictive practice, views of risk and criminogenic need, and imposition of views on people who have intellectual disabilities). Systemic pressures (such as lack of staff time) were identified in research with an understanding that CJ staff are under particular pressure (Hellenbach, 2012). Historically, addressing only micro-level changes could achieve little or fail, due to not addressing systemic problems (Mears, 2022). Meso changes suggested by participants included staff training, changes in policy and processes leading to an environmental/cultural shift, and an overhaul of CJS procedures. Indeed, training was suggested to implement an understanding of trauma and intellectual disability, subsequently positively impacting CJ professionals on a micro level. Macro changes included wider public/societal changes to support trauma-informed adaptations for people in the CJS. Historically, the UK government has implemented macro changes regarding intellectual disability including 'No One Knows', a UK-wide programme exploring their experiences in the CJS (Talbot, 2008), the Bradley Report (2009) which provided recommendations for CJ services, and a handbook to educate CJ staff about intellectual disability, demonstrating wider changes towards educating CJ staff and the public on identification and adaptations (Department of Health, 2011). Of course, discussion of participant's ideas of how the CJS may be made more trauma-informed are not intended to be formal recommendations for practice from this study alone, given the small sample size and potential biases in the sample (discussed below as limitations). Consideration of such suggestions from well-placed and credible professionals, however, may help progress a complex and debated topic such as the one explored here.

Future research could explore the benefits of a trauma-informed approach within systems including its impact on health and economic outcomes, crime/offending behaviour, and service use.

Future research could also evaluate the impact of a trauma-informed approach on an individual and population level, thus assessing its effectiveness, particularly for people who have intellectual disabilities. A key initial objective will be to define precisely what trauma-informed practice means, and how effectiveness may be measured in the CJS (Senker *et al.*, 2023).

When considering the question of how TIP may be implemented and evaluated in CJS for individuals with complex needs (such as people with intellectual disability), there may be some learning from how UK NHS health services have been approaching this task in recent years. The NHS identified that systemic change must occur to truly and effectively implement TIP and developed a tool to support this. 'Roots' is a developmental framework utilising insights from organisational culture change, human behaviour, complexity theory, and TIP evaluation to facilitate learning and improvement around trauma-informed services contributing to systemic change (Thirkle *et al.*, 2022). Roots suggests that for an organisation to be trauma-informed, it needs to apply such principles in a systems-wide (meso) way. It may be that a similar tool designed for the CJS may be a useful next step to develop, structure and evaluate TIP implementation across the CJS specifically. There are a multitude of opportunities for research and evaluation in this area which could use qualitative, quantitative and mixed methods designs.

Limitations of the study include that most participants in the sample were White British, female, and clinical psychologists. Typically, forensic psychologists are primarily trained to assess and manage risk of offending, whilst clinical psychologists are primarily trained to assess and treat trauma and mental health problems, which could have impacted the perspectives expressed. This study did not gather information on social and personal biases, such as personal experience, which could impact individuals' perspectives. Gathering this information would have provided additional context to the findings. Regarding theme development, two themes arose which were not explicitly linked to intellectual disabilities, as participants spoke openly about TIP for the general population and seemed to consider this prior to its application towards people with intellectual disabilities. Therefore, the

themes that arose may not appear explicitly linked to the research question, which is a limitation of this study.

In summary, participants had diverse interpretations of TIP with compassion, safety, collaboration, person-centred and resisting re-traumatisation considered crucial. Many discussed people who have intellectual disabilities being systematically disadvantaged within the CJS and felt the CJS may not always recognise or adapt practices for these individuals. Participants felt change is required in the CJS before TIP can be integrated effectively, particularly with people who have intellectual disabilities, including wider systemic change and higher quality education and supervision for CJ staff. There appears much work to be done in this area, including at individual, team/service, regional and national levels of health, social and criminal justice systems. As participants highlighted, there are various significant challenges ahead, though change is needed if we are to strive for an ethical and fair criminal justice system.

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