FINAL MASTERS PROJECT

Developing a Trauma-Informed Youth Justice System in Kenora Rainy River: Recommendations and Next Steps

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EXECUTIVE SUMMARY

Psychological trauma can negatively impact mental, physical, and behavioural health, increase substance use problems, and increase involvement in the justice system. Trauma experiences are more common than previously thought and often go undetected by social service providers. Intergenerational trauma experienced by Aboriginal Canadians has also been recognized as a distinct form of trauma. There is mounting evidence that trauma-informed approaches can assist those impacted and lessen involvement in the justice system.

A trauma-informed approach facilitates identification of trauma-response in clients and service providers, and avoids practices or policies that could be re-traumatizing. The Kenora Rainy River Youth Justice Service Collaborative is a working group made up of service providers who have identified that many justice-involved youth in the region have experienced trauma. Their work is sponsored by the Centre for Addiction and Mental Health's (CAMH) Provincial System Support Program. CAMH has commissioned this report to help the Service Collaborative identify:

> *What are appropriate next steps over the next 3-5 years for the Kenora Rainy River Youth Justice Service Collaborative to further develop a trauma-informed youth justice system in Kenora Rainy River?*

And, specifically:

- identify key sectors and key stakeholders of the Kenora Rainy River youth justice system and investigate their level of familiarity with trauma as a condition
- investigate the present capacity and resources to address this challenge and move forward on a collaborative basis as part of a more coordinated approach
- explore the literature and other jurisdictions to identify resources required to develop a trauma-informed youth justice system

Methodology

An integrated research strategy was used to answer these questions which included a literature review, a cross-jurisdictional scan, and key informant interviews. The literature review aimed to provide an overview of trauma and its impacts, and factors to consider in developing a trauma-informed youth justice system. The cross-jurisdictional scan sought to find examples of how trauma-informed practice has been integrated in a comprehensive way at various levels of organizational structure. The interviews aimed to investigate the current level knowledge about trauma and its impacts, and identify how to move forward towards a more trauma-informed system in a coordinated fashion.

Findings

Several themes emerged across lines of evidence that indicate more education and strategic partnerships are needed if a true-paradigm shift towards trauma-informed practice is to occur. They are:

- Trauma is common but its impacts are still not clearly understood
- Aboriginal trauma must be acknowledged in a trauma-informed justice system
- Justice partners need to be better informed about trauma and its impacts
- Practice-Policy feedback is needed to secure funding and change the system

Discussion

A review of all of the findings indicate that true system change will only happen with the cooperation of many interconnected systems and it makes sense to deal with one aspect to start with. The options presented were based on the strategic implications identified through the findings, specifically, building a stronger foundation to move forward from, implementing trauma-informed principles into agencies, and securing funding to sustain trauma-informed practice. Which aspect and the method chosen to continue the work will impact the level of success.

Options and Recommendation

The strategic implications informed by the findings led to three options for the Service Collaborative to move forward with developing a more trauma-informed youth justice system:

1. Education model: Educate and advocate regionally
2. Initial Implementation model: Implement trauma-informed practice in Service Collaborative agencies
3. Scale Up and Sustain model: Secure funding from ministries and funding bodies

These options were assessed against the criteria of need, fit, resource availability, evidence, readiness for replication, and capacity to implement. It was determined that Option 1: *Education model: Educate and advocate regionally*, has the highest probability of success.

As shifting towards a trauma-informed system is a huge undertaking, the education option should be carried out over the next 1-2 years. The implementation and scale up models could be taken up during years 3-5. The options are connected and are pre-cursors to each other. The Service Collaborative may wish to solicit information from a broader cross-section youth justice partners. It would be beneficial to look for more examples of trauma-informed systems and implementation in other jurisdictions. Finally, the Service Collaborative should identify a way to gather input from justice-involved youth and incorporate that information into any system change strategy.

TABLE OF CONTENTS

SECTION 1 – INTRODUCTION

Psychological trauma can have an impact on mental health, substance use problems, and physical and behavioural health (Substance Abuse and Mental Health Service Administration [SAMHSA], 2012a, para. 2). Trauma experiences are more common than previously thought and trauma is a major public health issue in Canada affecting people of all ages and socio-economic backgrounds (Klinic Community Health Centre, 2013, p. 5). Trauma in individuals can be defined by three factors: (1) it was unexpected; (2) the person was unprepared; and (3) there was nothing the person could do to stop it from happening (Klinic Community Health Centre, 2013, p. 9). Between 51% and 98% of public mental health and substance use clients are estimated to have trauma histories (Canadian Association for Elizabeth Fry Societies, 2013, p. 1).

Trauma exposure in youth justice populations are typically much higher than in general youth populations and youth justice populations are typically underserved (Wolpaw & Ford, 2004, p. 6). Intergenerational trauma experienced by Aboriginal Canadians[1] has also been recognized as a distinct form of trauma. Intergenerational trauma has been described as "a cluster of traumatic events…[that] causes deep breakdowns in social functioning that may last for many years, decades and even generations" (Wesley-Esquimaux & Smolewski, 2004, p. iv). There is mounting evidence that trauma experience is linked to mental health and substance use issues, and that trauma-informed approaches can assist those who are impacted (British Columbia Centre for Excellence in Women's Health, 2010, p.17).

Social providers in services delivery systems are often unaware that system users have experienced trauma. This means individuals may not receive appropriate trauma-specific services, but also, that system policies and practices may unintentionally re-traumatize system users by triggering "a reemergence or an exacerbation of trauma symptoms" (Harris & Fallot, 2001, p. 3). Further, individuals whose trauma is not recognized are at higher risk of becoming involved with the justice system (Ad Hoc Working Group on Women, Mental Health, Mental Illness and Addictions, 2009, para. 9). Trauma-informed policies and practices, therefore, should be universally applied to human service systems, including justice systems. Note that a trauma-informed approach differs from trauma-specific interventions. Trauma-specific interventions are treatment-focused programs designed to lessen the impacts or symptoms of traumatic experiences on an individual; a trauma-informed approach is a way of being that facilitates identification of trauma responses in clients and service providers, and where

[1] Aboriginal is defined using Statistics Canada (2010) definition of "those people who reported identifying with at least one Aboriginal group, that is, North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a registered Indian as defined by the *Indian Act* of Canada, and/or those who reported they were members of an Indian band or First Nation" (para. 2).

that knowledge is used to ensure clients are cared for appropriately without causing re-traumatization (Poole, 2009, para. 9).

This research project is aimed at assisting the Kenora Rainy River youth justice system to become more responsive to the needs of justice-involved youth by developing trauma-informed policies and practices. Specifically, this project will outline appropriate steps and recommendations for developing a more trauma-informed youth justice system over the next 3-5 years. The Centre for Addiction and Mental Health is sponsoring this research project.

1.1 Research Questions & Project Objectives

This project seeks to answer the following research question:

> *What are appropriate next steps over the next 3-5 years for the Kenora Rainy River Youth Justice Service Collaborative to further develop a trauma-informed youth justice system in Kenora Rainy River?*

To address this question, this project will specifically:

- identify key sectors and key stakeholders of the Kenora Rainy River youth justice system and investigate their level of familiarity with trauma as a condition and its various forms and precipitating factors
- investigate the present capacity and resources to address this challenge and move forward on a collaborative basis as part of a more coordinated approach
- explore the literature and other jurisdictions, to identify resources, training, protocols, and policies required to develop a trauma-informed youth justice system
- develop options over the next 3-5 years for the Service Collaborative to move forward with development of a trauma-informed youth justice system, and make a recommendation as to which option(s) should be undertaken first.

The options and recommendation(s) can be used by agencies within Service Collaborative and the KRR youth justice system. They can also be used as a guideline for other youth justice jurisdictions interested in becoming more trauma-informed.

1.2 Organization of Report

This report proceeds as follows: project background and methodology; details of the research findings; and, conclusions and recommendations. Section 2 provides background information on the project client, the KRR Service Collaborative, area demographics, important context, and the conceptual framework guiding this report; Section 3 outlines the methods used in this research study and identifies the strengths

and weaknesses of the methodology.

The next sections outline the results of the research collected for this report. Section 4 reviews the literature on the history of trauma theory and the definition of trauma, on trauma from an Aboriginal context, and trauma and the justice system; Section 5 details the findings of a cross-jurisdictional scan and identifies jurisdictions that have successfully integrated trauma-informed approaches, and develops a conceptual framework of what contributes to successful trauma-informed services and systems; Section 6 summarizes the findings from key informant interviews with KRR youth justice system partners.

The final sections of the report summarizes the research and proposes recommendations for the KRR Service Collaborative. Section 7 discusses the findings of the report; Section 8 outlines options for moving forward; and Section 9 provides concluding remarks.

SECTION 2 – BACKGROUND

This section outlines background to the project client, the Service Collaborative initiative, Kenora Rainy River area demographics and important context, and the conceptual framework that will guide this report.

2.1 Project Client

The Centre for Addiction and Mental Health (CAMH) is the client for this project. CAMH works to influence public policy related to mental health and addictions, including justice policy issues with the goal of increased prevention, treatment, and diversion from the justice system for those with mental health and addictions concerns (CAMH, 2013, p. 1). The Provincial System Support Program (PSSP) of CAMH leads several provincial initiatives that form part of *Ontario's Mental Health and Addictions Strategy* (Government of Ontario, 2011). One of these provincial initiatives was the creation of Service Collaboratives: there are 18 mental health and addictions Service Collaboratives across Ontario. They will be described in more detail below. PSSP staff provide administrative, financial, and implementation support for this initiative, but Service Collaborative direction and decisions are entirely community-led.

The Kenora Rainy River (KRR) districts of Northwestern Ontario have a Youth Justice Service Collaborative made up of local youth justice, mental health, and addictions partners. They have identified that many justice-involved youth in the area have experienced trauma, which in turn contributes to mental health and addictions issues, reduced behavioural health, and recidivism (Warwick, 2014, February p. 2, May, p. 2; J. Martin, personal communication, May 15, 2014). Developing a trauma-informed approach to youth justice is a complex task involving many players and will require a systems-level strategy.

This project is intended to support two of CAMH/PSSP's strategic directions for their provincial work: (1) to drive innovation and enhance knowledge to solve system problems; and (2) to be a successful leader in system change (PSSP, 2013, p. 5). There is not another youth justice or justice jurisdiction in Canada that has taken a coordinated approach to developing a trauma-informed system. The census district of Kenora has the highest proportion of Aboriginal residents in Ontario (Statistics Canada, 2010, para. 6), so recommendations must consider this important demographic. Development of a trauma-informed justice system as it relates to youth justice and Aboriginal youth populations is the focus of the research questions.

2.2 Service Collaborative Background

The Service Collaboratives initiative is part of the first three years of the Ontario government's 10-year mental health and addictions strategy as indicated in Figure 1.

The first three years of the strategy focuses on outcomes for children and youth. For more information on Ontario's Service Collaborative initiative see Appendix 1. The purpose of the Service Collaboratives is to close critical service gaps using an Implementation Science framework (National Implementation Research Network, n.d.) by

> …bring[ing] together service providers and other stakeholders from various sectors that interact with people who have mental health and/or addictions problems, in particular, children and youth agencies, justice programs, health providers, and education organizations. By working together to identify and implement system level changes, the Collaboratives will improve access services, service experience, and health outcomes." (Systems Improvement through Service Collaboratives, 2012, p. 2)

PSSP will fully support the Service Collaborative initiatives for up to three years, after which the Service Collaborative work is expected to continue through the agencies that form the collaborative. For the KRR Service Collaborative, this will be sometime in 2016.

The KRR Service Collaborative formed and first met in November 2013 (Warwick, 2013, November, p. 1). Members represent service providers from the youth justice, mental and addictions sectors, but membership also includes education, child welfare, and some adult service providers. Some members represent agencies that provide services specifically to Aboriginal clients. The Service Collaborative has identified that many service providers in the youth justice sector lack a basic understanding of trauma and how it can affect behaviour (Warwick, 2014, May, p. 2). As a first step in developing a more trauma-informed youth justice system, the Service Collaborative is hosting six trauma workshops throughout 2014-15. These workshops will be held in Kenora.[2] This project is intended to provide the Service Collaborative with a plan for next steps in developing a trauma-informed youth justice system when local agencies must carry the trauma work forward with reduced PSSP support.

The Service Collaborative used the Youth Criminal Justice System map in Figure 2 to define the parameters of the justice system from police contact, the courts, and detention, through to release and community supervision. They believe that a more trauma-informed youth justice system, will better respond to trauma-affected youth, improve mental health and addictions outcomes, and reduce justice involvement (Warwick, 2014, May, p. 2). Figure 2 also illustrates intersection points between the

[2] The workshops will be facilitated by training staff from Klinic Community Health Centre which is located in Winnipeg, Manitoba (210 km west of Kenora). Klinic operates the Manitoba Trauma Information and Education Centre (MTIEC), created in 2007 after Manitoba held its first forum on trauma (MTIEC, 2014b, para. 1). The author attended Manitoba's second forum on trauma on November 3-4, 2014, in Winnipeg, Manitoba, as part of research for this project. See Appendix 2 for more information on the forum.

youth criminal justice and mental health systems. These intersection points will help determine where to focus efforts in developing a more a trauma-informed system. The

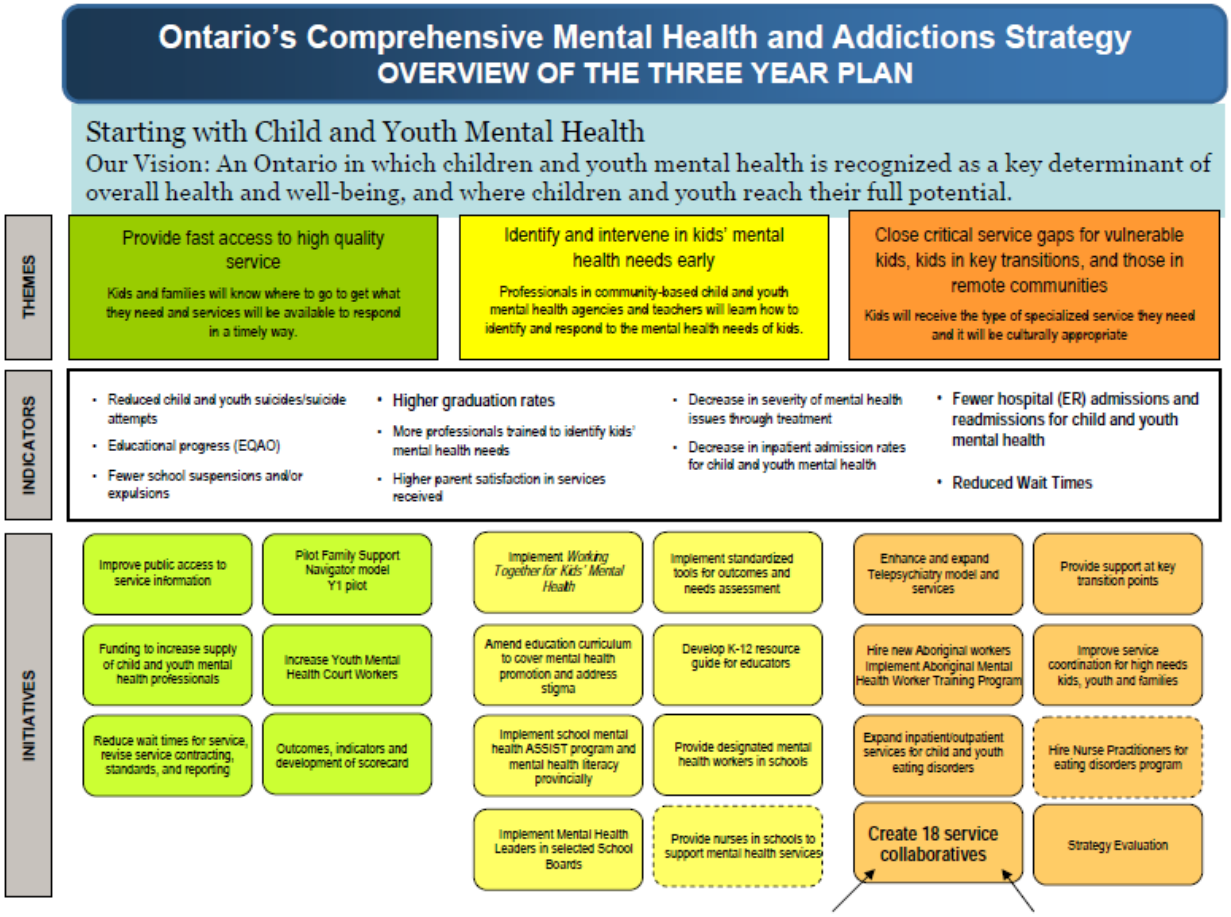

Figure 1. Ontario's comprehensive mental health and addictions strategy: Overview of the three year plan. From Systems Improvement through Service Collaboratives. (2013). *Kenora town hall – Youth justice collaborative*. PowerPoint presentation on October 1, 2013, Kenora, ON, slide 11.

system as defined includes police, courts, probation, detention facilities, and mental health and addictions diversion services, among others.

The majority of Service Collaborative representatives are from agencies within and around the city of Kenora. A small contingent is also from the city of Fort Frances in Rainy River district which is approximately 2 ½ hours south of Kenora. There are several other cities and towns in KRR that have separate youth court services but are not currently represented on the Service Collaborative. This research study focused on input from active Service Collaborative members so key informant interviews were obtained from individuals in the Kenora and Fort Frances areas only. The information provided in this report is intended for dissemination to other KRR communities should the Service Collaborative wish to engage their participation and apply the recommendations in additional regional communities.

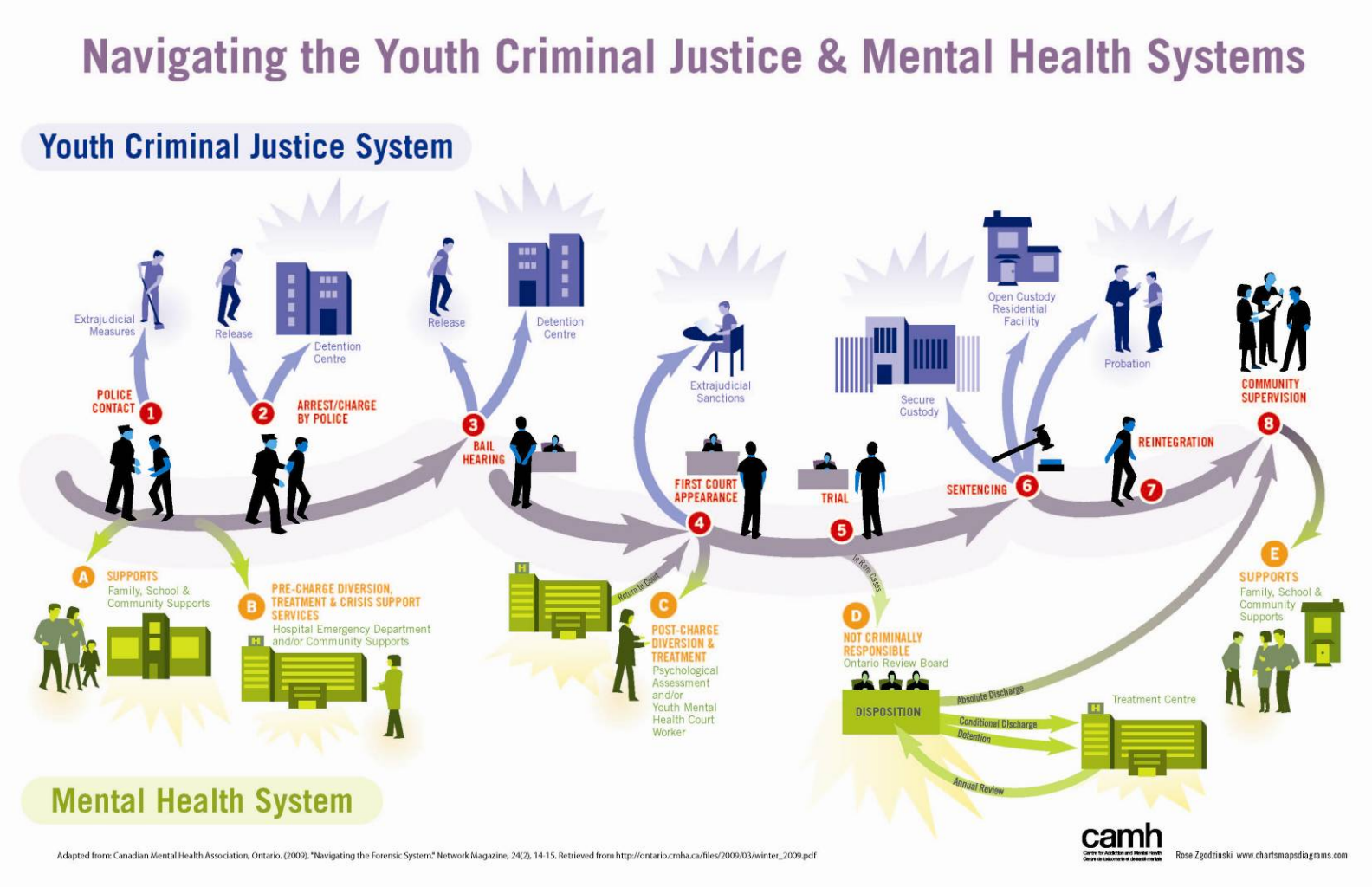

Figure 2. From Zgodzinski, R. (2014). *Navigating the youth criminal justice and mental health systems*. Retrieved from the Canadian Mental Health Association: http://ontario.cmha.ca/files/2014/06/YouthJusticeMHMapFINALSep92013-English.pdf

2.3 Kenora Rainy River Demographics and Important Context

The Kenora Rainy River district is located in the far west of the province of Ontario and shares a border with Manitoba to the west and Minnesota to the south. The north part of the region extends to Hudson Bay. Figures 3 and 4 are maps of the KRR geographic districts of Ontario. The 2011 population for the Kenora and Rainy River districts was 74,960 which is approximately 0.6% of the provincial population (Statistics Canada, 2013b). The 2011 Aboriginal population for Kenora district was 19,985, or approximately 36% of the total district population (Statistics Canada, 2013a). The 2011 Aboriginal population for the province was approximately 2% of the total population (Statistics Canada, 2013b). The Aboriginal population in Rainy River district was 4485, or approximately 22% of the population (Statistics Canada, 2013c). The Aboriginal population in KRR comprises approximately 12% of the overall Aboriginal population in the province (Statistics Canada, 2013b). Aboriginal persons have a higher likelihood than the general population of experiencing trauma (Northwest LHIN, 2009, p. 33). Further, Aboriginal male youth in Ontario are incarcerated at a rate that is five times higher than the general youth population, and Aboriginal females at a rate that is ten times higher (Rankin & Winsa, 2013b, paras. 9-10). The high percentage of Aboriginal persons in KRR coupled with the overrepresentation of Aboriginal youth in the justice system, suggests that many justice-involved individuals in the region have experienced trauma.

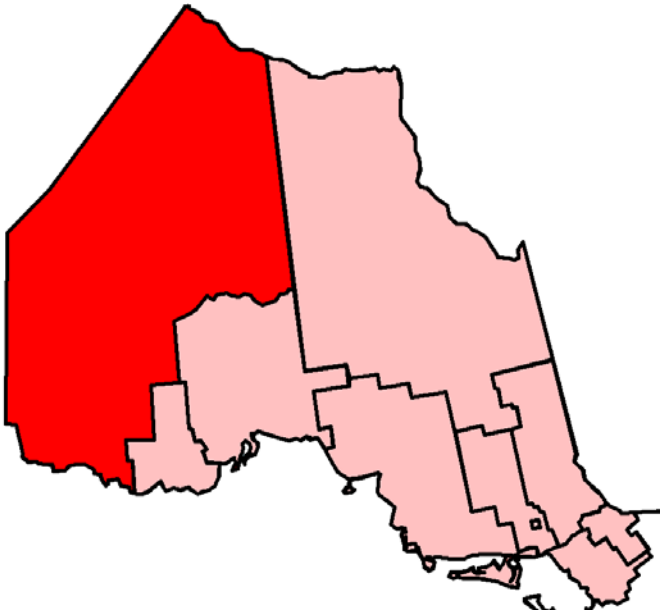

Figure 3. Map of Kenora Rainy River district of Northwestern Ontario. From Andrew, E. (2011). Kenora-Rainy River (Provincial Electoral District) [dark red]. Retrieved from Wikipedia: http://en.wikipedia.org/wiki/File:Kenora-rainyriver.PNG

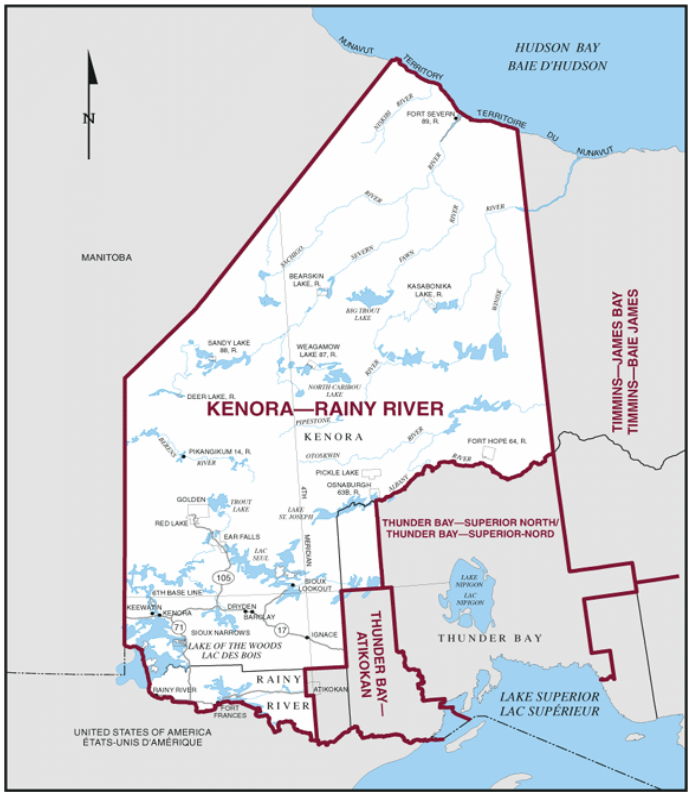

Figure 4. Map of Kenora Rainy River electoral district of Ontario. From Elections Canada. (n.d.). *Historical 301 Electoral Districts (Kenora-Rainy River)*. Retrieved from: http://www.elections.ca/scripts/edwa301_historical/Default.asp?L=E&Page=Map&ED=35034

Service Collaborative members who participated in key informant interviews as part of a needs validation process in October 2013 confirmed the pervasiveness of youth trauma. Respondents spoke of social-political issues that they believed influenced justice-involved Aboriginal youth in KRR, such as, intergenerational trauma, and both historical and contemporary political neglect and abuse (Russell, 2014, p. 44). Respondents also indicated these socio-political factors exacerbate the following in Aboriginal populations:

- Instability;
- Extreme poverty;
- High exposure to violence, trauma, abuse, suicide, alcohol and drug use; and
- Lack of access to basic services. (Russell, 2014, p. 45)

In addition to the lack of basic services in rural and remote KRR communities, access to speciality mental health and addictions services is difficult in KRR urban centres as well, particularly for youth (Russell, 2014, p. 46). The challenging geography of the area and a lack of specialists are contributing factors to this problem. Further, entry into the youth mental health system in KRR is often through police contact (Russell, 2014, p. 46). One recommendation for future improvement of the KRR youth justice and mental health

sectors that came out of the needs validation was the development of more trauma-informed systems and services (Russell, 2014, p. 52).

2.4 Analytic Framework

Figure 5 outlines a draft logic model of the KRR Service Collaborative work and anticipated long-term outcomes. The first column lists important groups and their degree of influence on the Service Collaborative work. This list reflects the groups, in descending order, that the Service Collaborative may want to target when developing a more trauma-informed service system. The second column establishes that a core element of the Service Collaborative work is trauma-informed practice. As a first step,

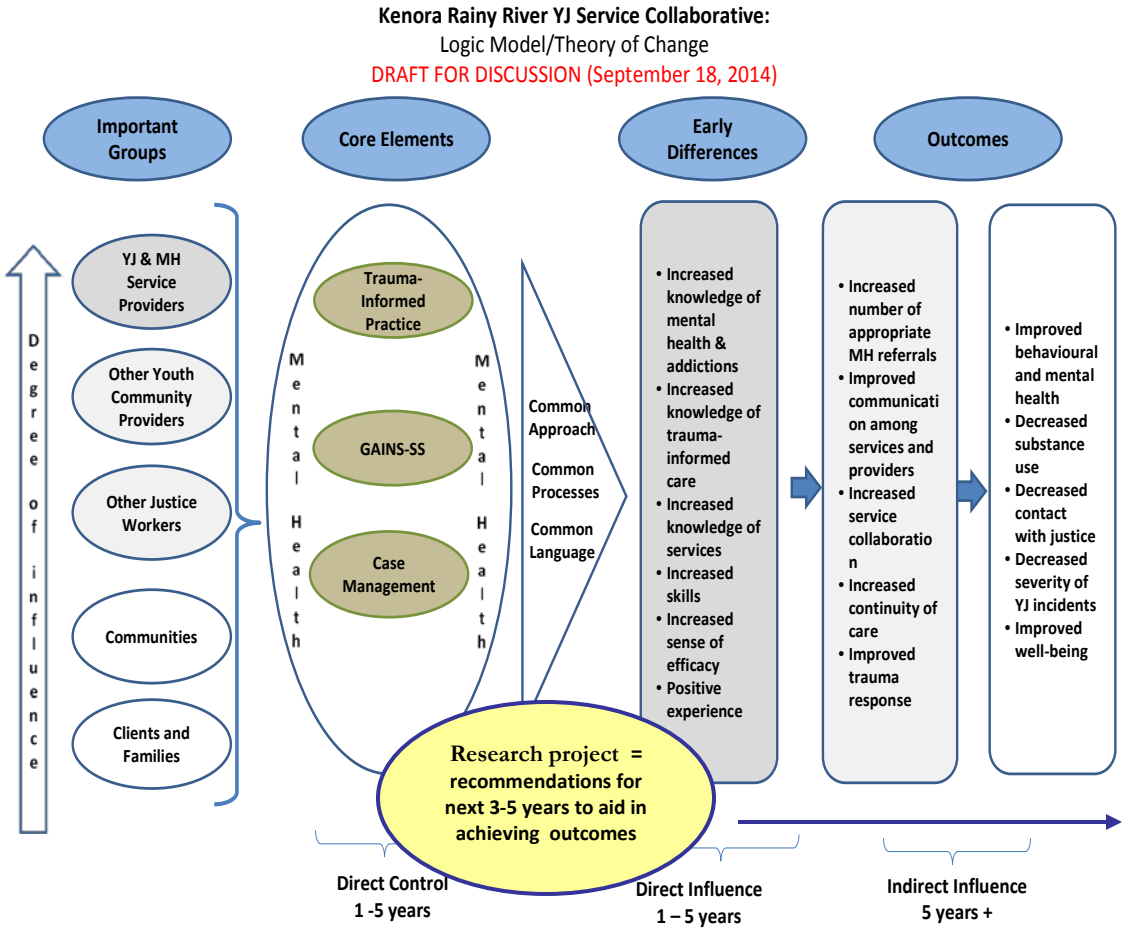

Figure 5. Kenora Rainy River Youth Justice Service Collaborative Draft Logic Model. Developed by Cunning, S. and Russell, P. (2014), of the Performance Measurement and Implementation Research Department, Centre for Addiction and Mental Health, for the Kenora Rainy River Youth Justice Service Collaborative. Unpublished internal document.

the Service Collaborative will offer trauma training over the next year to justice and youth sector partners with the goal of fostering common approaches and language

among system service providers. It is expected that this training will increase knowledge of trauma-informed care in KRR, as indicated in the third column of the logic model which summarizes the anticipated early differences (1-5 years) of the work.

Further steps need to be taken for system partners to develop common trauma-informed processes, and for the Service Collaborative to realize the mid- and long-range (5 + years) anticipated outcomes as indicated in the last columns of the logic model. For service providers, the anticipated outcomes include increased number of appropriate mental health referrals, improved communication among service providers, increased service collaboration, improved continuity of care, and improved trauma response. For youth, anticipated outcomes include improved behavioural and mental health, decreased substance use, decreased contact with the justice system, decreased severity of youth justice incidents, and increased overall well-being.

The analytic framework for this project is based upon developing common trauma-informed processes used by youth justice system service providers, and recommending practices and policies that will advance the mid- and long-range outcomes as identified in the draft logic model. Figure 6 summarizes the analytic framework. The precipitating factors to developing a more trauma-informed youth justice system are listed on the left-hand side of the diagram. These factors lead to the KRR Service Collaborative, as justice system representatives, and CAMH as the project sponsor. Service Collaborative partnerships among and with the important players will be essential to attaining a coordinated approach to this system problem. And, in addition to understanding that trauma is common and part of the human experience, the system must recognize that trauma experienced by Aboriginal Canadians can be more complex and compounded by historical factors like the residential schools. Therefore, partnerships between First Nation and non-First Nation agencies will also be key, and trauma-informed practices and policies should act as a bridge between the two.

Using regional ACE (Adverse Childhood Experiences) scores, and taking information and best practices from existing trauma-informed jurisdictions, will help the system players develop a coordinated approach to justice-involved youth by creating common policies, practices, protocols. A collaborative approach to system education and training, and funding proposals, will further ensure trauma is addressed at a system level. The intent of these efforts is to influence policy change at the agency, system, and ultimately, the provincial government levels, and act as a catalyst for a paradigm shift in the approach to youth justice. This project seeks to present options to the Service Collaborative for steps over the next 3-5 years in further developing trauma-informed practices and policies in the KRR youth justice system. The next section outlines the methods and methodology used to inform these options and recommendations.

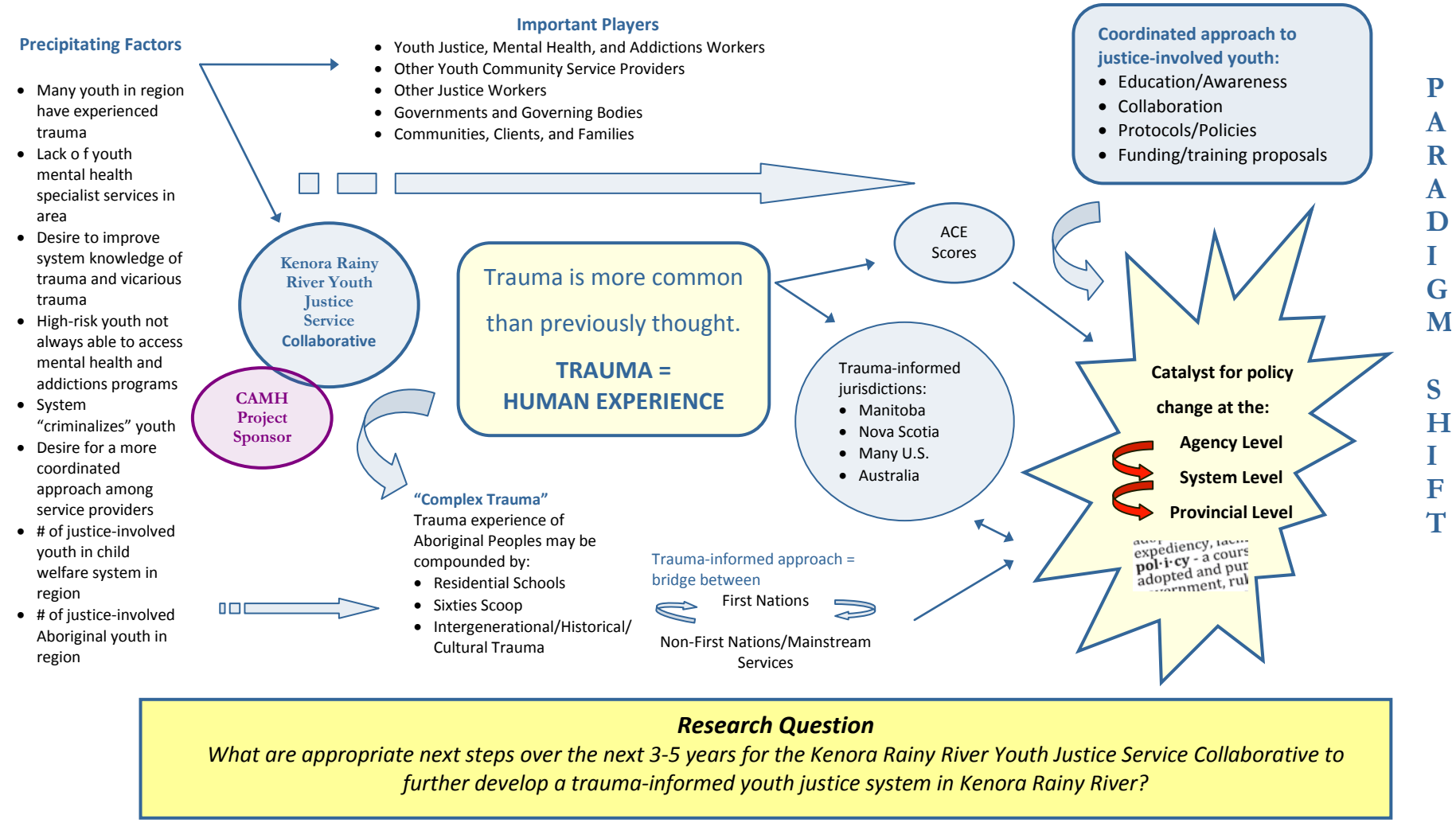

Figure 6. Analytic Framework for Research Project. Developed by G. Clark (2015), of the Centre for Addiction and Mental Health. Unpublished document.

SECTION 3 – METHODOLOGY

The research strategy for this project relies on several qualitative methods including a literature review, cross-jurisdictional scan, and key informant interviews. A qualitative approach to this research was chosen so that detailed information about trauma-informed practices and principles could be explored in the literature and in other jurisdictions. Further, it was believed that a qualitative approach would allow the researcher to gain better insight into the KRR youth justice system's culture and context by interviewing a small number of people in-depth. This section outlines each of the methods used in this research project and concludes with a discussion of the strengths and weaknesses of the methodology.

The literature review provides information on the definition of trauma, on trauma-informed principles and practices, and on systems-level implementation strategies of trauma-informed care. The cross-jurisdictional scan identifies several Canadian and international trauma initiatives aimed at both the agency and systems level. And, the in-person and telephone interviews with key KRR justice system representatives provides information on local issues to consider when developing a more trauma-informed youth justice system. Together, this information will help inform developing options and a recommendation for how the KRR Service Collaborative should proceed over the next 3-5 years once the initial two years of collaborative work is complete.

3.1 Literature Review

The goal of the literature review was to develop a framework of understanding of the definition of trauma and trauma-informed principles, the impacts and risks associated with trauma exposure among justice-involved youth, and trauma-informed systems and services. Information specific to Aboriginal and historical, cultural, and inter-generational trauma also informed the literature review. The research involved a review of academic journals and periodicals, and of independent research reports and other published documents, such as books and implementation guides.

The sources used to find articles were: Summon @ UVic Libraries; CAMH Library; Google Scholar; and Google Search. Search terms varied to ensure a range of sources were identified. The search terms included: "Trauma-Informed Care"; "Trauma-Informed Systems"; "Youth Justice"; "Juvenile Justice"; "Inter-generational Trauma"; "Historical Trauma"; "Cultural Trauma"; and "Indigenous Trauma". Reference lists from useful articles and books were also used to identify additional sources. The searches and reference lists generated over 90 sources that were subsequently examined as part of this project. Information found with similar themes were grouped into categories and then synthesized.

3.2 Cross-jurisdictional Scan

The objective of the cross-jurisdictional scan was to find information on resources, training, protocols, and policies required to develop trauma-informed social systems. The scan began by searching recommended websites from the list of resources in *Trauma-informed: The trauma toolkit* (Klinic Community Health Centre, 2013, pp. 132-33). The toolkit is an important Canadian resource on becoming more trauma-informed, created after Manitoba was the first Canadian jurisdiction to commit to developing more trauma-informed human services at the systems level (Proulx, J. and Nighswander, M., 2007). The list of resources led to an American resource on trauma-informed systems and services, the Substance Abuse Mental Health Services Administration's (SAMHSA, 2014) webpage from the United States. The website provides information and links to trauma-informed U.S jurisdictions and trauma-informed best practices specific to youth justice.

More Canadian sources were revealed during presentations at the Second Manitoba Forum on Trauma, including trauma-informed systems work in British Columbia specific to women's health and addictions (British Columbia Centre for Excellence in Women's Health, 2010), and a resource book published by CAMH entitled *Becoming trauma informed* (Poole & Greaves, 2012). A Google search of "trauma-informed systems" identified trauma-informed practices for women's substance use at the Jean Tweed Centre in Toronto, Ontario (Jean Tweed Centre, 2013), and the Australian Centre for Posttraumatic Mental Health's resources for working with trauma-affected clients (University of Melbourne, 2014).

One challenge was that, aside from SAMHSA's website, information on jurisdictions that had developed youth or adult justice trauma-informed systems could not be found. Most of the sources on developing trauma-informed resources, training, protocols, and policies identified, however, were published within the last 5 years.

3.3 Interviews

The goal of the interviews was to identify key sectors and key stakeholders of the KRR youth justice system, and:

- Investigate their level of familiarity with trauma as a condition,
- Investigate the present capacity and resources to address the challenge of becoming more trauma-informed, and
- Identify how to move forward on a collaborative basis as part of a more coordinated approach.

Potential candidates or their agency had to be a member of the KRR Youth Justice Service Collaborative. The youth justice/mental health system map and CAMH's Service

Collaborative sector category list were used to determine sector categories and stakeholders in the system. Using these criteria, interviews were sought from members of the following three sectors:

- **Group 1 – Youth justice sector employees**
  - Police
  - Youth justice services
  - Attorneys
  - Court support and diversion
  - Probation
  - Custody centres
  - Government – Ministry representatives

- **Group 2 – Youth mental health and/or addictions sector employees**
  - Hospital mental health and addictions
  - Community mental health and addictions
  - Developmental services
  - Child welfare
  - Education

- **Group 3 – Aboriginal youth justice and/or mental health and/or addictions sector employees**
  - First Nation, Métis, and Inuit mental health and addictions and community support services

Emails were sent to potential candidates inviting them to participate in an in-person or telephone interview. Of the 17 individuals contacted, 14 were interviewed. Of the three candidates that were not interviewed, one began a leave of absence after the invitation and was not available, one could not secure the required permission from their workplace, and one did not respond. The interviews were semi-structured with a consistent set of questions (see Appendix 3) but flexible to allow for clarification questions by the interviewer, or allow for participants to provide information that was related but outside of the specific interview question. Interviews were approximately 30-45 minutes in length. The questions were sent to participants at least one week in advance of the scheduled interview. Interview responses were transcribed onto a computer during the interviews, except for one participant who preferred to write their responses and forward them to the interviewer. Participants were invited to review the recorded responses prior to the conclusion of the interview to ensure that the responses were accurate. Any changes, additions, or deletions were included in the final responses.

Interview responses were analyzed by question using grounded analysis. Grounded analysis is "…well-suited to answering 'how' and 'what' questions. 'How' questions imply process and change" (Brower & Hong-Sang, 2007, p. 826). This type of analysis seemed well-suited to exploring how to develop a trauma-informed youth justice

system. Grounded analysis also allows for an iterative research process that flows from data collection to exploration to data again, as new information emerges (Brower & Hong-Sang, 2007, p. 828). Each question titled a notebook heading, and interview responses for that question were examined to try and find common themes and categories that emerged. Themes noted for each question were added in table format to the notebook, and responses that fit into that theme were summarized and entered into the table. Themes were collapsed or sub-divided as appropriate. Notes were made by the researcher about the themes and the groups or sub-divisions. Once the data were grouped into themes and categories, these were examined on how they related to each other. Information from the themes and categories were then compared and integrated with information from the literature review and cross-jurisdictional scan.

3.4 Strengths and Limitations of Methodology

The strengths of this methodology are that several different methods were used to develop an integrated approach to answering the research questions. The literature review provides information on trauma theory and trauma-informed principles, both within the youth justice system and within broader human service systems, and on Aboriginal trauma. The cross-jurisdictional scan identifies resources and methods on best practices and potential challenges from locations that are already transitioning towards more trauma-informed systems. The key informant interviews provides information on current KRR system capacity, challenges, and other considerations that are unique to this area of Ontario and this particular youth justice system.

The limitations of this report are that it focuses solely on the youth justice system in the Kenora Rainy River districts of Ontario. Key informant interviewees were recruited from the Kenora and Fort Frances areas of the districts only, as stakeholders from these communities comprise the active participants of the Service Collaborative. Other communities in the districts, and remote Aboriginal communities, therefore, did not participate. Given the four month timeframe of the project, it was not feasible to complete more interviews, nor complete a more thorough cross-jurisdictional scan. It was also not be possible to interview youth involved in the justice system, past or present, due to privacy and self-identification restrictions. Therefore, the perspectives of key informant interviewees may not be representative of the KRR youth justice system as a whole.

Detailed findings from the literature review, cross-jurisdictional scan, and interviews are contained in the next three sections of the report.

SECTION 4 – LITERATURE REVIEW: TRAUMA AND THE JUSTICE SYSTEM

The literature review aims to provide an overview of the factors that should be considered in developing a trauma-informed youth justice system. The research involved reviews of academic journals and periodicals, and of independent research reports and other published material on trauma-informed systems and services. Information from the literature review that was similar was grouped into categories. The following four themes emerged:

1. The understanding that trauma can be triggered by a wide range of experiences;
2. The understanding that trauma experiences are common and are predictors of increased risk of physical and behavioural health problems;
3. The understanding that Aboriginal trauma, inter-generational, historical, and cultural, are distinct forms of trauma;
4. The understanding that trauma-informed practices should be integrated into social systems, including justice systems.

These four themes are included in the subsequent parts of the literature review: the history of trauma theory, contemporary definitions of trauma, an examination of Aboriginal trauma and its impacts, and a review of the application of trauma-informed principles and practices into justice systems. This section concludes with a summary of the findings from the literature.

4.1 History of Trauma Theory

The literature on trauma-informed care reveals that the way service providers define and approach trauma has evolved over time, and that this evolution has resulted in a shift in organizational and systems culture in many jurisdictions. The link between trauma experience and mental health was first made in the late 19th century by French neurologist Jean Martin Charcot (Ringel, 2012, p. 1). He noted that hysteria, a commonly diagnosed condition in women at the time, was caused by psychological rather than physiological symptoms, as previously thought (Ringel, 2012, p. 1). Charcot's observations influenced later work with hysteria patients including that of Pierre Janet and Sigmund Freud and his colleague Josef Breuer (Ringel, 2012, pp. 1-2). Janet, and Freud and Breuer, each concluded that hysteria symptoms such as dissociation, amnesia, and sensory loss, were caused by psychological trauma (Herman, 1992, p. 12). Talking about the traumatic experiences were thought to alleviate the symptoms.

This method of treating trauma continued when soldiers returning from World War I displayed symptoms of "shell shock", which were similar to the hysteria symptoms observed earlier in women (Ringel, 2012, p. 2). An important observation in 1923 by

Abram Kardiner was that experiencing trauma symptoms could happen to any soldier and was not a result of any deficiency in the individual; or, "…that the traumatic symptoms were a normal response to an unbearable situation" (Ringel, 2012, p. 3). Talk therapy continued after World War II when symptoms of combat stress and those of concentration camp survivors were found to be similar (Ringel, 2012, p. 3). In 1960, Parad and Caplan (as cited in Ringel, 2012) suggested five factors that influence a person' ability to cope with crises:

1. The stressful event poses a problem which is by definition insoluble in the immediate future.
2. The problem overtaxes the psychological resources of the family, since it is beyond their traditional problem-solving methods.
3. The situation is perceived as a threat or danger to the life goals of the family members.
4. The crisis period is characterized by tension which mounts to a peak, then falls.
5. Perhaps of the greatest, *the crisis situation awakens unresolved key problems from both the near and distant past*. (p. 4, emphasis added)

This idea that a current crisis could trigger a trauma response to previously experienced negative events is one that is important for understanding the trauma theories that developed in the next decades.

Similar to the techniques used with World War II veterans, "rap groups" were used with soldiers returning from the Vietnam War, when it was found that many developed chronic problems that made it difficult for them to reintegrate into everyday life (Herman, 1992, p. 26). The women's movement of the 1970's brought trauma suffered in the home, in the form of emotional and physical abuse, neglect, and sexual abuse, into the open (Ringel, 2012, p. 5). Therapy groups for women were similar to those for Vietnam veterans and required participants to share experiences and feelings (Ringel, 2012, p. 5). Awareness of domestic and childhood abuse, and of experiences suffered by veterans prompted the addition of the diagnosis of post-traumatic stress disorder (PTSD) to the *Diagnostic and Statistical Manual of Mental Disorders III* (*DSM-III*) in 1980 (Ringel, 2012, p. 5). However, a PTSD diagnosis does not address the antecedents in childhood. Herman (1992) suggested that "complex PTSD" be added to "address the multiple origins of trauma and their impact on all aspects of a person's life (p. 119). Further, van der Kolk (2005) suggested the addition of a new diagnosis called developmental trauma to acknowledge the impact that early experiences of abuse and neglect have on child development (as cited in Ringel, 2012, p. 7). Ringel (2012) explains that:

> …childhood abuse is much more common than previously known and that those children deprived of intervention or treatment of early abuse symptoms will likely suffer from behavioural, emotional, and cognitive disturbances for the rest

> of their lives. In addition, early trauma affects the neurological development of young children, who may not be able to develop the neuronal structures necessary to process information, regulate emotions, and categorize experiences. This can lead to poor impulse control, aggression, difficulty in interpersonal relationships, and poor academic performance because of their inability to concentrate. In later development, such children may develop self-harming and substance abuse disorders in an effort to regulate their emotional arousal, owing to their difficulty in self-soothing and affect regulation. (p. 7)

Although different and more complex types of trauma were beginning to be recognized, the treatment of trauma by talking and reliving experiences remained largely unchanged until Judith Herman's work in the 1990's.

Judith Herman (1992) changed the way we look at trauma with what is now a core text in the discipline of psychology. In *Trauma and Recovery*, she argued that psychological trauma can only be understood in a social context (p. 61). Further, she believed that a trauma response can be triggered by a wide range of experiences, not just war and natural disaster (p. 33). Herman maintained that the recovery process can only happen within the "context of relationships" so that the trauma survivor recreates the psychological faculties that were damaged by the trauma experience (p. 134). Most important was the idea that retelling trauma stories should not happen prematurely and only when an individual could tolerate the overwhelming feeling to lessen the risk of being re-traumatized (Fisher, 2014, p. 34). Herman's work, and the work of her colleague Bessel van der Kolk, laid the groundwork for exploration of options besides "talk therapy" to treat trauma (Fisher, 2014, pp. 34-35). And, it opened the door to a broader definition of trauma than had ever been considered.

4.2 Definition of Trauma

Trauma is part of the human experience. A traumatic event could be a single incident, such as an accident, natural disaster, unexpected loss, or being victimized by personal or property crime, or multiple, repeated events, such as war, poverty, family or community conflict, or neglect and/or abuse, that affect an individual's behavioural health and ability to cope (Klinic Community Health Centre, 2013, p. 9). A person can also experience trauma indirectly and still suffer negative psychological and/or physical symptoms (Schwartz et al., 2011, p. 3).

Figure 7 outlines the potential impacts of trauma on an individual and demonstrates a relationship between trauma-affected people and our social systems. If a person is not able to stabilize, self-regulate, or make positive meaning after a traumatic event they are at risk having prolonged physical, emotional, and behavioural health problems. A person's inability to cope can result in inappropriate mental health diagnoses, substance use issues, self-harm, criminal or violent behaviour, and family conflict, among other

things. This can lead to interaction with human services systems, including the justice system.

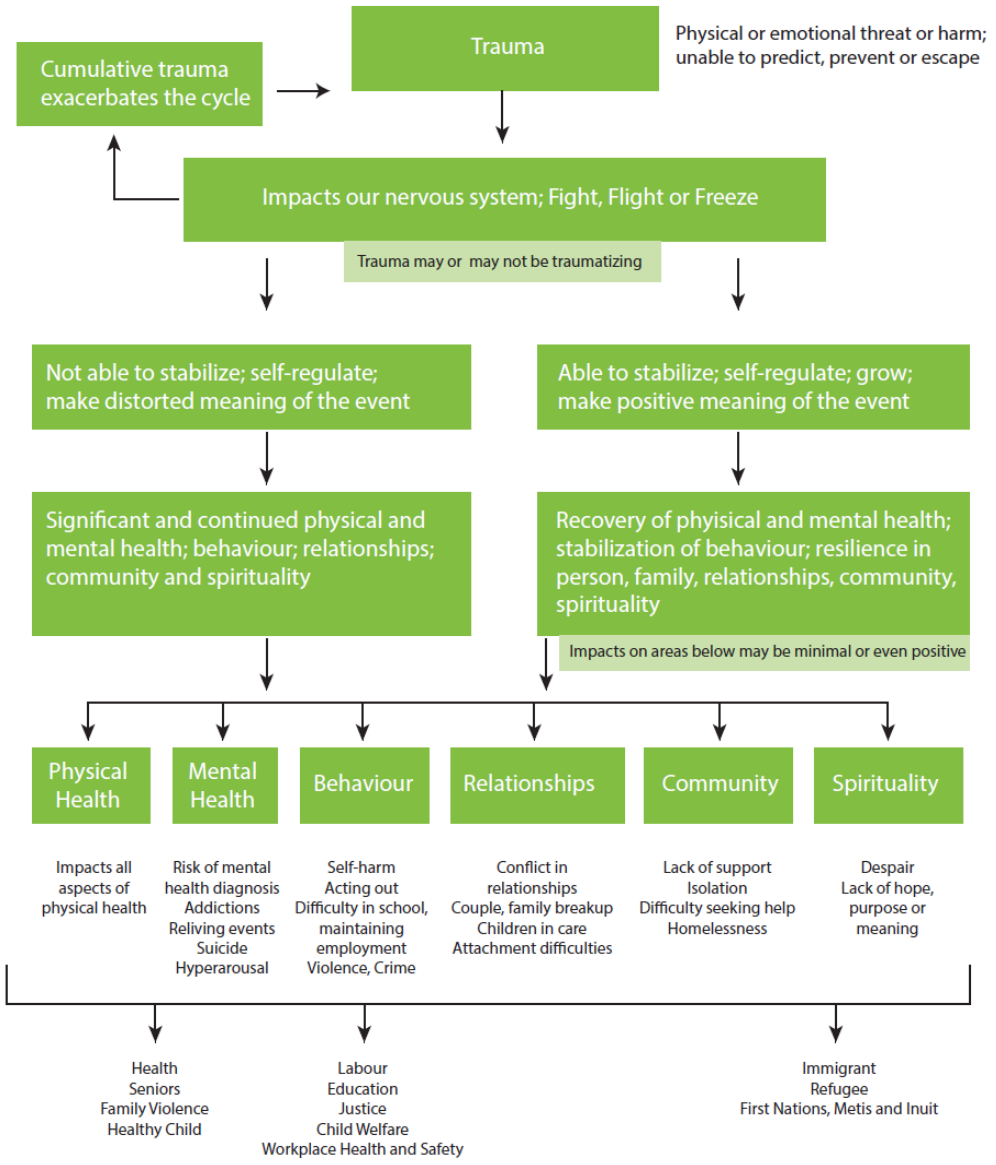

Figure 7. Potential impacts of trauma on individuals. From Klinic Community Health Centre. (2013). *Trauma-informed: The trauma toolkit* (2nd ed.), p. 14.

The effects of childhood trauma experience as predictors of future physical, mental, and behavioural health was well documented in a foundational study on the subject. The Adverse Childhood Experiences (ACE) study examined the linkage between childhood abuse, neglect and other adverse experiences, as predictors of increased health and behavioural problems as the person ages (Middlebrooks & Audage, 2008, p. 5). Over 17,000 adults participated in the original study which surveyed exposure to 10

Categories of adverse childhood experiences used in ACE study	
Abuse	Household Dysfunction
• Emotional • Physical • Sexual	• Mother treated violently • Household substance abuse • Household mental illness • Parental separation or divorce • Incarcerated household member
Neglect	
• Emotional • Physical	

Table 1. Categories of adverse childhood experiences as used in ACE study. Adapted from Middlebrooks & Audage, (2008), *The effects of childhood stress on health across the lifespan,* Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, p. 5.

categories of adverse childhood experiences as indicated in Table 1.

Findings revealed that adverse childhood experiences are much more common than previously thought, with almost two-thirds of participants reporting at least one ACE event (Middlebrooks & Audage, 2008, p. 5). High ACE scores are related to increased numbers of co-occurring health and behavioural problems in adolescence and adulthood (Middlebrooks & Audage, 2008, p. 6). The correlation between adverse childhood experiences and negative physical, mental, and behavioural outcomes later in life, plus the discovery that the majority of the population has experienced at least one traumatic event, makes the case for moving towards more trauma-informed human services systems. This realization would not have been possible without the understanding that trauma can be defined using much wider parameters than traditionally thought.

4.3 Aboriginal Trauma

Aboriginal trauma can be understood as a distinct form of complex trauma. Table 2 indicates the factors that could increase the likelihood of trauma exposure in Aboriginal populations. Mainstream justice systems can exacerbate these problems (Bédard & Paletta, 2008, p. 25). Trauma in an Aboriginal context has been explained as follows by Chauduri, Martin, and Kelley (2009):

- Cultural trauma is an attack on the fabric of a society, affecting the essence of the community and its members.
- Historical trauma is the cumulative exposure of traumatic events that affect an

Issues faced by Aboriginal peoples are multi-faceted and include such factors as poverty, unemployment, discrimination, marginalization, and cultural alienation, putting Aboriginal people at risk for trauma exposure	
Reports indicate that Aboriginal peoples have:	
• Higher unemployment rates;	• Higher suicide rates;
• Lower educational attainment;	• Higher incidence of Type II diabetes and its related complications;
• Higher incidence of welfare dependence;	• Poorer health;
• Higher levels of family violence;	• Higher rates of infectious disease such as tuberculosis and AIDS;
• Higher crime rates;	• Higher rates of respiratory diseases; and
• Three times the preventable disability rate;	• Heart disease and cancer.

Table 2. Factors that increase the likelihood of trauma exposure in Aboriginal populations compared with the general population. Adapted from Northwest LHIN, (2009), *Integrated health services plan 2010-2013,* Local Health Integration Network report, Thunder Bay, ON, p. 33. Retrieved from: http://www.childrenscentre.ca/Resources/Articles/LHIN%20Health%20Services%20Plan%202010-2013.pdf

- individual and continues to affect subsequent generations.
- Intergenerational trauma occurs when trauma is not resolved, subsequently internalized, and passed from one generation to the next.
- Present trauma is what vulnerability today's youth are experiencing on a daily basis. (slide 6)

Söchting, Corrado, Cohen, Ley, and Brasfield (2007) have observed that "layers of trauma" may exist for some Aboriginal residential school survivors and Aboriginal survivors of childhood abuse (p. 325). They contend that adopting a complex post-traumatic stress disorder (PTSD) framework when working with Aboriginal mental health and substance use clients would take into account these layers of trauma, and better address the potential long-term consequences of complex trauma histories (p. 325). Further, Wemigwans (2014), discusses complex PTSD among Aboriginals as a direct result of historic trauma transmission (HTT), a "cumulative wave of trauma and grief that have not been resolved within the Aboriginal psyche and have become deeply embedded in the collective memory of the Aboriginal people" (slides 6-7). Linklater

(2012), specifies a distinct form of Aboriginal trauma directly resulting from European colonization of North America (p. 30). She asserts that although most approaches to trauma are based on Western medical models, there are helpful Indigenous approaches to treating trauma that mainstream practitioners are starting to recognize (p. 207). Linklater discusses "decolonizing" trauma work, but in a way that equips service providers with a broader framework which includes Indigenous practices and strategies, and recognizes the resilience of Aboriginal peoples (p. 243).

Rupert Ross, a former assistant Crown attorney in Kenora District, has written extensively on the trauma experienced by the Aboriginal population in the area and how that links to the high percentage of Aboriginal individuals in the justice system (Ross, 2006, 2008, 2010, 2014). The impact of colonization and intergenerational trauma in Northwestern Ontario has resulted in "gross substance abuse, despair, family breakdown, interpersonal violence, hopelessness, violence, and sexual abuse" (Ross, 2008, p. 33). Ross (2014) warns that healing approaches should not further "colonize," Aboriginal people and suggests that healing can only happen within a context of traditional Aboriginal teachings (p. 181). Fast and Collin-Vézina (2010) conducted a literature review of the various trauma responses by indigenous populations to historical government policies that sought assimilation, mainly in the United States. They concluded that parallels exist between the Canadian and American experience, and that "self-government and a connection to culture and spirituality" result in better resiliency and outcomes for Aboriginal populations who have experienced historical and cultural trauma (p. 126). In Canada, colonizing events such as residential schools and the "Sixties Scoop," where mass removal of Aboriginal children to non-Aboriginal caregivers far from their home communities occurred during the 1960's and 1970's, has further perpetuated inter-generational trauma transmission (Roy, 2014, p.10; Bombay, Matheson & Anisman, 2009, p. 7, 2014, p. 331). These events contributed to the over-representation of Aboriginal populations in Canadian justice systems that began in the 1990's and continues to be seen today (Roy, 2014, p. 10; Rankin & Winsa, 2013b, paras. 3-6).

4.4 Trauma and the Justice System

There is mounting evidence that trauma experience is linked to mental health and addictions issues, and that trauma-informed approaches can assist those who are impacted (British Columbia Centre for Excellence in Women's Health, 2010, p. 17). In the past 15 years or so, knowledge about the impacts of trauma on mental health and behaviour has emerged, and attempts have been made to incorporate this knowledge into youth criminal justice systems (Ford, Chapman, Hawke, and Albert, 2007, p. 3). Those individuals whose trauma is not recognized are at risk of becoming involved with the justice system, and may not receive appropriate care or understanding from service providers (Ad Hoc Working Group on Women, Mental Health, Mental Illness and Addictions, 2009, para. 9). Wolpaw and Ford (2004) estimate that trauma exposure in

youth justice populations are much higher than in general youth populations, and that youth justice populations are typically underserved in terms of mental health and substance use (p. 6). Examining data from Toronto and British Columbia, Rankin and Winsa (2013a) report that while less than 1% of the general youth population are diagnosed with PTSD, 25% of youth in custody display PTSD symptoms (para. 34). Ford, Chapman, Hawke, and Albert (2007), report that among American youth, symptoms of PTSD are up to eight times higher in the juvenile justice population than the general youth population (p. 2). Further, Ford (2013) links behaviours like aggression, impulsivity, risk taking, emotional numbing, and depression with past or current exposure to complex trauma, and observes that these behaviours are common among juvenile justice populations (slide 15).

Also from the United States, *The Report of the Attorney General's National Task Force on Children Exposed to Violence* (2012), stressed that juvenile justice systems must move away from punitive solutions and embrace a more trauma-informed approach at all levels of the system (p. 174). The need for system-level education on trauma-informed approaches extends from program staff, to attorneys, the judiciary, and probation and law enforcement officers (U.S Department of Justice, 2012, pp. 175-176). The *Report* offers nine recommendations related to at-risk and justice-involved youth that are outlined in Table 3, with the first recommendation to make trauma-informed screening, assessment, and care the standard in juvenile justice services. Although not all of the recommendations are directly relevant to the Canadian youth justice system, they work towards the common objective to eradicate violence against children as stated in the report's conclusion:

> We can protect and heal our children from exposure to violence by mobilizing resources that currently exist but are not sufficiently organized and accessible. Steps must be taken nationally, regionally, and locally to inform and support every teacher, healthcare professional, police officer, judge, attorney, social worker, clergyperson, therapist, advocate, and paraprofessional who serves and guides children and their families to implement effective policies, practices, and procedures to protect and heal children exposed to violence.
>
> Children and families in tribal communities, and others in rural or urban settings who live with poverty or discrimination because of their race, culture or language, sexual orientation, or mental or physical disabilities, have experienced decades and generations of exposure to violence and extreme psychological trauma. They require special attention, and they must receive it. We must take steps politically, economically, and socially to restore these communities and their children and families from the chronic and debilitating exposure to violence they face every day. (U.S. Department of Justice, 2012, pp. 205-206)

Recommendations from *The Report of the Attorney General's National Task Force on Children Exposed to Violence*
1. Make trauma-informed screening, assessment, and care the standard in juvenile justice services. 2. Abandon juvenile justice correctional practices that traumatize children and further reduce their opportunities to become productive members of society. 3. Provide juvenile justice services appropriate to children's ethnocultural background that are based on an assessment of each violence-exposed child's individual needs. 4. Provide care and services to address the special circumstances and needs of girls in the juvenile justice system. 5. Provide care and services to address the special circumstances and needs of LGBTQ (lesbian, gay, bisexual, transgender, and questioning) youth in the juvenile justice system. 6. Develop and implement policies in every school system across the country that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and ultimately drive children into the juvenile justice system. 7. Guarantee that all violence-exposed children accused of a crime have legal representation. 8. Help, do not punish, child victims of sex trafficking. 9. Whenever possible, prosecute young offenders in the juvenile justice system instead of transferring their cases to adult courts.

Table 3. Recommendations from *The Report of the Attorney General's National Task Force on Children Exposed to Violence.* From U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, (2012). *Report of the Attorney General's National Task Force on children exposed to violence,* pp. 176-189. Retrieved from: https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

The *Report* (2012) stresses that everyone involved with justice-involved youth needs an understanding of the ACE study, what that data means for children exposed to violence, and to incorporate this knowledge and corresponding trauma-informed approaches into every aspect of both the juvenile and adult justice systems (U.S. Department of Justice, pp. 173-174).

4.5 Summary of Findings

Trauma has much broader definition and is more common than was thought in previous decades. Justice-involved youth report more trauma exposure than general youth populations, which could result in reduced mental and behavioural health, and

increased substance use for this population. Aboriginal trauma is a distinct form of complex trauma in that trauma experienced by one generation can be transmitted to later generations and perpetuate negative mental and behavioural health outcomes. Further, Aboriginal populations are over-represented in the justice system and at higher risk for trauma exposure. Trauma-informed care for Aboriginal populations should incorporate traditional and cultural healing methods, and be mindful of practices or policies that could be considered "colonizing" by Aboriginal clients. The *Report of the Attorney General's Task Force* (2012) recommends that all aspects of the American youth justice system become more trauma-informed, and incorporate trauma screening, assessment, and care into the system. Important players in youth justice systems include judges, attorneys, law enforcement and probation officers, and detention facilities, but for a comprehensive system change to take effect, other partners such as, mental health and addictions agencies, education, primary care agencies, community services providers, adult justice partners, and governments and governing bodies must also be involved and aware of the impacts of trauma. Moving towards a more trauma-informed system is a logical step to try to improve mental and behavioural health, and substance use outcomes for justice-involved youth.

SECTION 5 – CROSS-JURISDICTIONAL SCAN OF TRAUMA-INFORMED SERVICES AND SYSTEMS

The purpose of the cross-jurisdictional scan was to find examples of how trauma-informed services have been developed in a coordinated way at varying levels of organizational structure. There are examples at the agency level, the provincial government level in certain Canadian jurisdictions, and the national/federal level in other countries. The first part of the section identifies what trauma-informed systems and services are and are not, and summarizes general guidelines for creating such systems. The second part looks at examples of systems and services from Canadian jurisdictions. The final part of the section examines system-level approaches to trauma-informed practices undertaken in the United States and Australia.

5.1 Trauma-Informed Systems and Services

A trauma-informed approach differs from trauma-specific interventions. Trauma-specific interventions are treatment-focused programs designed to lessen the impacts or symptoms of traumatic experiences on an individual. A trauma-informed approach is a *way of being* that facilitates identification of trauma responses in clients and service providers, and is used to ensure clients are cared for appropriately without causing retraumatization (Poole, 2009, para. 9). Trauma-specific clinical interventions can augment trauma-informed care, but you can develop trauma-informed agencies or systems without them. Table 4 outlines Harris and Fallot's (2009) key domains to consider when designing an agency culture of trauma-informed care (pp. 6-16). Of the six domains, only one sub-domain mentions trauma-specific clinical interventions. More consideration is given to having procedures and policies in place that are consistent with their five guiding principles of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment . These principles apply to both clients and employees. Also key is administrative level support for trauma-informed practice and education, and human resources practices that support trauma-related concerns. In a classic text, Harris and Fallot (2001) stress the importance of maintaining a shared philosophy of trauma among partners:

> Certainly an administrative commitment to change, the adoption of universal screening practices, training and education for staff, sensitive hiring practices, and a review of policies and procedures assist a system in becoming trauma-informed. But true change occurs when the people who make up the system share a philosophy about trauma, services and the service relationship, and consumers that reflects a sensitivity to trauma and its importance in the lives of men and women who seek services. (p. 10)

They feel this shared philosophy about trauma among staff, clients, and administration, is the foundational piece necessary on which to build a trauma-informed service system.

Key domains to be considered when designing cultures of trauma-informed care	
Domain	Key questions
Domain 1 Program procedures and settings	To what extent are program activities and settings for clients and staff consistent with five guiding principles of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment?
Domain 2 Formal services policies	To what extent do the formal policies of the program reflect an understanding of trauma survivors' needs, strengths, and challenges? Of staff needs? Are these policies monitored and implemented consistently?
Domain 3 Trauma screening, assessment, service planning, and trauma-specific services	To what extent does the program have a consistent way to identify individuals who have been exposed to trauma, to conduct appropriate follow-up assessments, to include trauma-related information in planning services with the client, and to provide access to effective and affordable trauma-specific services?
Domain 4 Administrative support for program-wide trauma-informed services	To what extent do program or agency administrators support the integration of knowledge about violence and abuse into all program practices?
Domain 5 Staff trauma training and education	To what extent have all staff members received appropriate training in trauma and its implications in their work?
Domain 6 Human resources practices	To what extent are trauma-related concerns part of the hiring and performance review process?

Table 4. Key domains to consider when designing cultures of trauma informed care. Adapted from Harris, M. and Fallot, R. D., (2009, July), *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol*, pp. 6-15. Retrieved from: https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf

While there are Canadian jurisdictions that recognize the impacts of trauma, Canada lags behind the U.S. and other countries in recognizing the need to address these impacts at a systems or national level (C. Matthews, personal communication, September 29, 2014). Two policy briefs from American institutes, one by the National Child Traumatic Stress Network (Ko, 2007) and other by The Justice Policy Institute (Adams, 2010), advocate for trauma-informed child serving systems. The NCTSN promotes increasing knowledge about and integration of trauma information into service systems, increasing screening and identification of children affected by trauma through education of front-line workers and administrators, and improving collaboration between service system providers across sectors (Ko, 2007, p. 6). The Justice Policy Institute cites that many family and youth justice court judges are not aware of current scientific knowledge on the psychological and behavioural impacts of trauma on children, and that a majority have not had any formal training on trauma (Adams, 2010, p. 4). Further, the JPI asserts that any human services professional who comes in contact with children or youth through their work should be considered for training and education in trauma-informed practice (Adams, 2010, p. 9). The Substance Abuse and Mental Health Service Administration website (SAMHSA, 2012b), a U.S. resource that provides information on trauma-informed services for the justice sector and funds the NCTSN, defines a trauma-informed youth justice approach as including the following components:

- Realizing the prevalence of trauma;
- Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and,
- Responding by putting this knowledge into practice. (para. 2)

Some of the Canadian jurisdictions which are developing coordinated approaches to trauma are highlighted next.

5.2 Canada

Information could not be found on a justice jurisdiction in Canada that has taken a coordinated approach to developing a trauma-informed system. This does not mean that there is not one in existence, but that one did not reveal itself using the phrases from literature review. It is also possible that a trauma-informed justice jurisdiction may exist but does not have published information available. This section examines two agencies and three jurisdictions in Canada that have undertaken to develop more trauma-informed services.

Ontario - Trauma resources available but no provincial strategy

The provincial report that followed the *Ontario Youth Screening Project* recommends that youth mental health screening incorporate trauma identification and capacity-

building for trauma-informed care across systems (Henderson & Chaim, 2014, p. 72). However, at this time there is not a coordinated provincial level effort in Ontario to incorporate trauma-informed policies and practices into human services systems. The Jean Tweed Centre in Toronto is a community-based substance use, mental health, and problem gambling agency for women including those involved with the criminal justice system (Jean Tweed Centre, 2014, para. 2). They are one example of an agency that is committed to trauma-informed practice and education. The Jean Tweed Centre has published a comprehensive volume on trauma-informed approaches to women's substance use services, which includes guidelines on trauma-informed services and practices, supporting staff, trauma-informed organizational practices, and system-level practices (Jean Tweed Centre, 2013).

The Centre for Addiction and Mental Health (CAMH) is also located in Toronto, and they too have published a guide on becoming trauma-informed aimed at front-line mental health and addictions workers (Poole & Greaves, 2012). The edited volume is divided into sections that address trauma theory, trauma-specific clinical interventions, trauma-informed care for diverse groups and settings, and changing the system through education and innovation. As part of the diverse groups section, intergenerational trauma-informed care for Aboriginal clients is discussed. The author asserts that only in the past two decades has the cumulative effect of historical public policy that has "disadvantaged and isolated Aboriginal families and communities continue to have ripple effects," been acknowledged (Menzies, 2012, p. 175). Other diverse groups in the book include clients with developmental disabilities, refugees, women and girls, youth with FASD (fetal alcohol spectrum disorders), and men who have experienced trauma.

Manitoba – Extensive trauma resources and comprehensive provincial strategy

Manitoba is an example of a Canadian jurisdiction that has a provincial trauma strategy. The Manitoba Trauma Information and Education Centre was established and funded by the provincial government following recommendations from the 2007 Manitoba Provincial Forum on Trauma Recovery (MTIEC, 2014b, para. 1). The MTIEC is the only resource centre in Canada solely dedicated to the promotion of trauma-informed practices for human service systems (MTIEC, 2014a, para. 5). Over 300 participants from all regions of Manitoba attended the forum, including representatives from primary health care, mental health, persons with lived experience, community agencies academics, and government (Proulx & Nighswander, 2007, p. 7). The forum report contains a key recommendation: involvement of the provincial and federal governments in implementing the other recommendations aimed at improving trauma response in the province (Proulx & Nighswander, 2007, p. 8).

The MTIEC website provides resources on trauma-informed care, the down-loadable *Trauma Toolkit* (Klinic Community Health Centre, 2013) which is a comprehensive guide for service providers and agencies wanting to become more trauma-informed,

workshops and webinars, an organizational self-assessment checklist, links to the Manitoba and Canadian Trauma-Informed Collaboratives, and an online community-of-practice (MTIEC, 2014b). A second provincial forum on trauma was held in November 2014 with a report on recommendations for future direction to be available on the MTIEC website in mid-2015 (MTIEC, 2014a, para. 1).

British Columbia – Provincial resource guide on implementing trauma-informed approaches

In the province of British Columbia, several resources have been developed with the goal of increasing trauma-informed approaches in women's health, and mental health and substance use organizations. The British Columbia Centre for Excellence in Women's Health [BCCEWH] (2010) completed an environmental scan of trauma-informed approaches to woman's health in Canada (British Columbia Centre for Excellence in Women's Health, 2010, p.4). Their work resulted in an online resource that provides information on the history of trauma-informed care, recent research linking mental health, substance use, and trauma, and developing and implementing trauma-informed practices and services into the workplace (BCCEWH, 2013b). Figure 8 is a visual representation of the connections between trauma and women's substance use, mental health, and violence, taken from the BCCEWH web resource.

Figure 8. Making the links between substance use, mental health, and trauma. From British Columbia Centre for Excellence in Women's Health. (2013a). *Background on the connections*. Retrieved from: http://coalescing-vc.org/virtualLearning/section1/connecting-substance-use/default.htm

Trauma is located in the middle of the diagram, indicating that it is often the central component when substance use, mental ill health, or violence presents in an individual. Issues that could further exacerbate trauma response encircle the central part of the

diagram. Information such as that found in the diagram are a resource to help people understand that trauma exposure needs to be considered as a contributing factor when providing mental health and substance use services for clients.

The BC Provincial Mental Health and Substance Use Planning Council [BC Provincial MHSUPC] (2013) also produced a resource guide on implementing trauma informed practices, *The Trauma Informed Practice Guide*. The guide is endorsed by several provincial ministries and organizations, including the BC Ministries of Health and Children and Family Development, the BC Health Authorities, and the BC Centre for Excellence in Women's Health (BC Provincial MHSUPC, 2013, p. 4). Practical strategies on how to implement trauma-informed practices are found in the appendices. It is noted in the guide that while there is much empirical research on trauma and its impacts, research on the implementation of trauma-informed practice is lacking (BC Provincial MHSUPC, 2013, p. 4). The guide stresses the need for trauma-informed practice to be implemented at the practitioner, agency, and system levels (BC Provincial MHSUPC, 2013, p. 5). Both of these British Columbia projects were completed with financial assistance from Health Canada (BCCEWH, 2010, p.2; BC Provincial MHSUPC, 2013, p. ii).

Nova Scotia – Provincially-funded trauma-informed network

The Nova Scotia Trauma Informed Network [NSTIN] was founded in 2014 and is funded by the Nova Scotia provincial government (MacDonald & Fisher, 2015, slide 7). NSTIN is committed to

> "…supporting increased access to existing services in the province in response to *individual, inter-personal, and social/structural experience of violence,* across contexts of geography, culture, ability, age, gender, and social/sexual diversity, by supporting all access sites for child, youth, adult, and family services in the Province in becoming Trauma Informed…". (NSTIN, 2013, para. 1)

The focus on trauma-informed practice is not sector specific and extends across human services offered in the province. NSTIN was asked by the Public Health Agency of Canada, Atlantic Region, to develop a two-day workshop to assist practitioners, agencies, and governments who wish to transition towards a trauma-informed paradigm (MacDonald & Fisher, 2015, slide 7).

Another report commissioned by the Province of Nova Scotia looked at mental health and substance use services for children and youth in Halifax (Davidson & Coniglio, 2013, p. 1). The first recommendation out of the report was full implementation of trauma treatment and trauma-informed care, including a specific reference in that recommendation to mental health and addictions screening for justice-involved youth in Halifax (Davidson & Coniglio, 2013, p. 27).

5.3 Jurisdictions Outside of Canada

The United States and Australia have approached trauma-informed practice at a national level. These jurisdictions have developed resource materials to help facilitate the development of trauma-informed social systems across their countries.

United States – Extensive federally-backed trauma and justice resources

United States Congress created the National Child Traumatic Stress Network [NCTSN] in 2000 with the goal of improving identification and access to services for trauma-affected children and youth (Adams, 2010, p. 6). NCTSN is a collaboration of frontline service providers, researchers, and those with lived experience, and it reports that traumatic stress in youth is associated with increased use of mental health services and involvement in the child welfare and justice systems (NCTSN, n.d. a, para. 7). The NCTSN has a webpage dedicated to the juvenile justice system with resources for justice and mental health professionals, and trauma resources specifically for attorneys and judges (NCTSN, n.d. b). The webpage contains links to 25 briefs in a series entitled Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems. Each brief title in the series and access links can be found in Appendix 4. Topics for juvenile justice and mental health professionals include trauma-informed assessment, the role of family engagement, cross-sectoral collaboration, trauma among girls, testifying in court, and victimization and juvenile offending. There is also a four-module training course on creating a trauma-informed system of care in residential detention settings (NCTSN, n.d. b, paras. 16-17). Resources for judges and attorneys include a bench card for the "trauma-informed judge", and briefs on birth parents with trauma histories in the child welfare system, and helping traumatized children.

The NCTSN is funded by another federal trauma-focused organization, the Substance Abuse and Mental Health Services Administration [SAMHSA]. Other SAMHSA-funded initiatives are the National Center for Trauma-Informed Care and the GAINS Center dedicated to better serving people in the justice system who have concurrent mental health and substance use issues (SAMHSA, 2014a, "What we are doing"). In addition to providing resources on understanding trauma and trauma-informed practice on the website, SAMSHA has published a comprehensive literature review on trauma, its treatment, and building a trauma-informed workforce (U.S. Department of Health and Human Services, 2014), and sponsored a guide that examines different models for creating trauma-informed behavioural health systems (Jennings, 2007).

There are an increasing number of states that are "taking significant steps toward integrating knowledge about trauma into existing services and developing and/or implementing new 'trauma-specific' services" (Jennings, 2007, p. 13). At least 11 states have tried such implementation, however, maintenance or expansion of the system change is often limited due to budget (Adams, 2010, p. 6). The National Council for Behavioral Health State Associations of Addiction Services considers trauma-informed

behavioral health care a best practice (National Council for Behavioral Health, 2014). Other state examples include trauma-informed web resources available in Maine, Alameda County in California, and Pennsylvania (Perez, 2011; Alameda County Trauma Informed Care, n.d.; Hodas, 2006). Further, the *Report of the Attorney General's Task Force* (2012) recommends incorporating trauma-informed principle requirements in all federal granting applications (U.S. Department of Justice, p. 41).

Australia – Government-funded trauma research and policy advice

The Australian Centre for Posttraumatic Mental Health, a national not-for-profit organization supported by the Australian government, conducts trauma research, trauma policy advice, and provides resources for practitioners working with trauma-affected clients (University of Melbourne, 2014). The Australian government has also published a report on trauma-informed services for Indigenous Australian children (Atkinson, 2013). The report acknowledges that colonization and historical policies have contributed to inter-generational and complex trauma in Indigenous populations, and recommends trauma-informed service delivery (Atkinson, 2013, p. 1).

Adults Surviving Child Abuse [ASCA] provides nationwide support for survivors of childhood abuse, in addition to advocating for trauma-informed services and practices across Australia (ASCA, 2015c, para. 1). Their website has numerous resources including videos and factsheets for the workforce, primary care practitioners, survivors, health professionals, and family and friends of survivors (ASCA, 2015a, "ASCA Video Series"). With financial support from Australia's Federal Department of Health and Ageing, ASCA has published *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery* (ASCA, 2015b, para. 3).

5.4 Summary of Findings

A trauma-informed approach differs from trauma-specific clinical interventions. To be trauma-informed, a workplace should have procedures and policies in place to support the five guiding principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment. These principles also must be supported at the administrative level. There are Canadian sectors and jurisdictions that have taken a coordinated approach to developing trauma-informed systems, including at a provincial level for all human services in Manitoba and Nova Scotia. Ontario does not have provincial policy or guidelines in place related to trauma-informed services or practice. Information could not be found on a justice jurisdiction in Canada that has integrated trauma-informed principles into their work.

In the United States and Australia, trauma-informed resources are sponsored and available at a national level. In the U.S. there are numerous government-funded justice-specific resources for courts, detention facilities, police officers, and other components

of the juvenile justice system. Many states have implemented trauma-informed principles into their systems but often have difficulty maintaining or disseminating these principles further due to budget constraints. It has been suggested that federal funding bodies make it a requirement to demonstrate how trauma-informed principles will be incorporated in funding applications.

While there are many trauma-informed resources, checklists, and guidelines available, from numerous jurisdictions, there is not a standard trauma-informed model or procedure that could be implemented and evaluated with fidelity. There is also a lack of empirical studies that report on the effectiveness or outcomes of trauma-informed practice.

SECTION 6 – SUMMARY OF INTERVIEW FINDINGS

The purpose of the key informant interviews was to identify key sectors and key stakeholders of the KRR youth justice system, and:

- Investigate their level of familiarity with trauma as a condition,
- Investigate the present capacity and resources to address the challenge of becoming more trauma-informed, and
- Identify how to move forward on a collaborative basis as part of a more coordinated approach.

The interviews were conducted with 14 individuals who represented the youth justice sector, the youth mental health and/or addictions sector, and the Aboriginal youth justice and/or youth mental health and additions sector. Interviewees were from both the Kenora and Rainy River districts and all were members of the KRR Youth Justice Service Collaborative. Themes that emerged from the interviews are outlined next.

6.1 Trauma Has a History in Kenora Rainy River

Interviewees described seeing a great deal of trauma experienced by justice-involved youth. Since so much of the trauma is generational a need to work with families was identified. Trauma in the KRR regions was described as unique because in some instances entire communities are unhealthy existing in almost third world conditions. People noted that trauma impacts the mental health and coping behaviours of youth, resulting in extremes of internal and external behavioural issues. Service providers have to be ready to face youth who have been exposed to trauma as the potential is always there. It was observed that trauma impacts every social system, not just justice, but that layers of trauma are pervasive in the justice system. One participant suggested that you cannot understand how youth got into justice system without understanding the abuses they have seen and suffered: *"They are the message that their environment sends."*

6.2 The Current Youth Justice System is Trauma-Aware, not Trauma-Informed

Some participants noted that they had not heard term "trauma-informed" before the Service Collaborative. Most felt there were pockets in the system that were trauma-informed, and advocates in certain programs. Some observed that trauma-specific training was occasionally offered, for example PTSD training, but that to be trauma-informed you have to incorporate that lens all the time. It was generally agreed that the counselling and mental health side of the system was more trauma-aware, and that justice side was not very aware at all, with the police and court sectors most frequently identified. It was noted that any emergency response service, whether police or child welfare, might be less-informed as their priority is to manage immediate problems or

safety issues. Provincial ministries were thought not to be well-informed about trauma at all, and the same was observed about the broader community. Many participants noted a need to be more trauma-informed from front-line workers to policy makers, and that all sectors be better-informed, especially about historical trauma: *"When we start assuming every kid that walks through our door could have trauma we will be better off. Not every youth is coming at us with a trauma background, but you have to assume they could be and be informed and ready to deal with it."*

6.3 Workers are Impacted by Vicarious Trauma Exposure

So much trauma exposure causes workers to get desensitized to it and the sense of urgency gets lost. Participants commented that workers can almost get accepting and normalize the trauma and the symptoms. It was noted that many first responders like police, jail guards, health care workers, are most vulnerable to being impacted by vicarious trauma. Workers can retreat to correctionalized thinking to protect themselves if they do not know the signs of trauma exposure. Many interviewees felt that supervisors need to support and care for staff, and that there was a need for more training in self-care. One person called it dangerous that some staff are not aware of how vicarious trauma can impact them: *"If we were all trauma-informed and had proper coping skills in place, there would not be vicarious trauma."*

6.4 Service Providers Work with a High Percentage of Aboriginal Clients

Participants estimated their Aboriginal clients to be between 75-90% of their total caseloads (with one estimate at 50%). Most believed their agency provided culturally-appropriate services, but also that these services were not usually core to the programming. It was felt that cultural programming cannot be an addendum, and needs to be better integrated into agencies in a holistic way, for example, all agencies should have a dedicated cultural coordinator. It was suggested that cultural services were not being provided at a level that is possible and that agencies could improve and do more. It was also noted by several participants that "culturally appropriate" was very specific to each client. One observation was that language can be a big barrier and it is sometimes easier for youth to address trauma if they can talk about in their own language. And further, that sometimes our own systems create the trauma that the youth experience, and not just justice system, but all systems.

6.5 The System is Ready to Become More Trauma-Informed

Interviewees believe there is enough capacity and involvement from different players in different agencies to become more trauma-informed, and that there are people in the system who can be champions for trauma-informed practice. It was noticed that people in the region are actually using the term trauma-informed. It was also observed that not only is the ministerial mindset shifting to allow for more regional say in local planning,

but there is also a shift away from the enforcement mindset happening at the corporate level. However, it was also stated that while a majority of agencies are ready, ministries need to get on board with a funding model based on community needs. Further, that mainstream and Aboriginal service providers have to collaborate for a shift to happen. It was felt that this collaboration is done well at the frontline but not so well further up in agencies. It was observed that the Service Collaborative is allowing the KRR youth justice system to become more trauma-informed and it is a good time for it. Attendance and feedback from the Service Collaborative trauma workshops held to date were provided as proof of this: *"I haven't met anyone who has participated in trauma training who isn't hooked."*

6.6 There are Local Successes to Leverage

The Service Collaborative itself was noted as a success to leverage because it draws people to the table from all justice sectors. Many participants also suggested leveraging practitioners in the system with experience and knowledge of trauma-informed philosophy. Most also felt it important that going forward there were people "helming the boat." There was a suggestion that the Service Collaborative leverage the shift towards youth justice and child welfare working together. A majority of participants stated it was important to partner with other initiatives, such as the Mental Health and Addictions Task Force, city councils, business councils, and Human Service and Justice Coordinating Committees, so that more people understand that trauma is not a social services issue, but a community issue.

6.7 Local and Ministry-Level Barriers Exist

Several local or regional barriers were identified during the interviews. There was concern expressed about keeping the momentum going and that people may not be prepared to stay the course. Other local barriers that were mentioned were staff turn-over, overcoming the correctional mindset, and overloaded dockets. Regional barriers included needing more access to specialists for kids who have diagnoses and the isolation of remote Northern communities.

At the ministry level, many noted that provincial policies do not specifically reference trauma-informed practice and that education was needed for government. Many participants believed that if there was buy-in from the top of government it would trickle down, and therefore political leadership needed to be informed about trauma. It was also suggested that ministries need to not impede Aboriginal and mainstream service providers from fostering a sense of commonality and purpose. A perceived lack of funding was cited as a concern for many interviewees. Many felt that agencies need to be able to work outside of mandates and that prevention needed to be funded to get it right before kids become adults. Further, that agencies should be able to provide the same services for kids who are high-risk but not adjudicated and help them avoid the

justice system. Although funding was seen as barrier by most, one participant commented: *"Communicate with the Ministry that agencies need more trauma-informed training. This could be engaging in a conversation or in the form of proposals. For example, a service contract could include training hours for trauma-informed training, or a dedicated staff member that provides trauma-informed programming. People may say there isn't funding, but that's not true. You have to know who to talk to and how to get that funding."*

6.8 Suggestions for Moving Forward

The final interview question asked participants to provide further information or recommendations. One suggestion was that the Service Collaborative should determine how this work fits together with other provincial strategies and could align with government priorities. Another was to use metrics to tell the story – believed to be a government priority. A similar suggestion proposed that the Service Collaborative needs to be the advocate for trauma-informed systems and paint the picture so everyone is speaking the same language. One participant thought it was important to recognize the role of poverty in trauma. And finally, it was stressed that moving forward the Service Collaborative must get ideas from the youth themselves.

6.9 Summary of Findings

The interviews revealed information on the perceived current state of trauma-awareness in the KRR youth justice system, and the capacity to move forward towards becoming more trauma-informed. Trauma in the region was described as unique due to the level of trauma in some communities. The coping behaviours of youth in the justice system were thought to reflect this. The current system is more trauma-aware than trauma-informed, with the mental health and counselling sectors more informed than justice sectors. It was agreed that vicarious trauma impacts all workers and they are at risk of "normalizing" trauma if not aware of the signs of trauma exposure. Service providers in the region work with a high percentage of Aboriginal clients, and while most believed they provide culturally appropriate options, it was also thought there is opportunity for better integration of these services.

There is capacity for the system to become more trauma-informed. Local successes like the Service Collaborative and trauma workshops already underway should be leveraged. It will also be important to partner with other initiatives. Concern was expressed that government and policy makers need education about trauma for the work to move forward and to secure funding. Suggestions for moving forward included advocating for trauma-informed policy and using metrics to tell the region's trauma story: *"If we are trying to reduce recidivism and improve mental health, and there is evidence that kids are acting out and self-medicating because of trauma, then the focus needs to be on getting trauma-informed."*

SECTION 7 – DISCUSSION

The Kenora Rainy River Youth Justice Service Collaborative has identified that many justice-involved youth in the region have been negatively impacted by trauma. The Service Collaborative believes that the KRR youth justice system will become more responsive to the needs of justice-involved youth if trauma-informed policies and practices are developed. The Service Collaborative has hosted several trauma workshops over the past year aimed at increasing the understanding of trauma and how it can affect behaviour. They are now at a point where they require a plan to keep the momentum going and move forward with developing a more trauma-informed system, but are unclear as to the best course of action to accomplish this.

The purpose of this research report was to:

- identify key sectors and key stakeholders of the Kenora Rainy River youth justice system and investigate their level of familiarity with trauma as a condition and its various forms and precipitating factors
- investigate the present capacity and resources to address this challenge and move forward on a collaborative basis as part of a more coordinated approach
- explore the literature and other jurisdictions, to identify resources, training, protocols, and policies required to develop a trauma-informed youth justice system
- develop options over the next 3-5 years for the Service Collaborative to move forward with development of a trauma-informed youth justice system, and make a recommendation as to which option(s) should be undertaken first.

An integrated research strategy was used to answer these questions which included a literature review, a cross-jurisdictional scan, and key informant interviews. The first sub-section that follows summarizes the findings from the three lines of evidence. The next sub-section examines the themes found across the lines of evidence. And, the final sub-section discusses the strategic implications of those themes for the Service Collaborative.

7.1 Summary of Findings

A summary of the findings from the literature review, cross-jurisdictional scan, and key informant interviews follows.

The literature review aimed to provide an overview of trauma and its impacts, and factors to consider in developing a trauma-informed youth justice system. Four overarching themes emerged:

1. The understanding that trauma can be triggered by a wide range of experiences;

2. The understanding that trauma experiences are common and are predictors of increased risk of physical and behavioural health problems;
3. The understanding that Aboriginal trauma, inter-generational, historical, and cultural, are distinct forms of trauma;
4. The understanding that trauma-informed practices should be integrated into social systems, including justice systems.

Trauma experience is not only more common than previously thought, youth justice populations report a higher rates of trauma exposure than general youth populations. Further, Aboriginal populations are found to have higher rates of trauma exposure than the overall population, and this trauma can be compounded by the intergenerational, historical, and cultural trauma of Aboriginal peoples. Exposure to complex trauma may explain the over-representation of Aboriginal populations in the justice system. A move towards a more trauma-informed youth justice system should be mindful of integrating traditional and cultural healing methods, and avoid practices that are "re-colonizing", as discussed in Section 4.

The goal of the cross-jurisdictional scan was to find examples of how trauma-informed practice has been integrated in a comprehensive way at various levels of organizational structure. A general discussion of what is meant by a trauma-informed approach was also undertaken. A trauma-informed approach differs from trauma-specific treatment in that it is a philosophy, not a clinical intervention. The five guiding principles of trauma-informed practice are safety, trustworthiness, choice, collaboration, and empowerment. The principles apply to clients and employees, from front-line to administration. A shared philosophy of trauma is thought to be the foundational piece from which to build trauma-informed practice.

Specific examples of integrated approaches to trauma-informed practice were found in Canada, the United States, and Australia. Unlike the United States and Australia, Canada does not have any national trauma strategy or resources. There were provincial examples from Manitoba, British Columbia, and Nova Scotia. While there were agency examples from Ontario, there are not provincial policies or guidelines in place related to trauma-informed practice. The Canadian examples were aimed more so at mental health and/or substance use services, and no specific guidelines for justice agencies or systems were found.

In the United States there are numerous justice-specific trauma resources available. There are states that have integrated trauma-informed principles into their human services systems, but some have had trouble scaling up or even maintaining status quo due to funding problems. While there are several trauma-informed resources and checklists from a variety of jurisdictions, there was not a trauma-informed model discovered that could be implemented "off-the-shelf".

The aim of the interviews was to investigate the current level of knowledge about trauma and its impacts, and identify how to move forward towards a more trauma-informed system in a coordinated fashion. Participants agreed that trauma has an impact on justice-involved youth in Kenora Rainy River, but that service providers are more trauma-aware than trauma-informed. Further, that trauma in the region is unique due to the levels of trauma that exist. Justice-involved Aboriginal youth form a high percentage of clients in the region. It was felt that the justice side of the system needs the most education on trauma, but that governments and the population in general also need to have a better understanding of the impacts of trauma. The KRR youth justice system is ready to become more trauma-informed and the Service Collaborative can provide advocacy and education to achieve this.

7.2 Themes Across Lines of Evidence

Several themes emerged that indicate more education and strategic partnerships are needed if a true paradigm-shift towards trauma-informed practice is to occur. The following themes are explored in more detail below: trauma is common but still misunderstood, Aboriginal trauma must be acknowledged in a trauma-informed justice system, justice partners need to be better-informed about trauma, and practice-policy feedback is needed to secure funding and foster system change.

Trauma is common but its impacts are still not clearly understood

The review of the literature in Section 4, suggests that trauma is a common experience but this still not clearly understood by many. Trauma is often thought of as a psychological issue caused by catastrophic event, or extreme abuse. Further, "trauma-informed" is often thought to mean trauma counselling. Understanding the ACE study and how early childhood trauma exposure is related to negative mental, physical, and behavioural outcomes later in life is key to understanding why trauma-informed practice should be part of all human service systems.

The ACE study and its implications seems to be more widely embraced in the United States, as evidenced by the number of trauma-informed American resources available found the cross-jurisdictional scan in Section 5, and calls for funding proposals to demonstrate trauma-informed principles. Trauma in the United States has been embraced at the policy level and is directed towards many child and adult serving systems, including justice. In Canada, the trend is primarily seen in mental health and addictions systems. The interviews in Section 6 support that this is the case in Kenora Rainy River as the mental health and addictions sectors were believed to be more knowledgeable about trauma.

Aboriginal trauma must be acknowledged in a trauma-informed justice system

Together, Sections 4, 5, and 6 identified the consistent theme that Aboriginal trauma is a distinct form of trauma that needs to be addressed in culturally appropriate ways. In Section 4, the literature suggests that the effects of colonization, destructive government policies, and residential schools still reverberate today. Section 5 identified resources that specifically address Aboriginal and indigenous trauma. While it is clear that trauma-informed practice needs to be culturally appropriate, what is less clear is how that should be accomplished. Section 6, in particular, highlighted that there is no one cultural template that can be adopted by an agency or the system. Cultural appropriateness was acknowledged as highly idiosyncratic. However, better integration of cultural programming in general was recommended by participants in Section 6 for both mainstream and Aboriginal service providers as a means to achieve this.

Justice partners need to be better-informed about trauma and its impacts

Sections 4 and 5 showed that trauma resources for justice professionals in Canada are lacking. The Canadian trauma resources found in Section 5 tend to be directed at mental health, addictions, and child welfare sectors. The interviews in Section 6 corroborate this dichotomy – participants generally felt that the justice sector was much less informed about trauma than social service sectors. Conversely, there were extensive American trauma resources found in Section 5 aimed at justice system professionals. Whether that translates to more trauma-informed justice professionals in the U.S. is unknown, but the resources are at least available and targeted to a justice audience for those who are interested. The findings from Sections 4, 5, and 6 are in agreement that being informed about trauma increases understanding of trauma response, both in clients and workers, such as extremes of externalizing or internalizing behaviours, and substance use. These behaviours can result in increased criminal justice involvement. Justice professionals would be better positioned to assist youth if knowledgeable about trauma response.

Practice-policy feedback is needed to secure funding and change the system

The findings from Section 5 indicate that while trauma-informed practices and policies are important, these must be built on a foundation of shared philosophy about trauma. This foundation should incorporate players from various organizational levels, sectors, governments, and funding bodies. Section 5 also showed that funding needs to be in place for trauma-informed practice to sustain itself. All of the jurisdictions explored in Section 5 had provincial or federal level funding to support their efforts. If the Service Collaborative work is to continue to gain momentum there must be strong support in place from funding bodies, whether government or community-based. In addition, for comprehensive youth justice system change to take effect, players from the justice system, mental health and addictions systems, and other partners such as education,

primary care, and governing bodies must be involved in the process. Partnerships will be critical to ensuring that support for a more trauma-informed system is successful.

7.3 Strategic implications: Building a Stronger Foundation to Move Forward

The interview process identified key stakeholders in the KRR system and the level of familiarity with trauma as condition. It also examined the present capacity of the system to move forward on a collaborative basis. While there is good participation by Service Collaborative member agencies, without buy-in from administrators, policy makers, and funding bodies, the Service Collaborative risks losing momentum and make it difficult to procure funding to continue the work. Metrics are needed to demonstrate the levels of trauma in KRR and youth justice populations. And, although the trauma workshops to date have been well-attended and increased exposure of the Service Collaborative work, there is more foundational work needed to increase the scope of change. The Service Collaborative will have to decide whether to expand education efforts first towards regional agencies, ministries and funding bodies, or both concurrently. And, the Service Collaborative should consider targeting the justice sector at either level. Before choosing, it will need to understand the resource requirements of each option, and how it could impact their scaling up efforts.

The literature review and cross-jurisdictional scan pointed to resources that could be used to develop a more trauma-informed system. Because there is no off-the-shelf model available to implement, different partners may find different resources more appropriate for their agency or sector. American justice resources in particular may need to be adapted for use in the Canadian legal system. Resources also need to integrate Aboriginal perspectives on trauma and healing. Consideration could also be given to incorporating youths' perspectives into these resources. The Service Collaborative will be developing a protocol in the coming year that commits agencies to working together towards better system coordination. They should consider adding an appendix that outlines the strategic direction and timeline of the trauma-informed work.

The findings from this report indicate that true system change will only happen with the cooperation of many interconnected systems players resulting in a paradigm shift towards a more trauma-informed system. Since true system change is such a large undertaking, it makes sense to deal with one aspect to start with. Which aspect and the method chosen to continue the work will impact the level of success. The options presented in the next section will be based on the Service Collaborative building a stronger foundation to move forward from, implementing trauma-informed principles into agencies, and securing funding, as indicated in Figure 9. The strategies outlined will be measured using modified Hexagon Decision Making Tool criteria: need, fit, resource availability, evidence, readiness for replication, and capacity to implement (Blase, Kiser, & Van Dyke, 2013, p. 3) to develop a recommendation for the Service Collaborative.

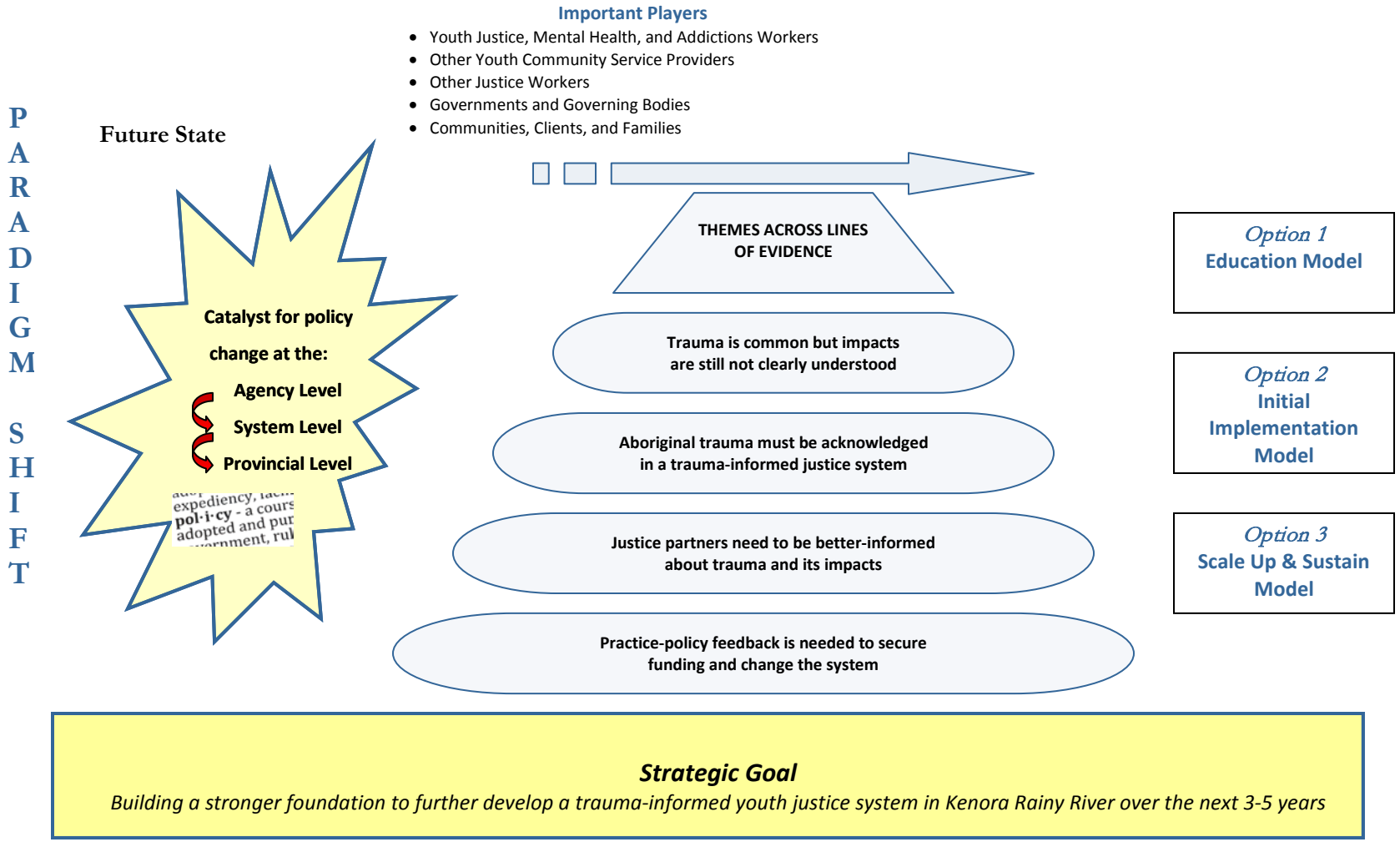

Figure 9. Moving towards a trauma-informed youth justice system. Developed by G. Clark (2015), of the Centre for Addiction and Mental Health. Unpublished document.

SECTION 8 – OPTIONS AND RECOMMENDATIONS

This section presents three options for the Kenora Rainy River Youth Justice Service Collaborative to move forward with developing a more trauma-informed youth justice system. The options are based on the strategic implications identified in the literature review, the cross-jurisdictional scan, and the interviews:

1. Educate and advocate for trauma-informed practice at the local/regional levels.
2. Implement trauma-informed practices into Service Collaborative agencies.
3. Scale-up and secure sustained funding from government and funding bodies to sustain trauma-informed practice.

In the first two parts of this section, each option is summarized and then compared against the following criteria:

- **Need** - refers to whether the option addresses an identified system need. The scale and level of impact should be considered, and if it impacts youth, families, frontline staff, and communities
- **Fit** - refers to whether the option aligns with community values and organizational structures, if the timing is right, and if the option considers Aboriginal and youth population engagement
- **Resource availability** – refers to whether there is staffing, training, technology, coaching and supervision, and administrative and system supports for the option
- **Evidence** – refers to whether there is evidence that the option results in successful outcomes for various stakeholders
- **Readiness for replication** – refers to whether the option has expertise available, opportunities to learn from other communities, implementation components that increase success
- **Capacity to implement** – refers to whether the Service Collaborative has capacity to implement each option (i.e., sustainability, community consensus and commitment, and appropriate consultations and approvals?).

The criteria are a PSSP adapted version of Blase, Kiser, & Van Dyke's (2013) Hexagon Tool for evaluating interventions (p. 5). Though the tool was created as part of the implementation science framework to evaluate evidence-based or evidence-informed interventions, the categories will help measure the options presented in this report. The Service Collaborative has used the modified Hexagon Tool and they are familiar with the criteria. The criteria will help systematically analyze the options and determine which option is most likely to be implemented successfully by the Service Collaborative. The next part offers a recommendation for the Service Collaborative to consider. The final part provides an implementation strategy for the recommendation.

8.1 Options

Option 1 – Education: Educate and advocate regionally

This option is based on the requirement for more buy-in and a bigger base of trauma-informed champions to propel the Service Collaborative work forward. Service Collaborative partners are becoming trauma-aware through the work already done, but youth justice partners outside of the Collaborative are needed to shift the system regionally. At present, most members of the Service Collaborative are from the Kenora and Fort Frances areas. Efforts could be focused in other regional communities, including engaging with remote Northern communities. As well, education should target the justice sectors to get them as informed as other partners. The Service Collaborative could consider running an advertising campaign using various forms of media, radio, newspaper, internet, billboard/posters, to bring awareness to the public on the impacts of trauma. The Service Collaborative should also consider partnering with other community-based and regional networks to get the trauma message out. Strategies could include presentations, hosting more trauma workshops, and disseminating information on trauma resources.

Resources will be required to fund advertising efforts and host workshops. If the Service Collaborative were to pursue this option, they should consider hosting an information session aimed the administrative/policy level in agencies first. Doing so could increase the possibility that agencies would approve staff involvement for further trauma advocacy, by providing funds or staff time and travel. The evidence supports that having a shared philosophy about trauma increases the probability of successful change (Harris & Fallot, 2001, p. 10).

The Service Collaborative should be mindful that certain agencies or sectors may not be receptive to a trauma-informed model, or due to fiscal, staffing, or other restraints, may not be able to attend workshops or other educational endeavours. Also, as the Service Collaborative is still in the early stages of system transformation, they do not have a model that is easily replicated by new partners. The capacity to implement the education model exists if there is enough commitment of time and financial resources by active Service Collaborative partners at the outset. Finally, the Service Collaborative would need to schedule initial planning meetings to decide which agencies, sectors, or geographic areas to target, and in which order.

Option 2 – Initial Implementation: Implement trauma-informed practice in Service Collaborative agencies

This option is based on the need for trauma-informed practices and policies to start being implemented at the frontline agency level. The Service Collaborative could review existing resources to determine if there is one that fits the needs of most agencies, or

find resources appropriate for different sectors and distribute to agencies. A starting point could be the five principles of trauma-informed care and the key domains to consider discussed in Section 5. The implementation model could form part of the Service Collaborative protocol that is to be developed in 2015. The Service Collaborative could consider adding an appendix to the protocol that outlines the strategic direction and timeline of the trauma-informed practice implementation. The advantage of adding a strategic trauma framework is that PSSP support would still be available to assist with identifying appropriate resources during protocol development. In addition, the protocol is being developed with the aim of keeping agencies accountable and commit to working together in a coordinated fashion. If part of the protocol, implementation of the strategic framework could be included in PSSP's evaluation of agency outcomes as which part of the support provided to Service Collaboratives.

A first step to consider would be to choose one of the trauma-informed checklists and determine the current state of each agency. Once resources are agreed upon, they should be adapted if necessary to ensure Aboriginal and youth perspectives are incorporated before being implemented. The same is true for justice resources that need to be adapted for the Canadian legal system. The revision and approval process would have to be factored into the implementation timeline. In addition, approvals would be needed from agency administration prior to implementing any changes in practice. The actual implementation of the resources would require more time and a person dedicated from each agency to oversee the process. There is the risk that once PSSP support is reduced, that the transformation to trauma-informed practice is relegated to an off-the-side-of-the-desk project if agencies are unwilling to commit a dedicated overseer.

If the Service Collaborative were to adopt this option, costs would likely be minimal to the Service Collaborative itself, but agencies may incur costs depending on changes implemented. It also may be difficult for some agencies to adopt trauma-informed principles unless mandated to do so. If the implementation process is successful it could be replicated throughout the region beyond active Service Collaborative agencies.

Option 3 – Scale Up and Sustain: Secure funding from ministries and funding bodies

This option focuses on securing funding from government and other funding bodies such as granting agencies to scale up the trauma-informed work. The Service Collaborative could prepare a collective request for funding from granting bodies. Or, take a coordinated approach and submit proposals to Ministries and government funders to provide training for trauma-informed practice or fund a dedicated staff member to provide trauma-informed programming. The Service Collaborative will increase the chances of obtaining government funding if they can demonstrate the need for trauma-informed practice through metrics. They should consider ACE scores as a way to communicate to government with statistics that trauma-informed training is

needed. A strategy would need to be developed to determine how best to collect ACE scores, whom to target, and how this information would be communicated.

If the Service Collaborative were successful in convincing governments of the need for trauma-informed systems, they should consider lobbying for mandated trauma-informed policies in all human services, or for the government to develop a provincial trauma strategy. With enough financial support, the Service Collaborative could organize and host a trauma forum similar to those held in Manitoba. Another option is to obtain funding to develop trauma resources specific to Northwestern Ontario and/or justice sectors. The Service Collaborative could try to obtain funding through provincial ministries, or investigate funding from Health Canada as they have already sponsored trauma work in British Columbia.

The Service Collaborative should expect that any funding increases or government policy change to be incremental in nature. It is likely that the process of convincing government of the need for trauma-informed practice will be a lengthy one. Collecting and communicating ACE scores will take time. In addition, the KRR district of the province has not traditionally had much input or influence into provincial policies. This is why bringing forward the trauma issue in a collective coordinated fashion is so important.

8.2 Comparing the Options

The three options proposed will be compared against the criteria of need, fit, resource availability, evidence, readiness for replication, and capacity to implement, to determine which is most promising option for the Kenora Rainy River Youth Justice Service Collaborative. The options and how they compare against each of the criteria are summarized in Table 5.

Option 1 – Education model

The Service Collaborative has identified that the need for education and trauma-awareness beyond the scope of member agencies is high, as indicated in Table 5. Without regional buy-in it will be difficult to move forward on collaborative basis and develop a shared philosophy of trauma. The level of impact of the trauma education will increase as more agencies are involved. Trauma-informed philosophy aligns well with some of the Service Collaborative agencies. Others are less aligned, especially justice partners who operate under a centralized and hierarchical organizational structure. The fit and timing for an education model is also high based on the success of the trauma trainings to-date, and the participation in the Service Collaborative.

Financial resources will be needed early in the process to host more workshops, and develop an advertising campaign. Administrative support from Service Collaborative

Evaluating the three options against the criteria of need, fit, resource availability, evidence, readiness for replication, and capacity to implement						
Option	Need	Fit	Resource availability	Evidence	Readiness for replication	Capacity to implement
1 – Education model	**High** Increased trauma-awareness is needed to develop a shared philosophy of trauma.	**High** Timing is right for more trauma education, especially for justice partners.	**Medium-low** Service Collaborative agencies would have to commit staff time and financial resources early in the process.	**Medium** Empirical evidence on impacts of trauma, not on trauma-informed outcomes	**High** Many resources and jurisdictions to draw from for ideas on trauma education.	**High** Could be done with few resources if necessary, and is sustainable.
2 – Initial Implementation model	**Medium-high** Immediately implementing trauma-informed practices will have biggest impact on trauma-involved youth.	**Medium** May be premature as more education needed, but reviewing resources could be started.	**Medium** Costs minimal to the Service Collaborative itself, but agency costs may be higher.	**Medium-low** No trauma-informed model that could be implemented with fidelity.	**High** Many resources and jurisdictions to draw from for ideas on implementing trauma-informed practices.	**Medium** Implementation would require more agency commitment and coaching support.
3 – Scale Up and Sustain model	**Medium** While funding is not imperative short-term, it is needed to sustain the trauma work long-term.	**Medium-low** Need time to gather metrics before soliciting funding.	**High** Resources are in place to complete funding applications, and lobby government.	**High** Trauma-informed services may be cost-effective by preventing later involvement in social systems.	**High** Look to jurisdictions that were successful in obtaining sustained funding for strategies.	**Medium** Requires metrics to secure funding and a coordinated effort to successfully lobby governments.

Table 5. Evaluating the three options against the criteria of need, fit, resource availability, evidence, readiness for replication, and capacity to implement.

agencies would need to be in place to commit time and financial resources to this option. As these resources are not in place this criteria was rated as medium-low. The theory behind trauma-informed practice is that it seeks to avoid retraumatization of the individual by the system, thereby reducing behavioural and mental health issues. However, there is little empirical evidence available on trauma-informed outcomes, hence a medium rating for evidence. The amount of trauma education resources that the Service Collaborative could leverage is high. The capacity to implement the education option is there and is sustainable if the necessary resources are found.

The education option ranks high on need, fit, readiness for replication, and capacity. Rankings for resource availability and evidence were medium-low and low, respectively, but it is likely that the Service Collaborative would be able to secure adequate funding for this option. The advantage of this option is that as more agencies in the region become educated on trauma, the more resources they may be willing to contribute to further the trauma effort.

Option 2 – Initial Implementation model

While there is some trauma education already underway, coordinated implementation of trauma-informed practice has yet to occur in Service Collaborative agencies. Doing so could have the most immediate impact on front-line workers and justice-involved youth. However, timing for the implementation model may be somewhat premature as some agencies likely require more education first. Therefore, need is rated medium-high and fit is rated medium in Table 5. Although, searching for appropriate resources to implement in the medium term could be started right away. The implementation model will require the least amount of resources by the Service Collaborative in the short-term, but more time and resources would be required of individual agencies as the option progressed. The selection, revision, and approval of trauma resources, and then the implementation itself would need a dedicated staff member from each agency to oversee the process. Resource availability was thus rated medium.

While there is much empirical evidence on the impacts of trauma and why trauma-informed practices makes sense, there is a lack of research on outcomes of trauma-informed practice, resulting in a medium-low rating for evidence. Despite no trauma-informed model that could be implemented as it stands, the implementation option has expertise to draw upon and opportunities to learn from as noted Sections 4 and 5, the literature review and cross-jurisdictional scan. There are many resources available in the form of check-lists, organizational and implementation supports, and trauma-informed communities of practice. Readiness for replication was therefore rated high. While PSSP coaching and evaluation support may be available during the early stages of implementation, the capacity to fully implement this option would require more agency commitment and coaching support as it progressed. Capacity to implement was rated medium.

The implementation model ranks medium-high to high in the need and readiness for replication categories. This option leverages the impact that trauma-informed practice could have on justice-involved youth, and the extensive trauma resources available for the Service Collaborative to draw from. The remaining categories of fit, resource availability, evidence, and capacity to implement are ranked medium to medium-low. The lower ranking of fit and capacity suggest that there is still some work to do before the Service Collaborative is ready to move forward with this option.

Option 3 – Scale Up and Sustain model

The need for sustained funding is not imperative in the short-term but will be necessary in the long-term to continue to develop a trauma-informed youth justice system, hence the rating of medium in Table 5. Fit is rated medium-low, as time to gather metrics may be needed before moving forward with this option. Time would also be needed to develop a lobbying strategy. However, aside from time and expertise, funding applications do not require a great deal of other resources and resource availability was rated high. Also rated high was evidence, as the intention of trauma-informed human service systems is to address trauma in a sensitive manner as early as possible, and reduce the likelihood of costly social interventions later in life, potentially making a trauma-informed systems a cost-effective government policy option.

The Service Collaborative could look to jurisdictions that were successful in obtaining sustained funding for trauma strategies. As there are many successful Canadian jurisdictions to draw upon, readiness for replication was also rated high. The capacity to implement this option is medium as the Service Collaborative would require the collection of metrics to secure funding, and a coordinated effort to successfully lobby governments.

The scale up and sustain option ranks higher than the previous two options on resource availability and evidence. It also ranks high on readiness for replication. Need, fit, and capacity to implement, however, all rank medium to medium-low. Need in particular is rated lower than the education and implementation options, suggesting that one of those options is a more promising starting point for the Service Collaborative to work from.

8.3 Recommendation

The Kenora Rainy River Youth Justice Service Collaborative has identified that many justice-involved youth the area have experienced trauma which contributes to mental health challenges, addictions issues, and recidivism. The Service Collaborative also believes that many service providers in the youth justice sector lack a basic understanding of trauma and how it can affect behaviour. While implementation and scaling up are important, without buy-in from the various system and community

partners the Service Collaborative risks losing momentum or procuring funding to continue the work. The most promising approach in the shorter term is *Option 1 – Education model: Educate and advocate regionally.*

Based on the analysis, this option has the highest probability of success and will lay the groundwork for later implementation and scaling up strategies that the Service Collaborative may wish to pursue. As shifting towards a trauma-informed system is a huge undertaking, the education option should be carried out over the next 1-2 years. The implementation and scaling up models could be taken up during years 3-5. The Service Collaborative could consider doing some of the foundational work in years 1-2 for the other two options, such as reviewing potential trauma check-lists or guidelines for implementation and adding it to the protocol, and starting to request trauma training or programming as part of service contracts. In summary, the education option is the most promising option for the Service Collaborative to start with, but each of these options are necessary to fully develop a trauma-informed system. The options are therefore connected and are pre-cursors to each other. Growing the trauma system using the education option will naturally lead towards the implementation and scaling up options as future work.

8.4 Implementation Strategy for Recommended Option

Below is a detailed implementation strategy for the recommended education option from July 2015 to July 2017. This implementation strategy can be considered Phase 1 of the Service Collaborative's work over the next 3-5 years, and a pre-cursor to Phases 2 and 3 which will involve the implementation and scaling up options.

Item	Timeline
Discussion & consensus • Discuss findings of report at Service Collaborative meeting	July 2015
• Decide which option to move forward with	September
Planning If Option #1: Identify individuals to lead each part of the strategy	October
Training - • Identify who to target in first phase of educational campaign (agency, sector, administration, geographic area, public)	October - December
• Once decided, identify appropriate training or educational materials to host/distribute. Seek input from Aboriginal and youth stakeholders	January 2016
• Determine cost of training/educational materials (cost and number of trainings, number of participants, whether a fee will be charged, venues/catering)	February
Advertising campaign – • Determine if public campaign will focus on increasing Service Collaborative awareness, trauma awareness, or both	October

Item	Timeline
• Consider creating a logo to represent Service Collaborative • Decide on which media types to use (radio, newspaper/internet, billboards/poster) and length of campaign	October - December
• Determine cost of advertising campaign	January
• Develop budget for training and advertising – solicit funding from Service Collaborative agencies, partner with other community-based and regional networks, and/or apply for funding (grants, government)	February - March
• Once funding is secured schedule trainings and develop advertising campaign	April - May
Execution	
• Launch training sessions and advertising campaign (training sessions generally need to be spread out over time to avoid agency and trainer overload)	June – March 2017
• Determine if more training/education/advertising is needed. Begin to review trauma-informed resources for implementation, and messaging for government in preparation for years 3-5 work	March - July
**This implementation strategy is a guideline only – implementation may take less time than indicated, or more due to delays or other unforeseen circumstances.	

Implementation of the phases of work may overlap each other, as shown in Figure 10. For example, researching trauma-informed agency checklists could be started before the education phase is completed. As the Service Collaborative moves into Phase 2 implementation work, this does not mean that education work is abandoned, but rather that education has become "business-as-usual" and efforts can be concentrated on the next phase of work. Education will continue to be monitored and improved as needed. The same principles apply when moving from Phase 2 into Phase 3 scaling up work.

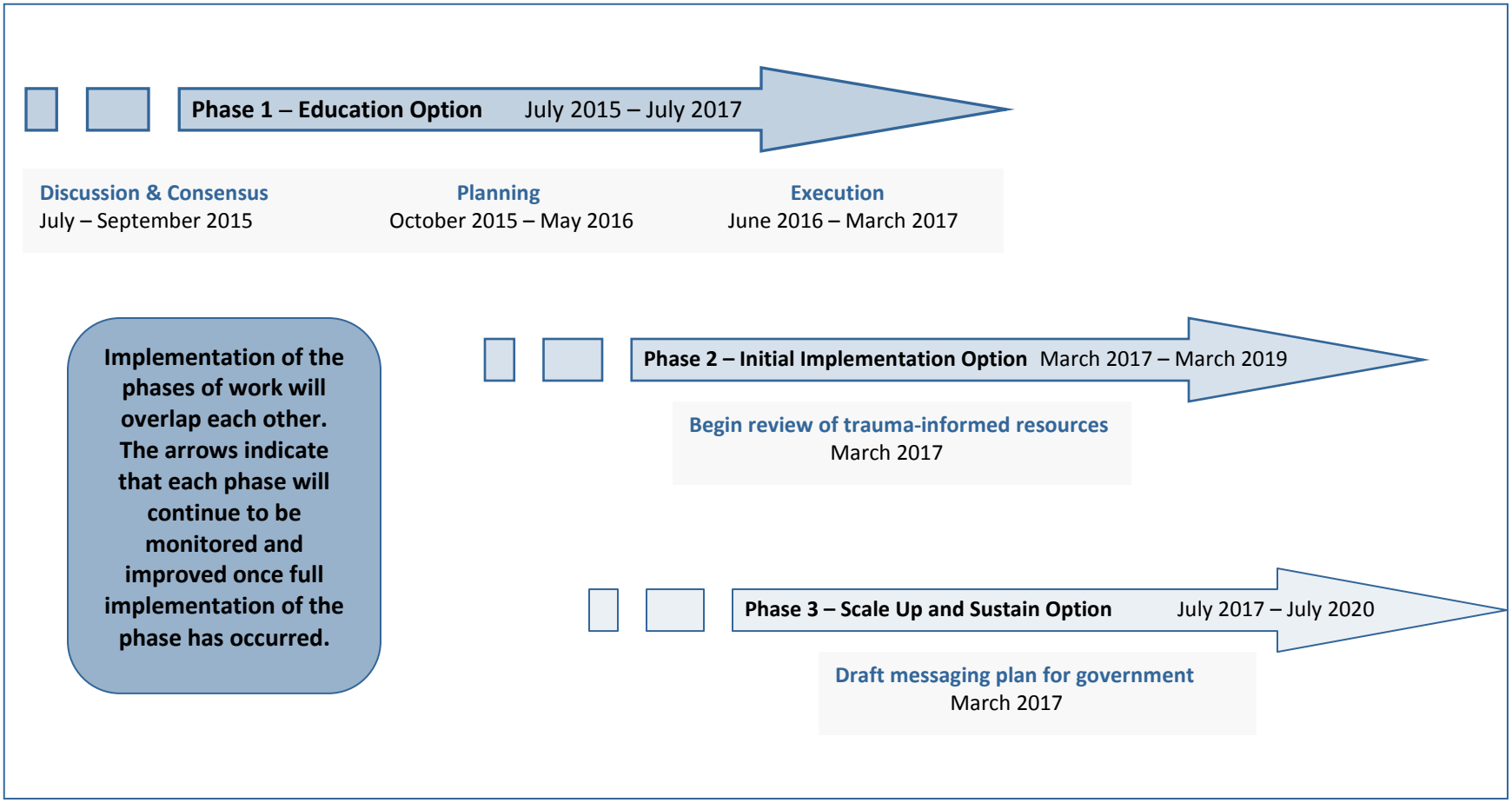

Figure 10. Implementation of Service Collaborative options by phase. Developed by G. Clark (2015), of the Centre for Addiction and Mental Health. Unpublished document.

SECTION 9 – CONCLUDING REMARKS

This project strove to determine appropriate steps over the next 3-5 years for the Kenora Rainy River Youth Justice Service Collaborative to further develop a trauma-informed youth justice system. To address this question, this project sought to: identify key sectors and key stakeholders of the Kenora Rainy River youth justice system and investigate their level of familiarity with trauma as a condition; to investigate the present capacity and resources to address this challenge and move forward on a coordinated, collaborative basis, and; to explore the literature and other jurisdictions, to identify resources, training, protocols, and policies required to develop a trauma-informed youth justice system.

The four main themes arising from the research were that:

- Trauma is common but its impacts are still not clearly understood
- Aboriginal trauma must be acknowledged in a trauma-informed justice system
- Justice partners need to be better informed about trauma and its impacts
- Education and advocacy are needed to secure funding and change the system.

The literature review showed that trauma experience is common, and that youth justice and Aboriginal populations report higher rates of exposure. The cross-jurisdictional scan showed that a shared philosophy of trauma is the foundational piece from which to build trauma-informed systems. Canada lags behind the U.S. and Australia in supporting trauma practice, especially in justice sectors, and Ontario lags behind other provinces in having a trauma strategy. The interviews pointed to a lack of awareness in certain sectors, but suggested that the KRR youth justice system is ready to become more trauma-informed.

The options presented were based on the themes uncovered in the research and offer three different strategies for moving towards a more trauma-informed system:

1. A focus on education and regional advocacy
2. Implementing trauma-informed practice in Service Collaborative agencies
3. Scaling up and securing sustained funding from ministries and funding bodies.

The most promising option for the Kenora Rainy River Youth Justice Service Collaborative was the *Education model: Educate and advocate regionally.* This option has the highest probability of success. It will also lay the groundwork for future implementation and scaling up strategies that the Service Collaborative may wish to pursue.

Given the focus of this report, the Service Collaborative may wish to solicit additional information similar to that covered in the interviews from a broader cross-section of

KRR youth justice partners. It would also be beneficial to look for more examples of trauma-informed systems in other jurisdictions, particularly with respect to how practices and policies were implemented. The Service Collaborative should identify a way to gather input from justice-involved youth and incorporate that information into any system change strategy. Finally, the Service Collaborative should try to gauge whether the system has the capacity to incorporate more Aboriginal-sensitive practices in agencies and how agencies might handle the increased client flow that could result.

The next steps for the Service Collaborative are to review the findings of this report, identify individuals to oversee each component of the education option, and develop a training and advertising strategy to disseminate the trauma message more widely. Future possibilities for research to consider includes collecting ACE scores in the KRR district, in particular from youth justice populations, and evaluating and reporting outcomes of trauma-informed practice.

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APPENDIX 1 – Systems Improvement through Service Collaboratives program brochure

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy, commits to the creation of 18 Service Collaboratives to support coordinated services for youth and adults.

The Centre for Addiction and Mental Health (CAMH) is sponsoring the *Systems Improvement through Service Collaboratives* (SISC) initiative to create these Service Collaboratives.

14 geographically-based Service Collaboratives, and 4 justice and health-related Service Collaboratives are being established.

The overall goal of the initiative is to support local systems to improve coordination and enhance access to mental health and addictions services.

What are Service Collaboratives?

The primary function of Service Collaboratives is to make changes in local systems that will improve access and coordination of services for people with mental health and addictions problems.

Membership of Service Collaboratives must reflect the cross section of services and sectors that provide service to target populations, and key agencies or individuals in each location who can implement the necessary changes.

CAMH is consulting with local and provincial leadership to establish the key partners in the system who need to be involved in the Service Collaboratives to ensure their success locally.

The initiative has a particular focus on children and youth in transition from inpatient to outpatient settings, between health and justice systems, and from child-based to adult services.

STATEMENT OF PURPOSE

Ontario's Comprehensive Mental Health and Addictions Strategy identified the need to improve access and coordination across health and other human services for children, families, adults and seniors. In order to address this priority, 18 Service Collaboratives will be established in Ontario. Service Collaboratives will bring together service providers and other stakeholders from various sectors that interact with people who have mental health and/or addictions problems, in particular, children and youth agencies, justice programs, health providers, and education organizations. By working together to identify and implement system level changes, the Collaboratives will improve access services, service experience, and health outcomes.

STAKEHOLDER ENGAGEMENT

CAMH is working with stakeholders from across the children and youth, health, education and justice sectors to put Service Collaboratives into action. The participation of multiple stakeholders, including the leadership and front-line staff of the organizations that agree to participate, will be critical to the success of the Service Collaboratives locally.

Expected Outcomes

Based on *Ontario's Comprehensive Mental Health and Addictions Strategy*, regional and provincial outcomes related to access and coordination of local systems may include:

- Early identification of, and equitable access to, appropriate services and supports for Ontarians with mental health and substance use issues
- Shorter wait times for community and hospital-based services
- Fewer emergency department visits and unplanned hospital readmissions
- Improved service linkages and referrals from the justice system
- Fewer patients identified as requiring an alternate level of care in the institutional sector
- Better quality of life for people with mental health and/or substance use issues and their families

ROLES AND RESPONSIBILITIES

Service Collaboratives Local Service Collaboratives will identify and implement evidence-informed strategies to address gaps in children, youth and adult service pathways, with an initial focus on children and youth system transition points.

Project Sponsor As project sponsor, CAMH will provide leadership and accountability for the initiative. CAMH will be responsible for drawing on other expertise and resources in the field and for engaging experts and system leaders, as required.

Provincial Oversight Committee The Provincial Oversight Committee will have representation from multiple ministries and will ensure that the initiative reflects the direction of the *Excellent Care for All Act* and *Ontario's Comprehensive Mental Health and Addictions Strategy.*

Provincial Collaborative Advisory Group The Provincial Collaborative Advisory Group will provide strategic input and support for planning and implementation. This table will be established and led by CAMH as the project sponsor. It will be comprised of representatives from key sector organizations.

Service User Panel The Service User Panel will provide a structure for receiving advice and feedback from persons with lived experience, including families.

Scientific Advisory Panel The Scientific Advisory Panel will provide scientific advice on the evaluation of the Service Collaboratives initiative.

The locations of the 18 Service Collaboratives will be chosen based on common criteria, including community need and readiness, and ensuring representation of both northern and southern Ontario. The first cluster of communities includes London, Thunder Bay, Penetanguishene and Ottawa.

Source: Systems Improvement through Service Collaboratives. (2012). *Program brochure* (pp 1-3). Retrieved from: http://everykid.on.ca/wp-content/uploads/2012/07/SISC-Brochure-FINAL.pdf

APPENDIX 2 - Information on Manitoba Forum on Trauma

About the Forum

Second Manitoba Forum on Trauma
Connecting Trauma Theory, Practice and Policy

November 3 & 4, 2014
Delta Winnipeg Hotel
Winnipeg, Manitoba

Organized by:
Manitoba Trauma Collaborative, Manitoba Trauma Information and Education Centre and the Department of Healthy Living

About the Forum:
Goals:

- To identify strategies that enhance service organizations and systems to establish trauma- informed practices as an integral component of service delivery across the life span.
- To enhance service organizations and systems ability to support trauma-informed policies that are evidence and culturally based and grounded in research and good practice.
- To strengthen the capacity of human service organizations and system to support compassionate and psychologically safe workplaces using trauma informed principles and practices.

Format:
The 2014 Manitoba Trauma Forum is a follow up to the very successful first forum on trauma that took place in Winnipeg in 2007. The 2007 forum resulted in many positive outcomes in Manitoba and the creation of the Manitoba Trauma Information and Education Centre (MTIEC). The MTIEC is the only resource centre of its kind in Canada devoted entirely to the promotion of trauma informed practices.

This second forum will be a dynamic and interactive two-day event that will include both presentations and group discussions focusing on key questions related to the forum goals and objectives. The forum will include two streams “Practice” and “Policy” and will cover trauma across the life span. Both streams will be presented with opportunities for interaction with one another; promoting a collaborative approach between policy makers and service providers.
As with the first forum this second forum will produce a report that will summarize key recommendations, identify short, medium and long term goals, and provide strategies

for guiding efforts to realize the stated vision emanating from the forum. This report will be used to inform the work and future direction of the Manitoba Trauma Collaborative, the Manitoba Trauma Information and Education Centre, and will be available to service organizations across Manitoba and provincial government departments for their use and guidance. The report will also be used to inform planning in support of the implementation of "Rising to the Challenge", Manitoba's mental health strategy. The final report will also be available to other provincial, territorial and national organizations that have an interest or stake in the issue of trauma.

Source: Manitoba Trauma Information and Education Centre. (2014a). About *the forum* (webpage reproduced). Retrieved from http://trauma-informed.ca/manitoba-forum-on-trauma/about-the-forum/

APPENDIX 3 – Key Informant Interview Questions

[You have been asked to participate in this interview because you or your agency are an active or informed member of the Kenora Rainy River Youth Justice Service Collaborative, and you have knowledge about and experience working within the Kenora Rainy River youth justice system.
You are being asked to speak on your own, personal behalf about your experiences working within the Kenora Rainy River youth justice system. Please do not speak on behalf of your nation, agency, or community when answering these questions.]

1. Which sector of the Kenora Rainy River (KRR) youth justice system do you work in?

2. Do you believe that trauma exposure impacts the behaviour and mental health of youth in the KRR youth justice system? If yes, in what way?

3. How trauma-aware or trauma-informed is the current KRR youth justice system? Which youth justice sectors do you believe are most trauma-informed? Which are the least trauma-informed?

4. Do you think that trauma exposure or vicarious trauma exposure impacts KRR youth justice sector service providers? If yes, in what way?

5. Do you or your agency work with Aboriginal youth who are justice-involved?

6. Do you think that the KRR youth justice system delivers culturally-appropriate services to justice-involved Aboriginal youth who have experienced trauma exposure? If yes, in what way? If no, why not?

7. Is the KRR youth justice system ready, and does it have the capacity, to become more trauma-informed? Why or why not? In what ways?

8. Are there current policies, practices, or resources that the KRR youth justice system can leverage in becoming more trauma-informed in the next 3-5 years? What barriers or challenges exist?

9. Are there system-level or provincial/federal government level barriers that exist that are beyond the control of the KRR youth justice service providers. If yes, give examples.

10. Do you have any further information or recommendations to provide the Researcher related to the topic?

APPENDIX 4 – Titles available in the National Child Traumatic Stress Network's Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems, brief series

Resources for mental health and juvenile justice professionals:

In Trauma-Informed Juvenile Justice Roundtable: Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems (2013) (PDF), Carly B. Dierkhising, Susan Ko, and Jane Halladay Goldman, staff at the National Center for Child Traumatic Stress, discuss the Juvenile Justice Roundtable event, describe the current issues and essential elements of a trauma-informed JJ system, and outline possible new directions for the future.

In Trauma-Informed Assessment and Intervention (2013) (PDF), Patricia Kerig, Professor at the University of Utah, discusses how trauma-informed screening and assessment and evidence-based treatments play integral roles in supporting traumatized youth, explores the challenges of implementing and sustaining these practices, and highlights practice examples for integrating them into a justice setting.

In The Role of Family Engagement in Creating Trauma-Informed Juvenile Justice Systems (2013) (PDF), Liane Rozzell, founder of Families and Allies of Virginia Youth, discusses the importance of partnering with families, explores strategies for doing so, and emphasizes ways that justice settings expand their outreach to supportive caregivers by broadening their definition of family.

In Cross-System Collaboration (2013) (PDF) , Macon Stewart, faculty at the Center for Juvenile Justice Reform (CJJR), outlines practice examples for continuity of care and collaboration across systems, a vital activity for youth involved in multiple service systems, drawing from the CJJR's Crossover Youth Practice Model.

In Trauma and the Environment of Care in Juvenile Institutions (2013) (PDF), Sue Burrell, staff attorney at the Youth Law Center, outlines specific areas to target in order to effectively implement this essential element, including creating a safe environment, protecting against re-traumatization, and behavior management.

In Racial Disparities in the Juvenile Justice System: A Legacy of Trauma (2013) (PDF), Clinton Lacey, Deputy Commissioner of the New York City Department of Probation, outlines the historical context of racial disparities and highlights how systems can move forward to reduce these racial disparities, including by framing the issue so that practical and pro-active discussion can move beyond assigning blame.

Assessing Exposure to Psychological Trauma and Posttraumatic Stress in the Juvenile Justice Population (2014) (PDF)
This factsheet explores the importance, clinical considerations and approaches to assessing for psychological trauma and post-traumatic stress with youth in the juvenile justice population. It addresses challenges that are unique to assessment within the juvenile justice environment.

Screening and Assessment in the Juvenile Justice System Speaker Series
This series describes the utility of screening and assessment for trauma in juvenile justice settings, specific instruments that are used or can be used in juvenile justice settings, how to best utilize data derived from screening and assessment, and recommendations for agencies and practitioners interested in implementing trauma-informed screening and assessment.

Testifying in Court about Trauma: How to Prepare
Offers guidance to clinicians called upon to testify as an expert witness for a client's court case. From understanding a subpoena, confidentially, and the therapist-client privilege to preparing yourself, your client, and his/her caregivers for your court appearance, this fact sheet lays out ethical considerations, describes how to navigate conversations with your consumers, and gives you self-care tips to use for a court appearance.

Testifying in Court about Trauma: The Court Hearing
7-page fact sheet to help those preparing for a court hearing. In addition to a case example, it defines legal terms, delineates the types of cases in which clinician testimony might be required, explains the roles of "expert" witness and "fact" witness, describes how to testify effectively (with specific talking points), charts behaviors traumatized children may display and possible contributing facts from a trauma perspective, tells your rights as a witness, presents a checklist to use prior to the hearing day, and gives self-care tips for managing anxiety during the hearing.

Think Trauma
This training provides an overview for juvenile justice staff of how to work towards creating a trauma-informed juvenile justice residential setting. Creating a trauma-informed setting is a process that requires not only knowledge acquisition and behavioral modification, but also cultural and organizational paradigm shifts, and ultimately policy and procedural change at every level of the facility.

Think Trauma is a PowerPoint-based training curriculum including four modules that can be implemented back-to-back in a single all-day training or in four consecutive training sessions over the course of several weeks or even months. Each module takes approximately one to two hours, depending on the size of the trainee group, and whether you elect to implement all of training materials and activities. It contains six case studies of representative youth who've been involved with the juvenile justice system.

Resources for mental health and juvenile justice professionals (cont.):

Trauma among Girls in the Juvenile Justice System (2014) (PDF)
This fact sheet explores research on the growing number of girls in the juvenile justice system, the high rates of exposure to violence among these girls and the potential consequences of that exposure, and the special challenges and obligations this poses for juvenile justice facilities and programs.

Trauma-Focused Interventions for Youth in the Juvenile Justice System (2004) (PDF)
Due to exposure to traumatic events, many youth in the juvenile justice system have developed symptoms of traumatic stress. This factsheet explores the role of pretreatment assessment, identifies important components of trauma-focused interventions, and discusses the treatment of co-occurring disorders as well as family- and group-based interventions that may be effective with youth involved with the juvenile justice system.

Trauma Histories Among Justice-Involved Youth: Findings From the National Child Traumatic Stress Network (2013)
This study describes detailed trauma histories, mental health problems, and associated risk factors (i.e., academic problems, substance/alcohol use, and concurrent child welfare involvement) among adolescents in the juvenile justice system.

Victimization and Juvenile Offending (2004) (PDF)
This resource summarizes research exploring the high rates of adolescent victimization and the potential consequences, including delinquency and future violence. It presents strategies for short-circuiting the cycle of victimization and subsequent violence.

Trauma in the Lives of Gang-Involved Youth: Tips for Volunteers and Community Organizations (2009) (PDF)
For youth who have been traumatized, gangs can offer an apparent sense of safety, control, and structure that is often missing from their lives. But gang involvement is also a risk factor for interpersonal and other traumas. This fact sheet defines traumatic stress, explains why trauma is so prevalent among gang-involved youth, and provides tips for community organizations and volunteers on working with this population.

Your Child and Gangs: What You Need to Know about Trauma - Tips for Parents (2009) (PDF)
Individual reactions to trauma vary dramatically. What is devastating to one child may be less so for another. A youth's subjective response to a traumatic event depends upon a number of factors, such as individual personality, coping style, previous trauma, cultural background, and environment. This fact sheet defines traumatic stress, explains the appeal of gang involvement for traumatized youth, and offers information for parents on helping their children cope.

Resources for judges and attorneys:

NCTSN Bench Card for the Trauma-Informed Judge (2013) (PDF)

Birth Parents with Trauma Histories and the Child Welfare System: For Judges and Attorneys (2011) (PDF)
This resource is part of a series of factsheets developed from the Birth Parent Subcommittee of the Child Welfare Committee. They highlight the importance of understanding the serious consequences that trauma histories can have for birth parents and the subsequent potential impact on their parenting. This particular resource was specifically developed for the audience of judges and attorneys. Click here to access the Birth Parents with Trauma Histories series.

Helping Traumatized Children: Tips for Judges (2009) (PDF)
This fact sheet for judges and other court personnel outlines the impact of trauma on children's development, beliefs, and behaviors. It is designed to help professionals in the juvenile justice and family court system become more effective in addressing the unique needs and challenges of the traumatized children and adolescents they work with.

Juvenile and Family Court Journal: Special Editions on Child Trauma
In partnership with the National Council of Juvenile and Family Court Judges (NCJFCJ), members of the Network contributed to two issues of the *Juvenile and Family Court Journal* devoted to child trauma. Articles in the spring 2006 and fall 2008 editions of the journal inform judges and other members of the juvenile and family court systems about issues they should consider when working with youth who have been exposed to trauma. Both issues can be ordered from NCJFCJ.

Service Systems Brief (vol 2, no 2): Judges and Child Trauma: Findings from the National Child Traumatic Stress Network/National Council of Juvenile & Family Court Judges Focus Groups (2008) (PDF)
This NCTSN Service Systems Brief reports the results of focus groups conducted with members of the National Council of Juvenile and Family Court Judges (NCJFCJ). The Network conducted the focus groups in order to understand how knowledgeable juvenile and family court judges are about child trauma and to identify ways to work with NCJFCJ to promote education on the issue.

Ten Things Every Juvenile Court Judge Should Know About Trauma and Deliquency (2010) (PDF)
This technical assistance bulletin highlights crucial fact that juvenile court judges should know that they can best meet the needs of traumatized children who come into their system. A collaboration between the NCTSN and the National Council of Juvenile and Family Court Judges, this publication was funded by the office of Juvenile Justice and Delinquency Prevention.

Source: Adapted from National Child Traumatic Stress Network. (n.d. b). *Juvenile Justice System.* Retrieved from: http://www.nctsn.org/resources/topics/juvenile-justice-system