

## **Recommendations from the National Child Traumatic Stress Network: Addressing Trauma in Juvenile Justice and Residential Facilities**

### **1. Trauma screening, assessment and treatment for juvenile offenders is essential.**

A number of approaches and instruments are available for conducting trauma screening and assessment with children and adolescents in juvenile justice settings and their caregivers and for treating adolescents who have experienced trauma. Yet despite the availability of these tools and resources, very few juvenile courts, juvenile justice agencies, facilities or programs are routinely screening for trauma, offering or referring for trauma-specific treatment for the youth in their care, and very few actually provide trauma-informed care. States that have made good progress along these lines recently include Pennsylvania, Ohio, Florida, Delaware and Connecticut.

Screening and assessment for trauma are essential to enhancing the juvenile justice system's capacity for triage, case-finding, and decision-making regarding diversion, dispositions and service-planning for these youth. They can allow juvenile justice professionals to divert youth from situations where their trauma symptoms are not addressed, or where they are re-traumatized, and instead provide them with dispositions and service plans that more appropriately meet their needs. The potential result of diverting youth to appropriate trauma specific services is traumatic stress symptom reduction as well as a decrease in the risk of re-offending. Screening and assessment are important because youth who have PTSD symptoms, in the juvenile justice system and elsewhere, are at risk of being misdiagnosed with ADHD, major depression, oppositional defiant disorder, conduct disorder, specific phobias, and learning disorders. This can lead to ineffective and mismanaged use of mental health and education resources within the justice setting.

- A standardized mental health screening, which includes standardized screening for trauma and victimization, should be required for all youth entering juvenile justice systems and substance abuse treatment programs. Adequate screening and assessment for trauma should be done prior to initiating treatment.
- Screening and assessment procedures should be used to collect trauma information; including, trauma history, traumatic stress symptoms, triggers, and trauma reminders. Screening for trauma history and traumatic stress should be performed by appropriately trained staff. In-depth assessments should be done by mental health professionals with specialized training and experience in child trauma.
- Since children and adolescents in the justice system are on average two years behind expected grade level (Wasserman et. al., 2002), cognitive and developmental delays should also be considered in the assessment process.
- Effective, evidence-based treatment should be made available to youth in the justice system, including those on probation and parole. Research shows that the most effective programs with this population are highly structured, emphasize the development of basic skills, and provide individual counseling that directly addresses behavior, attitudes, and perceptions (Altschuler, 1998). Cognitive behavioral approaches are particularly effective for youth in the juvenile justice system as well as for youth with more general anger and disruptive behavior.

- Special efforts should be made to involve family members in treatment, as well as the youth. Evidence suggests it is important to involve family members in the treatment and rehabilitation of their traumatized children for reasons related both to child and family functioning and to delinquency (Sherman et al., 1998).
- Given the growing number of girls in the juvenile justice system, high rates of exposure to violence among girls, and higher rates of PTSD among incarcerated girls than boys, gender-specific programming is essential to meet the specific needs of girls and to prevent their re-traumatization while in the system.
- Trauma treatment with youth, particularly discussion of painful emotional experiences, should be undertaken only by qualified professionals, in safe environments, with sufficient time to assist the youth in developing coping skills.
- Youth with significant levels of trauma exposure should not be combined in treatment groups with children who have little or no exposure.
- Rehabilitation and educational programs are not a substitute for treatment. They are helpful but not sufficient for healing young people with mental health and substance abuse disorders.

## **2. Juvenile justice settings must be trauma-informed.**

Unfortunately, many detention and residential facilities simply aren't equipped to care for young people who have special needs or trauma histories. They may even inadvertently make things worse for these youth by triggering traumatic stress reactions or re-traumatizing the youth. Safety is paramount for children who have experienced trauma; they must not only be free of risk for further trauma exposure, but they must have sufficient supports available and be able to seek help without fear of negative repercussions, ridicule, or loss of self esteem. A youth must feel personally safe and trust other people in order to benefit from programming that requires exploring emotionally painful and difficult experiences or symptoms. By providing a safe environment for youth, aggressive and oppositional responses can be reduced, making the environment safer for other youth as well as staff.

Arrest, detention, juvenile processing, and eventual placement of a child can be frightening and confusing for the child and for his or her family. Some detention facilities are overcrowded, which increases the risk of injury, victimization, and suicide attempts. Detention and placement may trigger separation anxiety for many youth. Detention and residential settings may expose children to verbal or physical aggression from other children or staff and exacerbate fears or trauma symptoms that a child is already experiencing such as anxiety, avoidance, or hyperarousal. Finally, use of seclusion and restraint may trigger reactions and memories of prior traumatic experiences, especially among sexually-abused girls.

- Use of seclusion and restraint on young people is humiliating and traumatizing, and should only be used as a last resort. Prior abuse victims should not be restrained.
- Juvenile and residential facilities should take steps to reduce the likelihood of triggering traumatic reactions in youth who have already experienced trauma or, worse still, re-traumatizing them.

- Juvenile justice and residential staff should avoid power assertion whenever possible to reduce the experience of threat.
- Interventions should be focused on reducing the perception of provocation and undermining the legitimacy of aggression as a response.
- Youth should not be punished for thought processes and behavioral responses that are either immature or reactive to trauma; such as; inability to anticipate consequences, tendency to see limited choices, overreaction to perceived threat, or minimization of danger.
- Juvenile facilities and programs should forego some of the traditional methods of preserving order and asserting authority, especially tough, military-style physically confrontational approaches. These may cause children with PTSD to re-experience a previous trauma or trigger an aggressive, self-protective reaction that then initiates more physical contact and a situation spiraling out of control.
- The detention and residential environment should create and model healthy and supportive relationships between individuals and develop an atmosphere of hope and nonviolence. It should encourage pro-social connections with peers.
- Psychoeducation and cognitive-behavioral techniques should be used to teach delinquent youth how to develop empathy with others, reduce anxiety, identify and manage feelings, reduce aggression, accurately process information, and solve problems.

### **3. All front-line Juvenile Justice staff should receive training on child trauma.**

Staff who interact daily with traumatized youth, including probation and parole officers and judges and court staff, must be trained about child trauma and child development. Eruptions of aggressive or avoidant behavior can leave residential staff feeling frustrated or in danger, either leading them to distance themselves from the residents or call for stricter controls (Abramovitz & Bloom, 2003). Trauma-informed residential and probation staff understand that traumatized children have psychological injuries resulting from exposure to overwhelming life events rather than assuming the children are intentionally aggressive and angry.

- Juvenile justice administrators, judges and clinical staff should be knowledgeable about the effective, evidence-based trauma interventions that have been designed or adapted for adolescents.
- Staff should be trained and demonstrate competence in nonphysical control techniques and de-escalation techniques to manage crises in order to maintain the safety of youth and staff.
- All staff, including 24 hour non-professional staff in residential settings, should be trained to identify trauma symptoms and triggers.

## **Background Information:**

### **Trauma is prevalent among youth in the Juvenile Justice System.**

For youth entering today's juvenile justice systems, the rates of trauma exposure are very high. Frequent traumatic experiences include physical and or sexual abuse or assault, neglect, community violence, domestic violence, death of a loved one or close friend, school violence, and serious accidents. In particular, rates of child maltreatment and community violence are significantly higher in the juvenile justice populations compared to the general population. Often these children not only witness or personally experience traumatic events they are chronically exposed to traumatic events. Therefore, trauma in adolescence is often compounded with earlier life trauma.

- Some studies show PTSD rates among youth in the justice system may be up to eight times as high as rates of other similar age peers – perhaps as high as 50 percent --similar to the rates seen in youth in the mental health and substance abuse systems. (Saigh et al, 1999).
- Studies show that at least three in four youth in the JJ system have been exposed to severe victimization (Arroyo, 2001).
- A recent study in the Cook County Juvenile Detention Center (Abram et al., 2004) revealed that over 92% of youth had experienced at least one traumatic event, such as witnessing violence or being threatened with a weapon.
- Generally, girls report higher levels of prior physical punishment and sexual abuse and current levels of psychological distress than boys (Wood et al., 2002). One California study found that girls were 50 percent more likely to be experiencing PTSD than boys. (Steiner et al., 1997);
- A study of youth in California detention facilities found rates of current PTSD in 32 percent of the incarcerated males and 49 percent of the females (Cauffman et al., 1998).

### **Effects of trauma can be long lasting and affect subsequent delinquency.**

Exposure to trauma, including witnessing violent events, can have a number of deleterious and long-lasting effects on how teenagers see the world and the way they function socially, interpersonally, and academically. Trauma can affect their behavior, their problem-solving skills, their ability to modulate their emotions, and can eventually give rise to patterns of conflict and aggression towards others. Histories of victimization, in particular, have been linked to subsequent substance abuse, involvement in victimizing or violent activity, subsequent victimization, delinquency and adult offending, and recidivism.

- Trauma can affect a youth's ability to respond to rehabilitative programming and to interact positively with peers and staff.
- Youth who have experienced chronic or repeated trauma may remain in a chronic state of fear and anxiety, characterized by high arousal and hypervigilance. They stay "on alert," and may have trouble sleeping, paying attention, and concentrating.

- For youth who have been victimized, self-protection is prominent. They may have a heightened awareness of threat and misperceptions of provocation. Traumatized youth often misinterpret the behavior of others as hostile when it is not, and respond with aggression.
- Trauma also makes it difficult for children and adolescents to modulate their behavioral reactions and regulate their emotions. They may feel physically and emotionally numb or, alternately, they may be flooded with overwhelming emotions.
- Fears or memories of traumatic events may intrude and trigger angry or avoidant responses to staff or other youth.
- Youth who have been traumatized may lack the skills and trust to establish healthy, supportive relationships.
- Trauma may leave a child or adolescent feeling isolated, alienated, and damaged. The young person may feel out of control and helpless. Some children may injure themselves in an attempt to gain some control over their overwhelming emotions. Use of alcohol and drugs by a youth can be an effort to mask intolerable post-trauma emotions and physiological responses.
- Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. Alternately, they may respond to their experience through dangerous re-enactment behavior or recklessness.
- A traumatic event may foster a radical shift in the way children and adolescents think about the world. Trauma experiences can create the sense that things can go horribly wrong at a moment's notice, that no one can really provide protection, and that laws don't really work. Youth can develop a distrust of others, particularly adults. Because many times their own victimizer has not been held accountable, many youth fail to develop a sense of legal or moral responsibility for their own behaviors.

***The National Child Traumatic Stress Network (NCTSN) has 53 grant-funded centers across the country working to advance effective interventions and services to address the impact of traumatic stress on children and adolescents. Network centers are working with their child welfare and juvenile justice systems to bring these practices and services to local communities. For more information on the NCTSN, visit [www.nctsn.org](http://www.nctsn.org).***

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