

Trauma Among Youth in the Juvenile Justice System

Note: This is a resource which was featured on our previous Collaborative for Change website. The Collaborative for Change website has been retired but we have housed this resource as a PDF document. The document will remain as is and is no longer being updated as of September 2016.

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Trauma Among Youth in the Juvenile Justice System

Each year, millions of children are exposed to violence in their homes, schools, and communities. Left unaddressed, these experiences can lead to mental health and substance use disorders, school failure, increased risk taking, and delinquency ([Ford, Chapman, Hawke, & Albert, 2007](#); [Ford, Elhai, Connor, & Frueh, 2010](#); [Saunders, Williams, Smith, & Hanson, 2005](#); [Tuell, 2008](#)). The majority of youth involved with the juvenile justice system have experienced traumatic events, with at least 75 percent having experienced traumatic victimization ([Sprague, 2008](#)). A recent study of youth in detention found that over 90 percent of youth had experienced at least one trauma, 84 percent experienced more than one trauma, and over 55 percent reported being exposed to trauma six or more times ([Abram et al., 2013](#)).

Many types of traumatic experiences occur in the lives of children and adolescents from all walks of life. Often, the after-effects of these experiences – persistent, post-traumatic stress reactions – play a role in the legal and behavioral problems that bring youth in contact with law enforcement and the juvenile justice system.

To achieve better outcomes for youth, juvenile justice systems and staff should:

- Recognize and understand the role that exposure to violence plays in the lives of youth
- Develop policies and practices that reflect this understanding and knowledge
- Employ interventions that address traumatic stress

Juvenile justice systems can become “trauma-informed” by:

- *Offering trauma-informed services* which include routine screening of all youth for trauma exposure and related symptoms, follow-up assessment for youth who “screen” in, and access to trauma treatments, all while providing a safe and respectful structure that supports youth, families, and juvenile justice professionals
- *Providing linkages to trauma-specific services* which include in-depth therapeutic assessment and evidence-based preventive and rehabilitative interventions that target youth with post-traumatic stress disorder (PTSD) and other trauma-related disorders

Using a trauma-informed approach, juvenile justice systems can improve outcomes for justice-involved youth by:

- Better matching youth with trauma services that can reduce the impact of traumatic stress
- Improving general conditions of confinement
- Preventing the harmful and inadvertent “re-traumatization” of youth

What Are Psychological Trauma and PTSD, and How Do They Affect Youth and Families?

The definition of psychological trauma has undergone many revisions and was most recently reformulated to include directly experiencing, witnessing (immediately or in the aftermath), or indirectly learning about a close family member or friend being subjected to events involving “exposure to actual or threatened death, serious injury, or sexual violation” ([American Psychiatric Association, 2013](#)).

Such close encounters with death or imminent threat of death, physical devastation, or betrayal and violation cause an immediate reaction of profound fear, shock, or horror that can persist in the form of PTSD. Types of potentially traumatic victimization include:

- Sexual assault or abuse
- Physical assault or abuse
- Neglect
- Emotional abuse
- Verbal abuse
- Bullying
- Dating violence
- Witnessing murder
- Community violence
- Hate crimes
- Loss of home
- Witnessing family violence
- Repeated out-of-home placement

PTSD involves spontaneous memories of traumatic events that can result in:

- Recurrent dreams
- Flashbacks
- Hyper-vigilance
- Heightened arousal
- Avoidance of reminders
- Persistent negative thoughts (including blame of self or others) and emotions (including anger, guilt, shame, horror, terror, grief)
- Problems with aggressive, isolative, impulsive, and intentionally or accidentally self-injuring behavior

In PTSD, the brain and body’s stress response systems become chronically activated in survival mode ([Ford, 2009](#)), coping on automatic pilot as if the threat never stopped. This interferes with the development of abilities to self-regulate and to learn from life experiences. With PTSD, a youth’s brain undergoes a shift from learning to surviving. Often, youth with PTSD:

- Can’t think past an immediate problem or opportunity

- Can't let go of grudges/resentments
- Can't set or stick with goals
- Can't trust people, especially caregivers
- Can't tell who is trustworthy
- Are too stressed or bored to think clearly
- Are too angry to use anger management skills

As a result, youth with PTSD feel, think, and act as if desperate measures are needed to deal with mild and major stressors alike. This can lead to problems with anger, anxiety, avoidance, isolation, aggression, impulsivity, rule- and law-breaking, and reckless or self-harming actions. Family members, who may have their own personal histories or current experiences with traumatic threats or injury, often feel helpless to protect or guide the youth, leading to emotional conflicts and the danger of further violence within the traumatized family.

SURVIVAL MODE IN YOUTH WITH PTSD

Traumatized youth who do not receive sufficient care and protection adapt to living in danger by going into **survival mode**. In this state, the body and brain go on automatic pilot to protect against harm. This can lead youth to react without thinking clearly about their own and others' safety and consequences, regardless of their actual intelligence, values, and capacity to be responsible community members. When **post-traumatic survival coping** becomes a way of life rather than a temporary coping tactic, it is a **PTSD**.

Why Are Youth Who Are Involved in Juvenile Justice Especially at Risk for Problems with Traumatic Stress?

Youth who become involved in the juvenile justice system are more likely than their peers to have been exposed to not just one or two traumatic stressors, but multiple types of traumatic victimization (Abram et al, 2013). These are not just incidents, but types of adverse stressors (e.g., physical abuse, sexual abuse, domestic violence, community violence, life-threatening neglect) that impact youth before they first come to the attention of law enforcement. These youth experience what has been described as "poly-victimization," which is defined as prolonged or multiple exposures to traumatic events (Finkelhor, Ormond, & Turner, 2007). The brain and nervous system are altered by poly-victimization in childhood (Teicher & Samson, 2013) in ways that increase stress reactivity, anger, and impulsivity while reducing the youth's ability to self-regulate. Youth who have been poly-victimized are at high risk for involvement in delinquency and contact with law enforcement and the juvenile justice system (Ford et al., 2010). In addition, poly-victimized youth are at risk of:

- School absence, suspension, disengagement, and dropout
- Delinquent affiliations, attitudes, acts, and gang membership
- Sensation seeking and coping via substance use or other risky behavior

- Depression, shame, self-harm, and suicide
- Volatile relationships

Poly-victimized youth tend to be diagnosed with externalizing disorders such as attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, personality disorders, and behavioral dyscontrol syndromes. While these diagnoses may sometimes be warranted, this diagnostic profile may also apply to youth in juvenile justice settings who are employing chronic survival coping tactics to counteract the trauma that they have experienced in their lifetime.

What Constitutes Trauma-Informed Services within Juvenile Justice Systems?

Over the last decade, there has been a steady increase in awareness and recognition that many youth involved with the juvenile justice system have experienced or witnessed traumatic victimization. This has led to increased efforts on the part of juvenile probation, detention correctional, and court systems to improve their response to youth who have been traumatized, and to adopt and implement trauma-informed practices and services.

Trauma-informed services within a juvenile justice setting include:

- Universal screening to identify potential psychiatric conditions, including traumatic stress disorder, that require further assessment
- Assessment for youth who “screen in” to determine the need for follow-up treatment
- Access to evidence-based or promising interventions to treat and address trauma disorders

Universal Screening

The first component of a trauma-informed service delivery system involves routinely identifying all youth at intake who may have been traumatized through a process of universal screening.

Trauma screening:

- Is used to identify youth who have characteristics of a trauma-related disorder
- Is descriptive in nature
- Is ideally implemented at initial system contact
- Can be administered by non-clinicians
- Is used to determine whether a referral for a full trauma assessment is indicated

A trauma screen typically involves questions about a youth’s life experiences, and how he or she has come to cope with both ordinary and traumatic stressors and challenges. Ideally, it is administered at a youth’s initial contact with the system, but should also be re-administered at key entry points of transition within the system such as intake, detention, incarceration, and parole. Screening does not establish a diagnosis that may become a legal or psychological

problem for a youth, and PTSD screening specifically does not establish whether a youth is a risk for recidivism or violence. Screening instead provides juvenile justice staff with information on youth who require further comprehensive evaluation.

Examples of screening instruments that can be used to detect possible exposure of youth to trauma include:

- [Adverse Childhood Experiences Study](#) (ACES)
- [Childhood Trust Events Survey](#) (CTES)
- [Juvenile Victimization Questionnaire](#) (JVQ)
- [Massachusetts Youth Screening Instrument, Version 2](#) (MAYSI-2)
- [Trauma Events Screening Inventory for Children](#) (TESI-C)
- [Trauma Symptom Checklist for Children](#) (TSCC)

The following tools are used to screen for posttraumatic stress symptoms:

- [University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index](#) (UCLA-PTSD RI)
- [PTSD Checklist for DSM-5](#)

Assessment

Youth whose trauma screens indicate there is an issue that requires further evaluation should be referred for a full assessment. These assessments typically involve focused, clinical interviews that are:

- Targeted (not universal) and only administered to those youth who “screen in”
- More comprehensive than a screen
- Diagnostic in nature
- Administered by a trained mental health professional with experience in child and adolescent stress assessment
- Used to formulate a treatment plan, monitor progress, and evaluate outcomes

Trauma measures that can be used for follow-up assessments include:

- [Clinician-Administered PTSD Scale for Children and Adolescents](#) (CAPS-CA)
- [Child and Adolescent Psychiatric Assessment](#) (CAPA)
- [Anxiety Disorders Interview Schedule](#) (ADIS)
- Developmental Trauma Disorder (DTD)
 - [Structured Interview for Child](#)
 - [Structured Interview for Parent/Caregiver](#)

Trauma Treatment Interventions

The third component of trauma-informed care is having therapeutic or rehabilitative interventions available that address the youth's specific needs based upon the results of the assessment. These interventions should be aimed at reducing chronic survival coping and developing self-regulation, anxiety management, interpersonal communication, and problem solving skills as a way to reduce PTSD symptoms and enhance psychosocial attainment ([National Child Traumatic Stress Network Juvenile Justice Working Group, 2004](#)). Some interventions aim to improve parent-child relationships by promoting positive interactions, reducing negative interactions, and using effective behavioral management skills ([National Child Traumatic Stress Network Juvenile Justice Working Group, 2004](#)). These treatments can be provided by clinical professionals in community-based treatment settings, as part of a diversion strategy, or by clinical professionals employed by or working in a juvenile justice facility. Examples of trauma treatments for juveniles include:

- [Cognitive Behavioral Therapy for PTSD](#)
- [Trauma Affect Regulation: Guide for Education and Therapy](#) (TARGET)
- [Trauma Recovery and Empowerment Model](#) (TREM)
- [Seeking Safety](#)

What Else Contributes to a Trauma-Informed Perspective?

In addition to the three key components (screening, assessment, and treatment), there are other strategies that juvenile justice systems can use to enhance their trauma-informed perspective. This includes:

Creating Trauma-Informed Environments

Juvenile justice systems can create trauma-informed environments within their programs or facilities in which all staff (front line, direct care, supervisors, support) recognize trauma symptoms and trauma-related behavior. The [Substance Abuse and Mental Health Services Administration](#) identifies a trauma-informed system as one that:

- Realizes the impact of trauma on clients and staff
- Recognizes the signs of trauma
- Responds to client and staff trauma
- Resists re-traumatizing clients

To achieve this within a juvenile justice setting, juvenile justice staff are trained to become knowledgeable about child trauma (including psychological trauma, survival mode, and PTSD) as well as practices common within the juvenile justice system that may re-traumatize youth and families, and likely produce worse outcomes for all. Trauma training for juvenile justice staff should address:

- Knowledge and skills
- The impact of trauma on youth development, behavior, and delinquency
- Common trauma triggers
- Recognizing signs of trauma reactions
- Safety planning and de-escalation strategies
- Working with traumatized youth
- Vicarious trauma

Trauma-training resources that can be used with staff in juvenile justice systems include:

- [Think Trauma: A Training for Staff in Juvenile Justice Residential Settings](#)
- [Trauma Affect Regulation: Guide for Education and Therapy](#) (TARGET)
- [System of Care Trauma-Informed Agency Assessment](#) (TIAA)
- [Skills Training in Affect and Interpersonal Regulation](#) (STAIR)
- [The Sanctuary Model](#)
- [Attachment, Self-Regulation, and Competency Framework](#) (ARC)

Staff who undergo trauma training are better prepared to discuss and share useful information with families about how psychological trauma can lead to PTSD and a chronic state of survival mode. Having staff able to comfortably and competently discuss and share this information with a youth and family is an essential part of a trauma-informed service delivery system.

Collaborating Across Systems

Trauma-informed approaches can also be applied in school and community settings, prior to a youth coming in contact with the juvenile justice system, as a way to intervene early in the lives of children and youth. The [National Child Traumatic Stress Network](#) recommends trauma-focused training and education for staff in all child-serving systems to increase awareness and understanding of the impact of child trauma (Ko & Sprague, 2007). When schools and communities shift their focus from excluding troubled youth to finding ways to engage and protect them, the “school-to-prison pipeline” can be interrupted, and the economic costs to society and personal costs to the individuals and families involved can be saved. As described in a 2012 Report to the Attorney General by his National Task Force on Children Exposed to Violence, this can happen if traumatized youth are identified early and helped with evidence-based interventions in schools and the community ([Attorney General’s National Task Force on Children Exposed to Violence, 2012](#)).

Further, it is essential that partnerships be developed between juvenile justice systems and the mental health treatment community to create sufficient community-based trauma treatment capacity to serve youth identified and referred for trauma treatment by the juvenile justice system. These referrals can be part of a broader diversion strategy, linked to the universal screening protocol instituted by a juvenile probation, detention, or court system, that identifies youth with mental health and trauma-related conditions that require treatment outside of or in lieu of formal juvenile justice system involvement.

What Are the Benefits and Challenges of a Trauma-Informed Juvenile Justice System?

Benefits

A trauma-informed juvenile justice system contributes to restoring order and safety by enabling juvenile justice staff to effectively participate in a youth's recovery from PTSD. This benefit includes potentially substantial long-term economic and social cost savings, as well as the more immediate satisfaction of being able to effectively contribute to the public's safety and welfare.

Trauma-informed juvenile justice systems help youth and families better understand childhood trauma and its impact on behavior and health. This understanding can help restore relationships by providing a new way for youth and families to understand the trauma they have experienced.

A third benefit is the strengthening of the safety net for traumatized youth by providing a basis for a partnership between systems that serve and supervise children, including the education, child welfare, mental health, and justice systems. Aligning their often different missions around the shared goal of protecting children and youth from victimization can actually shrink, rather than widen, the net in which children are caught if they engage in problematic or delinquent behavior. A shared understanding of psychological trauma and PTSD can provide an alternative explanation for what may otherwise be diagnosed as a psychiatric disorder or sociopathic character flaws ([Ford, Chapman et al., 2012](#); [Ford et al., 2013](#)). Protecting children and youth from harm and helping them recover and become successful and productive citizens are points of convergence for all child- and family-serving systems. This can be a basis for developing administrative structures and processes that bring educators, child welfare workers, juvenile justice administrators and staff, and court professionals together as a team on behalf of traumatized youth.

Challenges

Juvenile justice systems and their community partners should be aware that raising evidence of trauma in juvenile court can create a risk of harsher treatment for youth, and potentially lead to youth self-incrimination if protections are not in place. A review of case law decisions shows that PTSD screening or assessment can create problems for youth if not accompanied by procedural protections (Feierman & Ford, in press). For this reason, trauma screening or assessment requires the establishment of policies or regulations to ensure that information gathered in screens and subsequent evaluations, including the factual history and any resulting diagnoses, is used only to provide services and cannot be used in court without the consent of the youth and his or her counsel. For information on protecting youth from self-incrimination, please visit the [Juvenile Law Center website](#).

Moreover, legal procedural protections must therefore ensure that PTSD screening, assessment, and interventions provided in or through juvenile justice programs do not lead to net-widening, that is, to an increase in the number of youth in juvenile justice supervision or facilities, or to the juvenile justice system becoming the *de facto* provider of mental health or other needed treatment or services for traumatized youth. Evidence of psychological trauma or PTSD should not itself provide cause for justice-system involvement. Instead, diversion mechanisms should be instituted at early stages of juvenile justice system processing, when trauma screening and assessment are conducted, to identify and refer those youth in need of trauma services to effective and appropriately matched care in the community.

Guidance from the Field

GUIDANCE FOR YOUTH AND FAMILIES

Youth who are involved in the juvenile justice system need meaningful and useful information about how traumatic stress affects them and what they can do about it. Families whose children become involved in the juvenile justice system also need information about the impact of traumatic stress on both themselves and on their children, and how they can overcome PTSD with treatment or natural support systems that are acceptable and genuinely helpful to them.

The [Center for Children’s Advocacy](#) established [SpeakUpTeens.org](#) to provide teenagers with a comprehensive guide to their legal rights on topics ranging from homelessness to emancipation to immigration to child support to teen dating. It also produced a [“Speak Up!” video and booklet series](#) for youth in juvenile detention, probation, incarceration, and parole, as well as those in foster care, shelters, group homes, respite programs, and residential treatment programs, who want to advocate for themselves and get heard so they can move on with their lives.

The [National Child Traumatic Stress Network](#) has various resources for youth and families that explain the adverse effects of family and community violence, and what youth can do to prevent violence and to protect themselves and their peers when they have been threatened or victimized by violence.

- A fact sheet, in both [English](#) and [Spanish](#), helps teens understand traumatic stress and how it can lead to drug use
- [A website for parents, families, and caregivers](#) helps children and teenagers recover from traumatic events
- A [brief](#) promotes family involvement as an approach to making juvenile justice systems trauma informed

The [National Juvenile Justice Network](#) has a searchable [online library](#) that includes information for and about youth who are involved in the juvenile justice system and who have experienced traumatic stress.

The [Office of Juvenile Justice and Delinquency Prevention](#) has guides to help families contribute to their children's recovery from violence:

- [Healing the Invisible Wounds: Children's Exposure to Violence - A Guide for Families \(Sanemos las Heridas Invisibles: Niños Expuestos a Violencia - Guía para familias\)](#)
- [Trauma-Informed Care for Children Exposed to Violence: Tips for Parents and Other Caregivers](#)
- [Trauma-Informed Care for Children Exposed to Violence: Tips for Engaging Men and Fathers](#)

GUIDANCE FOR JUVENILE JUSTICE SYSTEMS

Juvenile justice and judicial staff, administrators, advocates, and helping professionals often recognize the negative impact that traumatic stress has on youth, and how this can affect them as secondary trauma. These professionals need models for sustained trauma-informed initiatives within their organization and to partner with colleagues and programs in parallel systems (education, child protection, social/family services, mental health, pediatrics).

Screening Instruments

- [Adverse Childhood Experiences Study](#) (ACES)
- [Childhood Trust Events Survey](#) (CTES)
- [Juvenile Victimization Questionnaire](#) (JVQ)
- [Massachusetts Youth Screening Instrument, Version 2](#) (MAYSI-2)
- [PTSD Checklist for DSM-5](#)
- [Trauma Events Screening Inventory for Children](#) (TESI-C)
- [Trauma Symptom Checklist for Children](#) (TSCC)
- [University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index](#) (UCLA-PTSD RI)

Assessment Tools

- [Clinician-Administered PTSD Scale for Children and Adolescents](#) (CAPS-CA)
- [Child and Adolescent Psychiatric Assessment](#) (CAPA)
- [Anxiety Disorders Interview Schedule](#) (ADIS)
- Developmental Trauma Disorder (DTD)
 - [Structured Interview for Child](#)
 - [Structured Interview for Parent/Caregiver](#)

Treatment Interventions

- [Cognitive Behavioral Therapy for PTSD](#)
- [Trauma Affect Regulation: Guide for Education and Therapy](#) (TARGET)
- [Trauma Recovery and Empowerment Model](#) (TREM)
- [Seeking Safety](#)

Training Resources

- [Think Trauma: A Training for Staff in Juvenile Justice Residential Settings](#)
- [Trauma Affect Regulation: Guide for Education and Therapy](#) (TARGET)
- [System of Care Trauma-Informed Agency Assessment](#) (TIAA)
- [Skills Training in Affect and Interpersonal Regulation](#) (STAIR)
- [The Sanctuary Model](#)
- [Attachment, Self-Regulation, and Competency Framework](#) (ARC)

Other Resources

[The California Endowment](#) developed the [Healthy Returns Initiative](#) to strengthen the capacity of county juvenile justice systems to a) improve services for youth with unaddressed mental and physical health issues and b) ensure continuity of care as youth transition back to the community.

The [Georgetown University Center for Juvenile Justice Reform](#), in partnership with Casey Family Programs, has implemented the [Crossover Youth Practice Model](#) throughout the country. This model aims to improve outcomes for youth who are involved in both the child welfare and juvenile justice systems. Many of the reforms implemented through this model are the same trauma-informed approaches championed by trauma experts nationwide.

The Georgetown University [National Technical Assistance Center for Children’s Mental Health](#) in collaboration with [JBS International, Inc.](#) has produced a comprehensive, web-based, video-enhanced, resource. [Trauma Informed Care: Perspectives and Resources](#) supports state and local decision-makers, administrators, providers, and youth and family advocates in becoming more trauma informed.

The [Institute of Applied Juvenile Justice Services](#) (formerly known as the National Center for Youth in Custody) works to advance the field of juvenile justice by providing training and technical assistance and by disseminating effective practices and approaches to the justice community. Among other services, it conducts a variety of webinars addressing many topics, such as [trauma](#).

The [National Child Traumatic Stress Network](#) (NCTSN) convened a round table discussion on trauma-informed juvenile justice, which is described in [Trauma-Informed Juvenile Justice](#)

[Roundtable: Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems](#) (2014). The brief describes current issues and essential elements of a trauma-informed juvenile justice system, before outlining possible new directions for the future.

The NCTSN provides guides for professionals working with specific populations:

- [Trauma among Girls in the Juvenile Justice System](#)
- [Trauma in the Lives of Gang-Involved Youth: Tips for Volunteers and Community Organizations](#)

The [NCTSN Learning Center for Child and Adolescent Trauma](#) offers [Think Trauma: A Training for Staff in Juvenile Justice Residential Settings](#). This four-module, PowerPoint-based curriculum provides an overview of how to create a trauma-informed juvenile justice residential setting. It contains six case studies of representative youth who have been involved with the juvenile justice system and a toolkit of resources that includes:

- Facilitator's Guide, Participant Handbook, and multi-part Slide Deck
- Implementer's Guide, case vignettes and puzzles, and activity materials
- A discussion forum in which NCTSN master trainers respond to implementation questions

NCTSN, under the leadership of the [Center for Trauma Recovery and Juvenile Justice](#), recently updated two guides on evidence-based trauma informed juvenile justice practices:

- [Assessing Exposure to Psychological Trauma and Posttraumatic Stress Symptoms in the Juvenile Justice Population](#) (2014)
- [Evidence-Informed Interventions for Posttraumatic Stress Problems with Youth Involved in the Juvenile Justice System](#) (2014)

The [National Council of Juvenile and Family Court Judges](#) (NCFCJ) has produced numerous [resources](#) for judges on a range of juvenile justice reform issues, and in partnership with the National Child Traumatic Stress Network, several resources specific to traumatic stress and PTSD:

- [NCTSN Bench Card for the Trauma-Informed Judge](#)
- [Preparing for a Trauma Consultation in Your Juvenile and Family Court](#)
- [Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency](#)

The [Office of Juvenile Justice and Delinquency Prevention](#) provides an array of publications to inform juvenile justice system staff, administrators, and practitioners about trauma-informed approaches to diversion, supervision, detention, incarceration, and services for youth.

- [Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending Violence So Children Can Thrive](#) (2014)

- [Children's Exposure to Violence and the Intersection Between Delinquency and Victimization](#) (2013)
- *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States* series (2014)
 - [A Guide for Providers of Victim and Support Services](#)
 - [A Guide for the Healthcare Sector](#)
 - [A Guide for the Legal Sector](#)
- [Identifying Polyvictimization and Trauma Among Court-Involved Children and Youth: A Checklist and Resource Guide for Attorneys and Other Court-Appointed Advocates](#) (2012)
- [National Survey of Children's Exposure to Violence \(NATSCEV I\), Final Report](#) (2014)
- [Nature and Risk of Victimization: Findings From the Survey of Youth in Residential Placement](#) (2013)
- [PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth](#) (2013)
- *Trauma-Informed Care for Children Exposed to Violence* series (2011)
 - [Tips for Agencies and Staff Working with Youth](#)
 - [Tips for Agencies working with Immigrant Families](#),
 - [Tips for Child Welfare Staff](#)
 - [Tips for Domestic Violence and Homeless Shelters](#)
 - [Tips for Early Childhood Providers](#)
 - [Tips for Pregnancy Prevention Programs](#)
 - [Tips for Teachers](#)
- [Children's Exposure to Intimate Partner Violence and Other Family Violence](#)
- [Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates](#) (2012)

In 2000, the Office of Juvenile Justice and Delinquency Prevention and its Federal partners in the U.S. Departments of Justice and Health and Human Services launched the [Safe Start](#) initiative to address the needs of children exposed to violence. The initiative seeks to prevent and reduce the negative consequences of children's exposure to violence, as well as to create conditions that enhance the well-being of all children and adolescents through preventive interventions.

- [Safe Start Promising Approaches Communities: Improving Outcomes for Children Exposed to Violence](#) (2013) describes Safe Start Promising Approaches communities and outlines how these programs are integrating evidence-based or promising practices as well as other complementary interventions within their geographical, agency, and community contexts.
- [Communities Working Together to Help Children Exposed to Violence: Findings from Phase I of the Safe Start Initiative](#) shares the findings of a national evaluation of Safe Start Demonstration Sites and discusses policy and practice implications.

The [Sierra Health Foundation's Positive Youth Justice Initiative](#) (PYJI) focuses on "crossover youth": young people with histories of neglect, abuse and trauma who have been involved in the child welfare system and currently are involved in the juvenile justice system. PYJI supports

counties in implementing systemic changes to address the underlying trauma and social and familial disconnections that impact and impede these vulnerable youth from successfully transitioning to adulthood.

The [Substance Abuse and Mental Health Services Administration](#) devotes a page of its website to [Trauma-Informed Approach and Trauma-Specific Interventions](#), explaining the six key principles of its trauma-informed approach and describing several well-known trauma-specific interventions.

EXAMPLES FROM THE FIELD

Connecticut’s Statewide Juvenile Justice Trauma Informed Services Initiative

Since 2004, the [Connecticut Judicial Branch’s Court Support Services Division](#) (CSSD) has partnered with the [University of Connecticut Health Center](#) to provide trauma training facilitation on the [Trauma Affect Regulation: Guide for Education and Therapy \(TARGET\)](#) group curriculum. This effort involves:

- Program consultation and staff support to ensure successful implementation and sustainability
- Quality assurance to ensure model fidelity
- Staff development in group facilitation
- Delivery of trauma services consistent with the Client Self-Management principles

TARGET has been used in state-run juvenile detention centers, girls’ alternative-to-detention programs, respite/CARE programs, Youth Equipped for Success Programs, Family Support Centers, and other CSSD community-based programs.

Florida’s Statewide Juvenile Justice Trauma Informed Care Initiative

In February 2009, representatives from the Florida Department of Juvenile Justice and a number of other state agencies met with the [National Association of State Mental Health Program Directors](#) to discuss a statewide [Trauma-Informed Care](#) (TIC) Initiative. The resulting workgroup expressed its commitment to interrupting the trauma cycle and providing treatment services that promote healing among the children, youth, and adults entrusted to the state’s care. Based on the premise that many of the children and families in the juvenile justice system come from lives filled with trauma, abuse, violence, and fear, providing trauma care is a paradigm shift that prompts treatment providers to ask, “What happened to you?” rather than “What’s wrong with you?”

Resources: Trauma Among Youth in the Juvenile Justice System

Abram, K., Teplin, L., King, D., Longworth, S., Emanuel, K., Romero, E., McClelland, G., Dulcan, M., Washburn, J., Welty, L., & Olson, N. (2013). [PTSD, trauma, and comorbid psychiatric](#)

[disorders in detained youth](#). *OJJDP Juvenile Justice Bulletin*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Allwood, M., Bell, D., & Horan, J. (2011). [Posttrauma numbing of fear, detachment, and arousal predict delinquent behaviors in early adolescence](#). *Journal of Clinical Child Adolescent Psychology*, 40(5), 659-667. doi: 10.1080/15374416.2011.597081

American Psychiatric Association. (2013). [Posttraumatic stress disorder](#). Arlington, VA: Author.

Attorney General's National Task Force on Children Exposed to Violence. (2012). [Report of the Attorney General's National Task Force on Children Exposed to Violence](#). Washington, D.C.: U.S. Department of Justice

Bennett, D., & Kerig, P. (2014). [Investigating the construct of trauma-related acquired callousness among delinquent youth: Differences in emotion processing](#). *Journal of Traumatic Stress*, 27(4), 415-422. doi: 10.1002/jts.21931

Chapman, J., & Ford, J. (2008). [Relationships between suicide risk, traumatic experiences, and substance use among juvenile detainees](#). *Archives of Suicide Research*, 12(1), 50-61. doi: 10.1080/13811110701800830

Feierman, J., & Ford, J. (in press). Trauma-informed juvenile justice systems and approaches. In K. Heilbrun, D. DeMatteo & N. Goldstein (Eds.), *Handbook of psychology and juvenile justice*. Washington, DC: American Psychological Association.

Finkelhor, D., Ormrod, R., and Turner, H. (2007). [Poly-victimization: A neglected component in child victimization trauma](#). *Child Abuse & Neglect*, 31: 7-26.

Ford, J. (2009). Chapter 2. Neurobiological and developmental research: Clinical implications. In C. Courtois & J. Ford (Eds.), [Treating complex traumatic stress disorders \(adults\): Scientific foundations and therapeutic models](#) (pp. 31-58). New York: Guilford.

Ford, J., & Blaustein, M. (2012). [Systemic self-regulation: A framework for trauma-informed services in residential juvenile justice programs](#). *Journal of Family Violence*, 28, 655-677. doi: 10.1007/s10896-013-9538-5

Ford, J., Chapman, J., Connor, D., & Cruise, K. (2012). [Complex trauma and aggression in secure juvenile justice settings](#). *Criminal Justice & Behavior*, 39(6),695-724. doi: 10.1177/0093854812436957

Ford, J., Chapman, J., Hawke, J., & Albert, D. (2007). [Trauma among youth in the juvenile justice system: Critical issues and new directions](#). *Research and Program Brief*. Delmar, NY: National Center for Mental Health and Juvenile Justice.

- Ford, J., Elhai, J., Connor, D., & Frueh, B. (2010). [Poly-victimization and risk of posttraumatic, depressive, and substance use disorders and involvement in delinquency in a national sample of adolescents](#). *Journal of Adolescent Health, 46*, 545-552. doi: S1054-139X(09)00636-3 [pii]
- Ford, J., Grasso, D., Hawke, J., & Chapman, J. (2013). [Poly-victimization among juvenile justice-involved youths](#). *Child Abuse & Neglect, 37* (10),788-800. DOI: 10.1016/j.chiabu.2013.01.005
- Ford, J., Kerig, P., & Olafson, E. (2014). [Evidence-informed interventions for posttraumatic stress problems with youth involved in the juvenile justice system](#). Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- Ford, J., Steinberg, K., Hawke, J., Levine, J., & Zhang, W. (2012). [Randomized trial comparison of emotion regulation and relational psychotherapies for PTSD with girls involved in delinquency](#). *Journal of Clinical Child and Adolescent Psychology, 41*(1), 27-37. doi: 10.1080/15374416.2012.632343
- Forgatch, M., Patterson, G., Degarmo, D., & Beldavs, Z. (2009). [Testing the Oregon delinquency model with 9-year follow-up of the Oregon Divorce Study](#). *Development and Psychopathology, 21*(2), 637-660. doi: S0954579409000340 [pii] 10.1017/S0954579409000340
- Kerig, P. (2012). [Trauma and juvenile delinquency: New directions in interventions](#). *Journal of Child and Adolescent Trauma, 5*(3), 187-190.
- Kerig, P., Bennett, D., Thompson, M., & Becker, S. (2012). "[Nothing really matters": Emotional numbing as a link between trauma exposure and callousness in delinquent youth](#)". *Journal of Traumatic Stress, 25*(3), 272-279. doi: 10.1002/jts.21700
- Kerig, P., Ward, R., Vanderzee, K., & Arnzen Moeddel, M. (2009). [Posttraumatic stress as a mediator of the relationship between trauma and mental health problems among juvenile delinquents](#). *Journal of Youth and Adolescence, 38*(9), 1214-1225. doi: 10.1007/s10964-008-9332-5
- Kimonis, E., Fanti, K., Goldweber, A., Marsee, M., Frick, P., & Cauffman, E. (2014). [Callous-unemotional traits in incarcerated adolescents](#). *Psychological Assessment, 26*(1), 227-237. doi: 10.1037/a0034585
- Ko, S., and Sprague, C. (2007). [Creating trauma-informed child-serving systems](#). *NCTSN Service Systems Brief, 1* (1). Los Angeles, CA: National Center for Child Traumatic Stress.
- Loughran, T., Mulvey, E., Schubert, C., Chassin, L., Steinberg, L., Piquero, A., Fagan, J., Cota-Robles, S., Cauffman, E., & Losoya, S. (2010). [Differential effects of adult court transfer on juvenile offender recidivism](#). *Law and Human Behavior, 34*(6), 476-488. doi: 10.1007/s10979-009-9210-z

Mitchell, K., Finkelhor, D., & Wolak, J. (2010). [Conceptualizing juvenile prostitution as child maltreatment: Findings from the National Juvenile Prostitution Study](#). *Child Maltreatment*, 15(1), 18-36. doi: 1077559509349443 [pii] 10.1177/1077559509349443

National Child Traumatic Stress Network Juvenile Justice Working Group. (2004). [Trauma-focused interventions for youth in the juvenile justice system](#). Los Angeles, CA: National Center for Child Traumatic Stress.

National Federation of Families for Children's Mental Health. (2008). [How to work effectively with police when youth are in mental health crisis: A guide for families of children and youth with mental, emotional, or behavioral health problems](#). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Rosado, L., & Shah, R. (2007). [Protecting youth from self-incrimination when undergoing screening, assessment, and treatment within the juvenile justice system](#). Philadelphia, PA: Juvenile Law Center.

Saunders, B., Williams, L., Smith, D., & Hanson, R. (2005). [The Navy's future: Issues related to children living in families reported to the Family Advocacy Program](#). (Contract No. N00140-01-C-N662).

Sprague, C. (2008). [Judges and child trauma: Findings from the National Child Traumatic Stress Network/National Council of Juvenile and Family Court Judges Focus Groups](#). *NCTSN Service Systems Brief*, 2 (2). Los Angeles, CA: National Center for Child Traumatic Stress.

Teicher, M., & Samson, J. (2013). [Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes](#). *American Journal of Psychiatry*, 170 (10), 1114-1133. doi: 10.1176/appi.ajp.2013.12070957

Tuell, J. (2008). [Child welfare & juvenile justice systems integration initiative: A promising progress report](#). Washington, DC: Child Welfare League of America.

Wilson, H., & Widom, C. (2009). [Prospective examination of the path from child abuse and neglect to illicit drug use in middle adulthood: The potential mediating role of four risk factors](#). *Journal of Youth and Adolescence*, 38(3), 340-354. doi: 10.1007/s10964-008-9331-6

Zinzow, H., Ruggiero, K., Hanson, R., Smith, D., Saunders, B., & Kilpatrick, D. (2009). [Witnessed community and parental violence in relation to substance use and delinquency in a national sample of adolescents](#). *Journal of Traumatic Stress*, 22(6), 525-533. doi: 10.1002/jts.20469