

A TRAUMA PRIMER FOR JUVENILE PROBATION AND JUVENILE DETENTION STAFF



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INTRODUCTION

Courts with juvenile jurisdiction disposed more than 1.2 million delinquency cases in 2011.¹ Approximately 250,000 of those cases adjudicated delinquent resulted in an order of probation.² In the same year, about 256,800 cases adjudicated delinquent involved detention.³ Given these numbers, juvenile probation and juvenile detention staff are clearly critical partners with the juvenile court in supporting the accountability, competency, and protection goals of the juvenile justice system.

An important consideration in working with youth on probation or in detention is that up to 90% of system-involved youth report exposure to some type of traumatic event with approximately 30% of youth meeting criteria for post-traumatic stress disorder (PTSD).⁴ Trauma tends to begin early in the lives of justice system-involved youth and can be chronic

throughout childhood and adolescence. Although the physical injuries resulting from traumatic events often heal, psychological scars from trauma can remain with children and their families for life and across generations. Accordingly, effective interventions with justice system-involved youth should be founded on an understanding of how human beings respond to the experience of trauma and potential subsequent traumatic stress. This brief presents definitions of key concepts, overviews how children respond to trauma, and offers tips for juvenile probation and detention staff seeking to be more trauma-informed in their work.

1 Hockenberry, S., & Puzanchera, C. (2014). *Juvenile court statistics 2011*. Pittsburgh, PA: National Center for Juvenile Justice.
2 *Ibid.*
3 *Ibid.*
4 Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). *Trauma histories among justice-involved youth: findings from the National Child Traumatic Stress Network*. *European Journal of Psychotraumatology*, 4, no page numbers assigned. doi:10.3402/ejpt.v4i0.20274.

DEFINITIONS

For the purpose of this brief, a **traumatic event** is defined as an experience that involves actual or threatened death, serious injury, or violation of physical integrity.⁵ Trauma exposure can occur even if one is not directly involved in the event; an important distinction when children have witnessed or been vicariously exposed to violence, such as hearing an assault in another room or seeing resultant injuries to a caregiver. Thus, traumatic events include direct or interpersonal victimization, witnessing, or hearing about the abuse or assault of another person.⁶

Mental health professionals typically conceptualize trauma exposure as encompassing three major types: **acute trauma** (i.e., a single traumatic event that is limited in time), **chronic trauma** (i.e., multiple traumatic events over an extended period of time), or **complex trauma** (i.e., chronic trauma usually inflicted at the hands of a caregiver).⁷ Although each of these types of trauma can lead

to substantial biological and psychosocial distress, complex trauma in particular can present substantial challenges in the context of working with delinquent youth. Specifically, complex trauma can have a substantial negative impact on a youth's social and emotional development and adjustment across the lifespan, including how youth view and respond to authority. Consider youths who experienced physical and emotional abuse at the hands of a caregiver, a person who has authority over them and is meant to protect them from harm: this has clear implications for how they then perceive and trust authority figures – particularly ones who say they are there to protect or help them.

TRAUMATIC STRESS REACTIONS

Those who are exposed to traumatic events may develop symptoms of traumatic stress, which includes a constellation of symptoms such as **avoidance** of reminders of the trauma, **alterations in mood and cognitions** (e.g., emotional numbing), **intrusion** (e.g., nightmares), and **arousal** (e.g., hypervigilance to threat). These symptoms represent

⁵ See National Center for PTSD at <http://www.ptsd.va.gov/>.

⁶ Buffington, K., Dierkhising, C. B., & Marsh, S. C. (2010). *Ten things every juvenile court judge should know about trauma and delinquency*. *Juvenile and Family Court Journal*, 61(3), 13-23.

⁷ See National Child Traumatic Stress Network at <http://www.nctsnet.org/resources/audiences/parents-caregivers/what-is-cts>.



symptom clusters as defined in the DSM-5.⁸ In order to be diagnosed with Post-Traumatic Stress Disorder (PTSD), a person must experience a prescribed amount of symptoms within each symptom cluster. Although these symptoms are used by mental health professionals to diagnose PTSD, it is important to note that not all persons experiencing traumatic events – and having these symptoms – will necessarily meet the diagnostic criteria for PTSD.

Development of a trauma-related disorder is actually a complex interaction between the characteristics of the victim (e.g., age, gender, and other protective or risk factors), characteristics of the event (e.g., proximity and duration), and experiences following the traumatic event (e.g., social supports and re-exposure). In other words, it is possible for two people to experience exactly the same event and one develop severe traumatic stress reactions and the other *not* develop traumatic stress reactions. This variance in how people experience and respond to traumatic events is important to remember when working with justice system-involved youth;

each person is unique and responses are highly contextual. Ultimately, those working with trauma-exposed individuals should avoid viewing symptoms (i.e., behaviors, responses, and emotions) as pathological and keep in mind that trauma reactions are often coping mechanisms that serve a critical survival purpose in the face of traumatic events. It is when these largely normative coping responses persist in environments that are safe that they become out of place or maladaptive. For instance, symptoms of hypervigilance among justice system-involved youth tend to be very high. This response is adaptive in the face of danger or trauma, such as when youth live in a violent community and must stay alert when coming and going. It is when youth enter safe social contexts, such as school or counseling, but continue to exhibit symptoms of hypervigilance that these traumatic stress reactions become maladaptive and interfere with adjustment.

DEVELOPMENTAL MODEL OF TRAUMATIC STRESS

As mentioned, a clinical diagnosis of PTSD requires the manifestation and classification of a specific number and type of symptoms. Researchers and clinicians have found this

⁸ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: American Psychiatric Publishing.

approach to be problematic when diagnosing children and adolescents. Therefore, to better understand posttraumatic stress among children and adolescents exposed to traumatic events, a biopsychosocial approach is useful. This means that trauma exposure can impact development in multiple domains such as biological, psychological, and social functioning. In this brief, we only briefly discuss each of these areas to provide fundamental context.

In the **biological** domain, victims – particularly children with chronic exposure to violence – have altered stress response systems because of the burden placed on them by increased levels in stress hormones.^{9,10} In addition, higher levels of stress hormones (e.g., cortisol) are associated with longer durations of abuse and more severe abuse. As part of this alteration, traumatized children may maintain a higher level of arousal in their day-to-day functioning as compared to non-traumatized children. In practicality, this means traumatized children may regularly scan their environment for potential threats and maintain a heightened readiness to react to a perceived threat, whether or not the threat is real. Stress-regulation, and alterations thereof, is closely related to the attachment or reciprocal bonding relationship with a primary caregiver that is a critical experience for children to learn how to regulate their emotions.¹¹ When children are exposed to harsh and abusive parenting or substantial family conflict, this attachment system is compromised and children’s emotional regulation can be adversely affected

9 De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy. *Development and Psychopathology*, 13, 539-564.

10 van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics*, 12, 293-317.

11 *Ibid.*

(e.g., an inability to calm down on their own when stressed). Indeed, those working with traumatized youth have likely experienced individuals who simply can’t self-calm following an event of varied significance (e.g., being told no, having a fight break out, being shackled or restrained), that to them is particularly emotional or stressful.

In the **psychological** domain, child victims and witnesses to severe violence are at increased risk of developing mental health problems such as depression and PTSD.¹² Importantly, depression and PTSD often co-occur and can be challenging for mental health professionals to diagnose. Depressed children are more likely to be irritable while children suffering from posttraumatic stress reactions may act out behaviorally, have difficulties concentrating, or withdraw completely. This can lead to misclassification of trauma reactions as Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), or Conduct Disorder (CD) because these disorders share observable, and easier to detect, symptoms (behaviors). Juvenile justice staff should be aware of this challenge in understanding how traumatic stress is expressed when working with youth so as not to misinterpret these behavioral reactions and to be aware that treatment protocols differ substantially for traumatic stress reactions versus behavioral disorders.

In the **social** domain, children experiencing trauma may begin to see the world as unsafe and develop a hostile attribution bias where they see negative intentions in others’ actions even when ill intent is not present. Those working with traumatized youth in the justice system have likely experienced significant push back from some youth even when

12 Margolin, G., & Gordis, E. B. (2004). Children’s exposure to violence in the family and community. *Current Directions in Psychological Science*, 13, 152-155.

they are trying to help them (e.g., by explaining the conditions of probation, referring to mental health, inquiring about their well-being at home). Of course some of this is typical adolescent behavior, like rejecting authority, but oftentimes for traumatized youth this is a coping mechanism in response to the failures of adults to protect them in the past. Feeling safe is critical for healthy development, and a general preoccupation with concerns about safety impedes healthy development and the cognitive skill building needed for child and adolescent well-being. Indeed, a youth's world may *not* be safe at times but when an expectation of danger is generalized to all social interactions, deficits in social competence occur. For instance, children may become involved in delinquency, adopt high-risk health behaviors (e.g., weapon carrying, risky sex, substance use), and/or find themselves in unstable or high conflict relationships.

DEVELOPMENTAL TRAJECTORY

Trauma exposure is a risk factor for additional traumatic experiences. In other words, those who are victimized at any point in their lives are at increased risk for continued trauma exposure. This includes exposure to types of trauma that differ from the original exposure(s). For instance, it is possible that those experiencing violence as an adolescent or adult have also experienced other types of trauma in early life. Indeed, research has shown that those who experience *multiple types* of traumatic events (e.g., physical abuse, sexual abuse, and community violence), beyond those who experience multiple episodes of the same traumatic event (e.g., physical abuse only), are at increased risk for traumatic stress symptoms, delinquency, substance abuse,

and involvement in the juvenile justice system.^{13 14 15}

It is not an exaggeration to view trauma exposure and its consequences as a public health issue. Perhaps the most compelling research to date on how trauma affects human beings across the lifespan is the Adverse Childhood Experiences Study (ACES).¹⁶ This research has identified linkages between adverse childhood experiences (e.g., child abuse and neglect, parental drug abuse, parental incarceration, divorce, and caregiver mental illness) and negative consequences up to and including early mortality. The linkages between these events are described sequentially through (1) exposure to adverse events, (2) alterations in developmental domains such as those discussed above, (3) adoption of high risk behaviors – often as a coping mechanism, (4) disease, disability, and social problems, and (5) premature death. In addition, a dose-response relationship is found among adverse child experiences and health problems. As an ‘ACE score’ increases, meaning number of types of ACEs increases, so does the risk for the nation’s most serious health problems such as smoking, severe obesity, depressed mood, suicide attempts/suicide, alcoholism, any drug abuse, ischemic heart disease, cancer, and a history of having sexually transmitted disease.¹⁷

- 13 Finkelhor, D., Turner, H., Hamby, S. & Ormrod, R. (2011). Polyvictimization: Children’s exposure to multiple types of violence, crime, and abuse. *Juvenile Justice Bulletin: Office of Justice Programs*. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojj-dp/235504.pdf>.
- 14 Ford, J. D., Elhai, J. D., Connor, D. F., & Frueh, B. C. (2010b). 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*(6), 545-552.
- 15 Ford, J. D., Grasso, D. J., Hawke, J., & Chapman, J. F. (2013). Poly-victimization among juvenile justice-involved youths. *Child Abuse and Neglect, 37*, 788-800.
- 16 See The Adverse Childhood Experiences Study at <http://www.acestudy.org/>.
- 17 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., et al. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine, 14*, 245-258.

TEN TIPS FOR JUVENILE JUSTICE STAFF

Although there are many critical points to keep in mind when seeking to develop trauma-informed systems of care within the juvenile justice system, the following is a suggested list of tips (in no particular order of importance):

01 UNDERSTAND THAT INDIVIDUALS VARY IN HOW THEY RESPOND TO TRAUMATIC EVENTS.

Not everyone exposed to trauma will experience significant traumatic stress reactions – some might respond very negatively and some might be minimally impacted. This variability in response depends in large part on the characteristics of the victim – including subjective perception of the event and supports following the event. Ultimately, those working with youth should recognize that youths’ responses to similar events can vary and not expect trauma reactions to present the same for all youth.

02 USE A TRAUMA LENS TO PUT YOUTH BEHAVIOR IN CONTEXT IN ORDER TO RESPOND APPROPRIATELY.

Not all juvenile justice staff are mental health experts, and don’t need to be, in order to recognize traumatic stress reactions among youth. Learning about

traumatic stress reactions, such as in this brief, can begin to help staff recognize these reactions among the youth they work with in order to put their behavior into context and respond appropriately. Putting youth behavior in the context of trauma and traumatic stress reactions can help staff understand why youth may be reacting in a certain way and thus allow for a more appropriate response (e.g., de-escalation, safe space to calm down). For instance, youth with trauma histories that dissociate (freeze) when faced with real or perceived threats might withdraw and stop communicating. This coping mechanism can look like willful opposition and can frustrate youth workers a great deal. However, no matter how many demands to engage or change behavior are made, it is highly unlikely youth will do so until conditions of healing (i.e., safety, agency, and social connectedness) are in place.

APPRECIATE “WHAT GETS FIRED GETS WIRED.”

Human beings are fundamentally “wired” to respond to a threat through our fight, flight, or freeze mechanisms. These emergency responses are entirely appropriate and natural in the face of danger and are a very effective survival

03



mechanism. It is when these emergency stress responses become overly developed and more routine across non-threatening situations that problems occur. Thus, ensuring a sense of safety is a primary goal in working with victims of trauma so that efforts to “re-wire” automatic stress responses can be effective.

04 STRIVE TO CREATE ENVIRONMENTS THAT ENHANCE SAFETY AND MINIMIZE

AROUSAL. Trauma is difficult – if not impossible – to overcome when day-to-day life is marked by environments with potential threats to safety. The most critical first step in supporting recovery is to help ensure that traumatized youth are as safe as possible. Juvenile justice staff serve an important role to this end by helping make institutions and programs safe for youth, as well as identifying resources for supplying basic life needs. While ensuring safety is paramount, limiting physiological arousal for those exposed to trauma is also an important goal. Because hyperarousal reactions that are associated with trauma exposure -- such as raised voices, crowded sleeping areas, and seeing the perpetrator of violence -- are

common in courts and other system facilities, they can contribute to additional stress and inadvertent arousal. A universal precaution approach to reducing these stressful situations is suggested through our understanding that additional stresses can emotionally and cognitively overwhelm traumatized children and adults.

RECOGNIZE THAT ADOLESCENCE IS A TIME OF HEIGHTENED SENSITIVITY TO SOCIAL CONTEXTS – EITHER SUPPORTIVE

05

OR TRAUMATIC. The adolescent brain goes through an important period of restructuring and rewiring during which it is particularly sensitive to its environment.¹⁸ This means that the social contexts youth spend time in are especially important for healthy development. Social contexts full of stress and trauma adversely impact development, as discussed above, but it’s important to remember the reverse: adolescents are also especially sensitive to social contexts that are supportive, prosocial, and provide opportunities for learning.

¹⁸ Steinberg, L. (2014). *The age of opportunity: Lessons from the new science of adolescence*. New York: Houghton Mifflin Harcourt Publishing Company.



06 BEING TRAUMA-INFORMED INCLUDES HOLDING YOUTH – AND THE ADULTS AROUND THEM – ACCOUNTABLE FOR

THEIR ACTIONS. Many youth who are victimized do not see their victimizers brought to justice. This is a violation of a highly instinctive social contract and can lead to mistrust of and disillusionment with the justice system. When youth feel they are not protected, or even re-victimized, by the justice system, they are less likely to comply with its laws. It is important that people working in the system treat youth fairly, including upholding their legal rights and protecting them against further victimization, while also holding them accountable for their actions in order to support legal socialization. Having those same expectations for accountability among all staff and adults in youths' lives can help begin to repair youths' appreciation of the social contract and ultimately the goals of the justice system.

07 KNOW THAT TRAUMA IS A RISK FACTOR FOR ADDITIONAL TRAUMA.

Children and adults who are exposed to *any* type of trauma are at risk for further trauma exposure. This has important implications for prevention

and intervention because exposure to multiple types of trauma has increasingly detrimental effects on mental and physical health. Juvenile court staff and other adults in authority are in a unique position to protect youth from future trauma exposure by making sure to keep or place youth in safe environments and facilitating connections to qualified mental health professionals for treatment. Treatment of trauma is an area of specialization in the mental health field, and therapists with children or adults experiencing trauma should be licensed mental health professionals trained in evidence-based trauma treatment.

ACCEPT THAT IT IS NOT ABOUT YOU.

When working with youth and adults with traumatic histories, juvenile justice staff should remember that hyperarousal and traumatic reminders can substantially influence behavior. It often helps to remember that behaviors common in victims of trauma (e.g., disconnect, anger, lack of trust) are not about you. Because victims are dealing with the world around them in survival mode, the anger, fear, or disconnect directed at those around them are not a reflection on you or

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your abilities as a professional. *Trauma reminders* are varied and may not make sense to others, but these reminders can trigger trauma reactions as powerful as the reactions to the original traumatic event. In fact, among other triggers, any person perceived to be in a position of authority or who has the potential to harm can trigger flight, fight, or freeze coping responses in victims -- even if harm is not intended or actual.

quality, science-based, and user-friendly resources and webinars freely available to the public on its website (www.nctsn.org).

09 REMEMBER THAT WORKING WITH VICTIMS CAN BE TRAUMATIC, TOO. Care providers are susceptible to developing trauma reactions from hearing details of traumatic events experienced by others and working with trauma survivors. This process is called vicarious trauma or secondary trauma, and these reactions are more likely to occur when professionals are repeatedly exposed to graphic details of traumatic experiences or traumatic stress reactions. Of critical importance to avoiding the deleterious effects of secondary trauma is self-care. The foundation of self-care is (a) appreciating the stress you experience/are exposed to in the work you do, (b) know your limitations, (c) establish and maintain support networks, (d) take time away to renew, and (e) be on the lookout for your own stress reactions (e.g., intrusive thoughts, withdrawal). Remember that everyone responds differently, and justice professionals may or may not experience secondary stress. However, knowing yourself by practicing self-care is important to help ensure you remain as effective as possible in your work.

10 LEARN MORE ABOUT TRAUMA. Myriad resources exist for learning more about trauma and the impact it can have on victims and families. The National Child Traumatic Stress Network, for example, has numerous high

SUMMARY



Together with juvenile courts, juvenile justice probation and detention workers play an important role in helping system-involved youth and families navigate justice and social service systems; achieving goals of accountability, competency, and community safety; and promoting safety, self-determination, and social connectedness as conditions of healing. In doing this work, juvenile probation and detention staff are also uniquely poised to serve a critical social support function for vulnerable youth and families. Although much work remains to be done to elucidate the key policies and procedures associated with a true trauma-informed justice system, the tips offered here provide juvenile justice staff a foundation for understanding the basic dynamics of trauma, recognizing trauma reactions, and maintaining self-care.

RESOURCES

National Council of Juvenile
and Family Court Judges:

www.ncjfcj.org

National Child Traumatic Stress Network:

www.nctsn.org

The NCTSN Learning Center for
Child and Adolescent Trauma:

www.learn.nctsn.org

Futures Without Violence:

www.futureswithoutviolence.org

The Adverse Child Experiences Study:

www.acestudy.org

Sanctuary Institute:

www.thesanctuaryinstitute.org

National Center for PTSD:

www.ptsd.va.gov/index.asp

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