



AOC Briefing

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THE EFFECTS OF COMPLEX TRAUMA ON YOUTH

Implications for School Discipline
and Court-Involved Youth

An overview of the
impact of trauma on youth
and the implications for court
and educational settings.



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OF THE COURTS

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AOC Briefing

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I. WHY IS TRAUMA RELEVANT TO SCHOOL DISCIPLINE AND JUVENILE COURT CONCERNS?

Research has shown that childhood exposure to maltreatment or other traumatic experiences is common, particularly for those children and adolescents who enter the child welfare and juvenile justice system. Studies in the area of brain development and epidemiology have demonstrated that exposure to

Keeping Kids in School and Out of Court Initiative

The California “Keeping Kids in School and Out of Court” Initiative is a statewide effort led by Chief Justice Tani G. Cantil-Sakauye. The goal of the initiative is to address school discipline and attendance policies that increase the likelihood of youth becoming involved with the juvenile justice system.

A first step toward addressing the issues delineated by the initiative was the December 2013 Keeping Kids in School and Out of Court Summit, which was held in conjunction with the Center for Families, Children & the Courts’ biennial Beyond the Bench Conference. The summit brought together judicial officers, educators, juvenile justice and child welfare professionals, and community leaders to put a spotlight on the problem of school discipline and attendance policies that may increase children’s risk of juvenile and criminal justice system involvement and to highlight some successful solutions to the problem.

At both the summit and the Beyond the Bench conference, several trauma-focused workshops and a judicial roundtable provided opportunities for training and discussion about the impact of trauma on children’s brain development, and the implications for both court and educational settings. The summit held two trauma-related workshops: “Judging the Teen Brain—What Judges Need to Know About Adolescent Brain Development” and “Transforming Trauma’s Effects on the Developing Brain: How Educators, Judges, and Other Professionals Can Help to Foster Resilience and Promote School Success.” The Beyond the Bench Conference held a judicial roundtable on the topic of trauma-informed practice, and provided a workshop session on the impact of trauma exposure and the implications for court staff and others who work with traumatized youth.

The current policy briefing is intended as an informational follow-up to these educational sessions. It will provide information about childhood trauma, and implications for juvenile court and educational settings. It will describe the importance of using a “trauma-informed approach” in our schools and courts, and actions that can be taken to make these systems more responsive to trauma-exposed youth.

TEN THINGS EVERY JUVENILE COURT JUDGE SHOULD KNOW ABOUT TRAUMA AND DELINQUENCY (NCJFCJ, 2010)

1. A traumatic experience is an event that threatens someone's life, safety, or well-being.
2. Child traumatic stress can lead to Posttraumatic Stress Disorder (PTSD).
3. Trauma impacts a child's development and health throughout his or her life.
4. Complex trauma is associated with risk of delinquency.
5. Traumatic exposure, delinquency, and school failure are related.
6. Trauma assessments can reduce misdiagnosis, promote positive outcomes, and maximize resources.
7. There are mental health treatments that are effective in helping youth who are experiencing child traumatic stress.
8. There is a compelling need for effective family involvement.
9. Youth are resilient.
10. The juvenile justice system needs to be trauma-informed at all levels.

childhood trauma, particularly when it is experienced on a chronic level, can have a detrimental impact on children's functioning, including brain development, regulation of emotions, attachment, and cognitive and behavioral functioning.

Exposure to multiple traumas has also been linked to academic and behavioral issues in the school setting, including an increased likelihood of failing grades, behavioral problems in school, and risky behaviors such as alcohol use, binge drinking, cigarette smoking, and marijuana use.¹ These negative academic and behavioral factors may increase the likelihood that youth will become involved with the juvenile court system.

Data have shown that many youth entering the juvenile court system will have been exposed to one or more potentially damaging childhood traumas. Compared to the general population, court-involved youth are particularly likely to have experienced multiple forms of maltreatment and trauma exposure.^{2,3} As will be described in this policy briefing, these traumatic experiences can have a powerful detrimental impact on youth development and functioning across multiple domains.

The National Council of Juvenile and Family Court Judges (NCJFCJ), in collaboration with the National Child Traumatic Stress Network (NCTSN) and the Office of Juvenile Justice and Delinquency Prevention

(OJJDP), recently published a judicial technical assistance bulletin on the topic of trauma and the juvenile courts that emphasizes the importance of having a juvenile justice system that is "trauma-informed at all levels."

“Trauma-informed systems of care understand the impact of traumatic stress both on youth and families, and provide services and supports that prevent, address, and ameliorate the impact of trauma . . . To be most effective in achieving its mission, the juvenile court must both understand the role of traumatic exposure in the lives of children and engage resources and interventions that address child traumatic stress.”⁴

The recommendations by the NCJFCJ highlight the reasons why juvenile courts need to consider trauma exposure: they emphasize the connection between trauma exposure and risk for delinquency, the need for standardized trauma screening and assessments for youth who enter the juvenile court system, and the importance of ensuring that youth receive appropriate trauma-informed services that can best meet their particular needs and reduce the risk of future delinquent behaviors.

This briefing will expand on the information contained in the NCJFCJ recommendations by providing an overview on the impact of trauma on children’s development and behaviors; describing the prevalence of trauma exposure in both the delinquency and child welfare populations; discussing the link between trauma, school functioning, and delinquency; and outlining the actions that can be taken by judges and other juvenile court stakeholders to create a trauma-informed court process.

II. POLYVICTIMIZATION AND COMPLEX TRAUMA

Research in the areas of brain development and epidemiology has demonstrated that exposure to childhood trauma can have a detrimental impact on children’s brain development, regulation of emotions, attachment, and cognitive and behavioral functioning. The NCJFCJ technical assistance briefing defines trauma as “an event that threatens someone’s life, safety, or well-being.”⁵ Childhood traumas may include experiences such as abuse or neglect, witnessing family or community violence, accidents, exposure to parental drug or alcohol abuse, separation from parents through parental death or divorce, parental criminal behaviors, or parental incarceration.

“Polyvictimization” is defined as the exposure to multiple forms of maltreatment, violence, or other trauma. The forms of trauma assessed and the methods for classifying children as polyvictims vary across studies; however, these studies generally define polyvictimization as repeated exposure to multiple forms of trauma.

The term “complex trauma” is used to describe both the exposure to multiple forms of traumatic experiences and the “immediate and long-term impact of such exposure on the child.”⁶ Complex trauma is different from simple trauma in that the traumatic experiences are generally chronic, of multiple forms

(e.g., repeated exposure to physical abuse, domestic violence, and parental drug use), and occur primarily within the caregiving relationship. As discussed later in the document, this form of trauma can lead to particularly damaging effects on the developing child's emotional, cognitive, and behavioral functioning.

III. PREVALENCE OF TRAUMA EXPOSURE

As noted in the previous section, there is no standard definition for "trauma exposure." Although different sources of trauma statistics may use a variety of definitions, one key finding across these data sources is that trauma exposure is quite common, particularly among youth exhibiting behavioral problems within the school environment and youth who enter the juvenile court system.

According to statistics from the U.S. Department of Health and Human Services, in fiscal year 2011, there were 676,569 children nationwide who were victims of maltreatment (a rate of 9.1 out of every 1,000 children).^{7,8} During that same year in the state of California, there were 80,100 children who were victims of maltreatment (a rate of 8.6 out of every 1,000 children).⁹

In the national sample, 79 percent of these children experienced neglect, 18 percent were physically abused, 9 percent were sexually abused, and 10 percent experienced "other" types of maltreatment. (Note that children may have experienced more than one type of maltreatment.)

The source of the maltreatment was the child's caregiver in 81 percent of the cases.¹⁰ This is consistent with other data sources that indicate that the majority of maltreatment and trauma experienced by children in the United States occurs in the child's home, and is most often perpetrated by the child's own parents.¹¹

Data were collected on the presence of specific household risk factors that the child may also have been exposed to. Results revealed that 25 percent of child victims had been exposed to domestic violence, 10 percent to parental alcohol abuse, and nearly 20 percent to parental drug abuse.¹²

The research literature also provides evidence for the high frequency of trauma exposure in the general population. In one nationally representative survey of 9- to

Complex trauma:

"The experience of multiple, chronic, and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early life onset.

"These exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood."

B. van der Kolk (2005), "Developmental Trauma Disorder: Toward a Rational Diagnosis for Children with Complex Trauma Histories"


16-year-old youth, one-quarter of the children surveyed reported experiencing at least one traumatic event. Six percent of those youth had experienced at least one trauma during the past three months.¹³ A follow-up to this study found that more than 68 percent of youth had experienced at least one potentially traumatic event by the age of 16. A substantial proportion of these trauma-exposed youth demonstrated impairments, including difficulties in school, emotional problems, and physical problems. Of those youth who experienced one traumatic event, 20 percent had one or more of these impairments; for those youth who had experienced multiple traumas, this percentage rose to 50 percent.¹⁴

The prevalence of trauma exposure in child welfare and juvenile justice populations is likely to be even higher than the rates found in nationally representative samples of general populations of youth.¹⁵ One national study that examined trauma exposure in 2,200 children in the child welfare system found that more than 70 percent of the children met the criteria for exposure to complex trauma.¹⁶

A study conducted in a Cook County, Illinois, juvenile detention center found that 93 percent of juvenile detainees reported having experienced at least one traumatic incident; 84 percent had experienced multiple traumas.^{17,18} Youth also exhibited high levels of mental health issues, including posttraumatic stress disorder; approximately 11 percent of youth had this diagnosis. In addition, research on the adult criminal population indicates that much of that population have traumatic childhood histories.¹⁹

IV. EFFECTS OF CHILDHOOD TRAUMA EXPOSURE

Evidence from neurobiological, psychological, and epidemiological research demonstrates that exposure to childhood maltreatment and other traumas has a strong negative impact on a child's brain development, mental and physical health, cognitive development, and emotional and behavioral functioning.²⁰ One message that is consistent throughout this literature is that the effect of trauma exposure is cumulative—the more types of traumas experienced by a child, the greater the risk to that child's development.²¹ Although exposure to multiple incidents of a single form of trauma (e.g., repeated incidents of sexual abuse) can certainly increase the



“Our brain is the most adaptable part of our body. It’s designed to fit with our environment, and childhood experience tells us what kind of environment we’ll be living in.”

Dr. Robert Anda

risk of negative effects, what appears to be particularly damaging is exposure to multiple forms of trauma (e.g., a child who experiences sexual abuse, physical abuse, parental drug use, and exposure to domestic violence in the home).

Physiological Consequences of Trauma Exposure

Exposure to maltreatment, trauma, and other adverse childhood experiences can damage the child's developing brain and body in a number of ways. Traumatic exposures release stress hormones, including cortisol and adrenaline, in order to prepare the body to respond to a threat. This is often referred to as the “fight-flight-or-freeze” (FFOF) response. It is an adaptive response that directs the body's energy resources toward escaping the threatening situation (e.g., fleeing a predator attack).²² Although this is a highly effective response for dealing with an immediate danger, our bodies are not meant to live in this stressed state for extended periods of time. The hormones released during stressful events can have cumulative, long-term damages on the body; this is particularly true for children whose bodies are still experiencing sensitive periods of growth and development.

Not all brain development occurs early in childhood—the brain continues to develop and significantly change throughout childhood and adolescence and into adulthood. As each area of the brain develops, there are critical time periods when the brain region is forming mass and creating connections. During these critical time periods, the impact of maltreatment or other trauma may be particularly damaging to the child's developing brain. Maltreatment and other adverse childhood experiences have been found to result in very predictable changes to the traumatized child's brain and body, which in turn cause predictable cognitive and behavioral traits in that child.²³ In a sense, the child's developing brain is being adapted and wired to help the child survive in a traumatic and stress-filled environment.

For example, the hippocampal area of the brain appears to be particularly vulnerable to damage during the first several years of a child's life. This area of the brain is involved with controlling emotional reactions and constructing verbal memory (memory for words and verbal items) and spatial memory (memory for information about one's environment and its spatial orientation). The hippocampus is also involved with the inhibition of risky behaviors. If a child is exposed to traumas that damage brain development in this area, he or she may be more emotionally reactive, have difficulty regulating behaviors, and have problems with verbal and spatial memory.²⁴

The corpus callosum is also vulnerable to damage in early childhood, particularly during infancy. This brain structure integrates the right and left hemispheres of the brain. Damage to this area may lead to language delays and difficulties with tasks that require the integration of both hemispheres of the brain (e.g., the integration of language and math skills).

This stress-induced damage can disrupt children's normal development and lead to emotional, cognitive, and behavioral issues.²⁵ Potential cognitive impacts include language delays, attentional issues, and memory problems. Behavioral issues may include increased aggression, poor social skills, an inability to moderate emotional responses, attachment problems, and an increase in risk-taking behaviors and impulsivity. Children who experience complex trauma are also more vulnerable to developing mental health (e.g., depression, posttraumatic stress disorder) and substance abuse problems.²⁶

For more detailed information about how maltreatment impacts and shapes a child's developing brain, see the work conducted by Dr. Martin Teicher.²⁷

Behavioral, Health, Mental Health, and Cognitive Consequences of Trauma Exposure

One of the most important early studies on the prevalence and impact of trauma exposure is the Adverse Childhood Experiences (ACE) Study, an epidemiological research project conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC).²⁸ The purpose of the ACE study was to examine the impact of childhood trauma exposure on adult health risk behaviors and diseases. Participants were surveyed, as part of a standardized medical evaluation, regarding their exposure to certain adverse childhood experiences.²⁹ The researchers inquired about the participants' health-related behaviors and health problems that are related to the leading causes of mortality and morbidity (e.g., smoking, drug use, depressed mood, high number of sexual partners), and disease conditions that are among the leading causes of mortality in the United States (e.g., heart disease, stroke, chronic bronchitis).

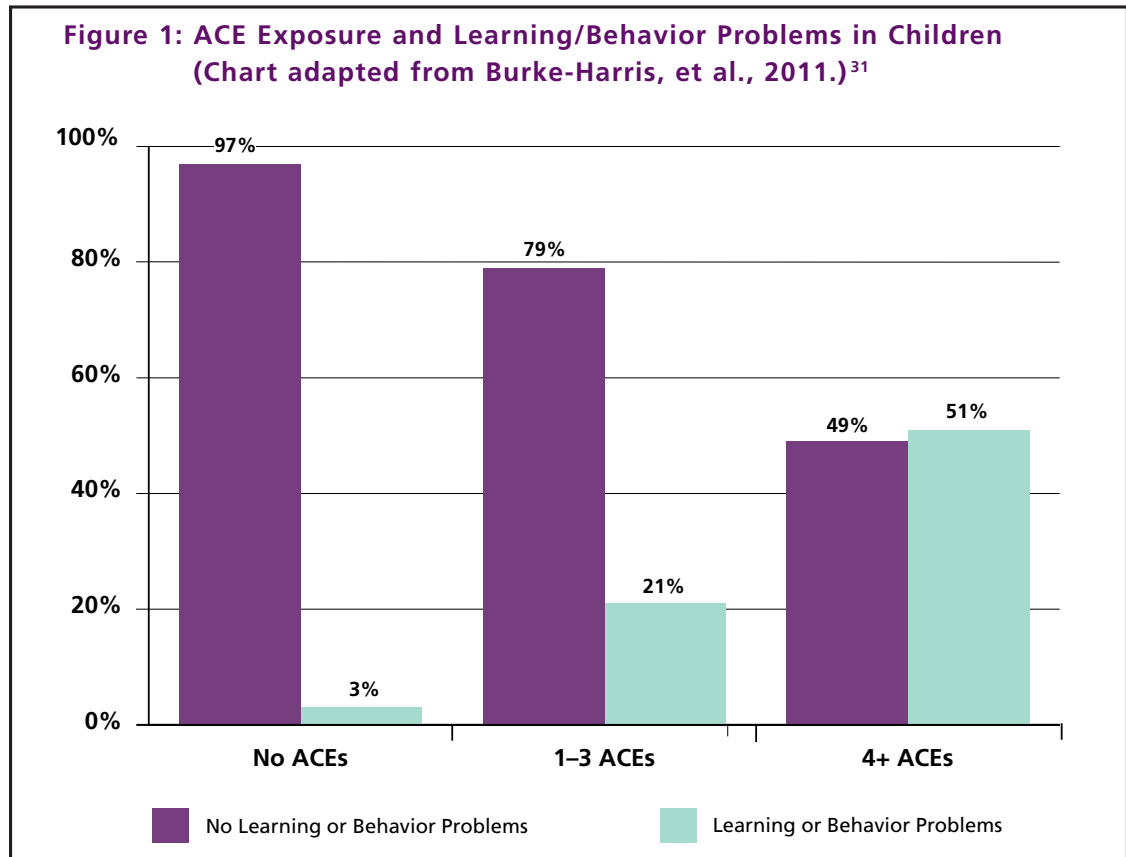
The study found that 68 percent of participants reported experiencing one or more types of adverse events; the most frequent were physical abuse, exposure to parental substance abuse, parental separation, and sexual abuse. Of those participants who reported having adverse childhood experiences, the majority (87 percent) reported experiencing two or more; approximately one out of six reported having four or more types of adverse experiences.

The relationship between exposure to multiple adverse experiences and health outcomes was quite striking. Specifically, the more categories of ACEs experienced, the greater the negative impact on physical, mental, and behavioral health outcomes. For example, in comparison to those with no adverse childhood experiences, those who had experienced four or more ACEs were twice as likely to be smokers, twelve times more likely to have attempted suicide, seven times more likely to be alcoholic, and ten times more likely to have injected street drugs.

Impact of Trauma on Academic and Behavioral Functioning in Schools

Research has established a strong connection between exposure to adverse childhood experiences and a number of negative school-related outcomes, including academic problems, behavioral issues (e.g., fighting in school, substance abuse, cigarette smoking), emotional problems, and truancy. Furthermore, youth who are failing academically, experiencing behavior problems in school, suffering from mental health issues or substance abuse problems, and engaging in risky behaviors are considerably more likely to become involved with the juvenile justice system.

In one recent study conducted at the Bayview Child Health Center in San Francisco, researchers examined the case files of 701 children who had received services at the center. Results revealed that 67 percent of the children had experienced one or more ACEs. Twelve percent of children had been exposed to four or more ACEs. Of those children who experienced none of the ACEs, very few (3 percent) presented



with learning or behavioral problems in school. The rates of learning or behavior problems increased with the number of ACEs experienced (see Figure 1). For those children who experienced four or more ACEs, the odds of having a learning or behavioral problem were 32 times as high as children who had no ACEs.³⁰

Another study conducted in Washington State asked two ACE-related questions to a sample of 8th, 10th, and 12th grade students as part of a statewide student health survey.³² These questions inquired as to whether the youth respondents had been physically abused (“Have you ever been physically abused?”) or witnessed violence between adults (“Have you witnessed adult-to-adult violence more than once?”). Forty-two percent of the students reported experiencing one or both of the adverse experiences. (Twenty-nine percent experienced one of these factors and 13 percent experienced both.) Exposure to one or both of these factors was associated with school, behavioral, and health problems. For example, 46 percent of youth who experienced both adverse experiences had problems with fighting, compared to only 17 percent of youth reporting no adverse experiences. Exposure to adverse experiences increased the risk of depression, suicidal ideation, failing grades, alcohol use, binge drinking, cigarette smoking, and marijuana use. Exposure to one or both adverse experience factors was also associated with long-term emotional or learning disabilities. Many of these risk factors and behaviors may lead youth to experience disciplinary issues in school and increase the risk for involvement in the juvenile justice system.

Another recent study on the impact of adverse experiences in elementary school children in Washington State found that youth who were exposed to multiple adverse events (e.g., referral to Child Protective Services, exposure to family violence, residential instability) were more likely to present with health and school attendance problems, behavior problems in school, and academic failure. In fact, exposure to adverse events was the strongest predictor for health, attendance, and behavior problems and the second strongest predictor (after special education status) for academic failure.³³

It is important to note that this line of research on adverse experiences focuses on a particular subset of potentially traumatic events, and does not include other factors that may also negatively impact children’s development (e.g., poverty, community violence, homelessness). It is likely that children who experience multiple ACEs are also exposed to these additional detrimental factors, which would further increase the likelihood of negative developmental outcomes.

V. RESILIENCY IN TRAUMA-EXPOSED CHILDREN

It is important to point out that even though exposure to trauma and other adverse childhood experiences have been shown to have negative effects on children's development and functioning, there are also factors that can lead a trauma-exposed child to be resilient to these harmful experiences.

Resilience can be defined in a number of ways, but the clearest and most applicable definition is that resilience is simply "the ability of an individual, system, or organization to meet challenges, survive, and do well despite adversity."³⁴ Factors that promote resilience in trauma-exposed children can be found on multiple levels: the individual level (e.g., child's cognitive abilities), the family level (e.g., presence of a loving, supportive adult in the child's life), and the community level (resources available to the child in the community).

As described earlier, children's brains continue to develop through childhood and adolescence, which can leave them vulnerable to the damaging effects of trauma. However, this also means that throughout childhood there are also multiple windows of opportunity for appropriate interventions to have a positive impact on the youth's ongoing development. One key element that can encourage resilience is the support of at least one competent, caring adult who can consistently be there to support and care for the child.³⁵ In the school setting, this adult support may come from a child's teacher, counselor, or mentor. For those children who are exposed to adverse experiences in their homes and community, school can be a place where they experience safety, support, and stability. This is also an opportunity for systems involved with the child to use information about the child's strengths and needs to identify the most appropriate interventions for addressing the child's trauma-based symptoms and to promote future resiliency. The National Council of Juvenile and Family Court Judges (NCJFCJ) encourages courts and schools to work to promote resiliency in youth:

*"[S]chools, courts, and communities can enhance resiliency by providing opportunities for youth to make meaningful decisions about their lives and environment, as well as investing in recreational programs, arts, mentorship, and vocational programs."*³⁶

VI. A "TRAUMA-INFORMED" JUVENILE COURT

Given that trauma exposure is common in the child welfare and juvenile justice populations and that a history of trauma exposure has been linked to negative outcomes for children and adolescents, it is crucial for the courts and other agencies who serve these populations of youth to understand and consider issues related to children's exposure to trauma. This includes recognizing the important role that judicial officers, probation, and child welfare can play in identifying and assisting youth who have experienced

trauma, utilizing trauma-focused screening and assessment tools, and considering trauma factors when making dispositional decisions on treatment and placement options for trauma-exposed youth.

As described throughout this document, youth who have experienced multiple adverse events in childhood are at risk for health, mental health, and behavioral problems, including substance abuse, school behavioral and academic problems, and delinquency.³⁷ Data have also shown that a large proportion of the youth entering the juvenile delinquency or juvenile dependency systems have experienced one or more potentially damaging childhood traumas.^{38, 39}

The NCJFCJ recently published a judicial technical assistance bulletin on the topic of trauma and delinquency that emphasized the importance of having a juvenile justice system that is “trauma informed at all levels.”⁴⁰ In addition, a recent publication by the University of Minnesota, School of Social Work, provides an overview of trauma-informed practices in the child welfare system, including prevalence rates of complex trauma in the child welfare population, the impact of traumatic stress on parents involved in the child welfare system, and an overview of what a trauma-informed child welfare system should look like.⁴¹ Although many of the recommendations fall outside the scope of the juvenile courts, there are some suggestions that are court-relevant. These recommendations include a focus on physical and psychological safety for trauma-exposed children (e.g., ensuring appropriate and stable placements), universal screening for trauma exposure, trauma-focused assessments for youth with known trauma histories, appropriate trauma-focused services and treatment, parent and caregiver engagement, and system coordination between service providers, schools, and the courts.^{42, 43}

The Role of Juvenile Court in Identifying and Assisting Trauma-Exposed Youth

Judicial officers can play an important role in the identification and assistance of trauma-exposed youth. The NCJFCJ recently published a set of bench cards for trauma-informed judges.⁴⁴ These bench cards provide recommendations for judicial officers regarding ways that they can identify youth who have been trauma exposed, considerations for dealing with trauma-exposed youth in the juvenile court system, and how to determine whether trauma-focused services are appropriate. The bench cards include suggestions about questions judges should consider when determining trauma exposure and impact. For example:

- “Has the child been exposed to traumatic events on multiple occasions or over a prolonged period of time?”
- “Does the child feel safe with his or her caregiver?”
- “Does the child’s caregiver have a history of trauma exposure?”

SCREENING vs. ASSESSMENT

Screening instruments are brief questionnaires that are administered to all youth at point of intake and can be completed by nonclinical staff. They may be used in making initial decisions regarding a youth's placement and immediate needs, including the need for further evaluation.

Assessment instruments are part of an in-depth evaluation of a youth's needs. These instruments are generally longer and more comprehensive than screening instruments. Some may be completed by nonclinical staff, while others require clinical training.

It is also recommended that judicial officers determine whether there are any potential trauma triggers in a youth's current or recommended placement, and whether dispositional recommendations are appropriate for trauma-exposed youth.

In addition, the authors of the bench card recommend that judges consider actions they can take in the courtroom to decrease a traumatized youth's anxiety and improve the youth's ability to participate in the court process. Although the bench card does not make recommendations about the specific actions that judicial officers should take to accomplish this goal, there are other useful informational sources on this topic.⁴⁵ One session at the recent Keeping Kids in School and Out of Court Summit suggests techniques that might be used to assist trauma-exposed children in the school setting.⁴⁶ Some of these techniques may also be easily applied in the courtroom setting. For example, a youth's anxiety and stress in the courtroom may be reduced by taking a few moments to engage in simple actions such as taking a few deep breaths or stretching, taking a drink of water, or squeezing a "stress ball" or other soft object. Judicial officers can also work toward establishing trust with the youth and helping youth to feel safe in the courtroom environment—the need for trust and safety being areas of particular concern for trauma-exposed youth. Providing youth the opportunity, when appropriate, to have a voice in the proceedings may help trauma-exposed youth to feel a greater sense of engagement and control over the process and outcome. These actions can certainly be used to reduce the stress and anxiety of any youth who ends up in the juvenile justice system, but they may be particularly beneficial to trauma-exposed youth.

If there is insufficient information available regarding the youth's trauma history, judicial officers can request the administration of appropriate trauma-focused screening and evaluation tools. These screening and assessment tools can be administered on an as-needed basis, or may also be incorporated into the regular intake screening and assessment processes conducted by probation and child welfare.

Use of Trauma Screening Tools and Assessments

According to those who have experience working with youth within the child welfare system, children are more likely to report trauma exposure when asked directly about their experiences.⁴⁷ One method for obtaining trauma history information is through screening and assessment instruments. Screening for traumatic experiences and the impact of those experiences is important for youth involved in the

child welfare, mental health, or juvenile justice systems. The NCJFCJ recommends the use of appropriate trauma screening and assessment tools in order to determine a youth's exposure to traumatic events.⁴⁸

The trauma evaluation process may include the use of screening tools administered by clinical or non-clinical personnel and more in-depth clinician-administered assessment tools that evaluate the impact of trauma exposure on the youth's functioning and the presence of any posttraumatic symptoms. The information obtained can help identify a youth's needs in order to inform treatment and dispositional decisions. It is important to note that these instruments should not be used as forensic interviews or as evidence in child abuse or neglect cases. Results should be utilized for screening and assessment purposes only.

Examples of trauma screening tools include the Traumatic Events Screening Inventory (TESI)^{49, 50} and the Child Welfare Trauma Referral Tool.⁵¹ The TESI is a clinician-administered screening tool that assesses a child's experience of a variety of potentially traumatic events, including injuries, hospitalizations, domestic violence, community violence, disasters, accidents, physical abuse, and sexual abuse. The Child Welfare Trauma Referral Tool is an instrument that captures information about a child's trauma history, including the age range during which the trauma was experienced, the child's traumatic stress reactions, and any behavioral and mental health issues. The instrument also includes a section for recommendations regarding mental health services.

More in-depth assessments, conducted by qualified mental health professionals, can be conducted for those youth identified as being possibly trauma exposed. Examples of trauma assessments include the Trauma Symptom Checklist for Children (TSC-C)⁵² and the UCLA Posttraumatic Stress Disorder Reaction Index.⁵³

An additional resource that may be useful to attorneys and court-appointed child advocates is the Polyvictimization and Trauma Identification Checklist and Resource Guide. This tool, developed by the Safe Start Center, the American Bar Association (ABA) Center on Children and the Law, and Child & Family Policy Associates, provides a template for attorneys or child advocates to organize information related to a child's trauma history and trauma-related symptoms.⁵⁴

Use of Evidence-Based Practices for Trauma-Exposed Youth

There are established evidence-based practices (EBPs) that have been shown to benefit youth who have experienced traumatic stress. However, jurisdictions will likely vary in the extent to which specific trauma-focused services are available. The NCJFCJ recommends that "Judges can and should discuss the availability of EBPs with their treatment providers and advocate for the development of trauma-specific programming."⁵⁵

According to the Centers for Disease Control and Prevention, the most effective practices for trauma-exposed youth are those that use cognitive-behavioral approaches and both individual and group therapy approaches.⁵⁶ Examples of programs using evidence-based practices for trauma-exposed youth include Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). CBITS is a school-based intervention program that is delivered in both group and individual settings with the option of parental participation. The goal of the program is to relieve symptoms of posttraumatic stress, anxiety, and depression in children who have been exposed to trauma. The program also focuses on reducing behavior problems and improving school function, grades, and attendance. It is listed as a promising practice by Blueprints for Healthy Youth Development⁵⁷ and as an effective practice by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in their Model Programs Guide.⁵⁸ TF-CBT is a therapy designed to assist children and adolescents who are experiencing emotional and behavioral difficulties related to traumatic life events. This therapeutic approach provides treatment to both the child and the child's parents. The goal of the program is to teach children and their parents how to process and manage the distressing thoughts, emotions, and behaviors that are related to the traumatic experiences. TF-CBT is generally a short-term treatment that can be delivered to youth who are at home with their parents, in foster care, and in residential facilities. The program has been ranked by the California Evidence-Based Clearinghouse for Child Welfare⁵⁹ as being well-supported by research evidence and as being highly applicable to the child welfare population.

Additional information on these and other trauma-focused programs is available.⁶⁰

Engagement of Child's Parents/Caregivers

According to the NCJFCJ, it is important for the courts to engage the parents or caregivers of trauma-exposed children. This is crucial for a number of reasons. It may be necessary to provide education to caregivers about the negative impact of traumatic experiences, treatments that would benefit the child, and ways that the caregiver can best support the child. Research has also shown that compared to youth who have support from family members, youth who lack family support are at a higher risk of continued involvement in the juvenile court system.^{61, 62}

It is also important to determine whether the child's parents or caregivers have traumatic histories of their own. Research suggests that trauma exposure tends to be multigenerational, and parents may need treatment or support services to address their own trauma histories in order to allow them to best meet the needs of the child.^{63, 64}

The Family Policy Council's online training on adverse childhood experiences provides an overview of one program in Washington State (Parent Trust for Washington Children) that focuses on court-

involved parents who present with multiple issues (e.g., substance abuse and domestic violence or abuse of children). The program was designed for parents who had difficulty meeting all of their court-ordered requirements due to the presence of multiple issues. The program uses an adverse experiences screener with parents in order to help the parents understand the source of some of their own problems and to encourage them to prevent future adverse experiences in the lives of their children. The information obtained from the screener is also used to predict and prevent parent relapse, as parents with a history of four or more ACEs are considered to be particularly vulnerable to relapsing.

Summary

It is critical for judicial officers, attorneys, probation officers, child welfare, and other professionals who work with youth to be knowledgeable about the impact of trauma on children's development and on their emotional, behavioral, and cognitive functioning. Understanding trauma and the potential impacts on children who come before the juvenile and family courts can help identify children who have experienced trauma and allow the systems involved with those children to make decisions that will best address the child's needs. Use of a trauma-informed approach may also help to prevent further traumatization of children by the courts, schools, child welfare, and other involved systems.

VII. ADDITIONAL RESOURCES

Trauma-Related Juvenile Justice and Child Welfare Articles:

- Child welfare article series: Trauma-Informed Child Welfare Practice, Winter 2013
http://cascw.umn.edu/wp-content/uploads/2013/12/CW360-Ambit_Winter2013.pdf
- Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions
www.ncmhjj.com/wp-content/uploads/2013/07/2007_Trauma-Among-Youth-in-the-Juvenile-Justice-System.pdf
- Complex Trauma and Mental Health of Children Placed in Foster Care
www.nctsn.org/sites/default/files/assets/pdfs/policybrief4_complextrauma.pdf

Webinars/Trainings on Trauma and Adverse Childhood Experiences (ACEs):

- “Polyvictimization Considerations in the Judicial System” (Free 90-minute training; site registration required to access course. CEUs are available.)
http://learn.nctsn.org/file.php/1/pdf/Polyvictimization_and_Complex_Trauma_Speaker_Series_2013.pdf

Informational Sources for Judicial Officers:

- NCTSN Bench Card for the Trauma-Informed Judge
www.ncjfcj.org/sites/default/files/JudgeBenchCards_final.pdf
- Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency
www.ncjfcj.org/sites/default/files/trauma%20bulletin_1.pdf

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