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Can We Help Without Knowing It's There: The Importance of Trauma Screening in the Youth Justice System

Sarah Ryan

Compared to their peers, justice-involved youth experience a much higher prevalence of trauma exposure.¹ For example, a longitudinal study of youth detained at Chicago's Cook County Juvenile Temporary Detention Center revealed that 92.5 percent of the center's residents had experienced trauma at least once, with over half reporting exposure to trauma six or more times.²

Although psychological interventions effectively prevent many of trauma's the long-term effects,³ great quantities of detention centers and residential treatment facilities do not screen or assess for trauma, thus leaving trauma exposure and post-traumatic stress disorder ("PTSD") under-identified in justice-involved youth.⁴ Left undiagnosed, youth are prevented from receiving appropriate care in the facility and the treatment that is necessary to process their trauma.⁵ Further, incarceration itself is traumatic, and stressful environments and abusive practices within facilities exacerbate the effects of previous trauma, which results in re-victimization, further involvement in the criminal legal system, and other severe consequences.⁶

If the goal of the juvenile justice system is to rehabilitate and successfully reintegrate youth into the community,⁷ it is essential that detained youth are not re-traumatized, and that their treatment needs are addressed. In order to achieve these goals, the juvenile justice system should implement consistent

¹ Patricia K. Kerig et al., *Assessing Exposure to Psychological Trauma and Post-traumatic Stress in the Juvenile Justice Population*, NAT'L CHILD TRAUMATIC STRESS NETWORK 3, 5 (2014), https://www.researchgate.net/publication/274057809_Assessing_exposure_to_psychological_trauma_and_posttraumatic_stress_symptoms_in_the_juvenile_justice_population.

² Karen M. Abram et al., *Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention*, 61 ARCHIVES GEN. PSYCHIATRY 403, 410 (2004).

³ *The Effects of Trauma Do Not Have to Last a Lifetime*, AM. PSYCH. ASS'N (2005), <https://www.apa.org/research/action/ptsd>.

⁴ JENNIFER F. HAVENS, CREATING TRAUMA-INFORMED CARE IN JUVENILE SECURE DETENTION 5 (Nat'l Conf. of State Legislatures n.d.).

⁵ ERICA J. ADAMS, HEALING INVISIBLE WOUNDS: WHY INVESTING IN TRAUMA-INFORMED CARE FOR CHILDREN MAKES SENSE 4 (Just. Pol'y Inst. 2010).

⁶ RICHARD A. MENDEL, NO PLACE FOR KIDS: THE CASE FOR REDUCING JUVENILE INCARCERATION 24 (The Annie E. Casey Found. 2011).

⁷ *Juvenile Justice*, YOUTH.GOV, <https://youth.gov/youth-topics/juvenile-justice> (last visited Nov. 14, 2020).

and accurate methods of trauma screening and assessment.⁸ This paper will address the impact of trauma on incarcerated youth and discuss the ways the juvenile justice system exacerbates the negative effects of trauma. This paper will also argue that while not a cure-all, properly screening and assessing youth in the system for trauma can be an effective way to protect them from further harm and address their treatment needs.

Trauma and Justice-Involved Youth

The National Child Traumatic Stress Network explains that trauma occurs “when a child experiences an intense event that threatens or causes harm to their emotional and physical well-being.”⁹ Witnessing or being the victim of abuse or violence, whether physical, sexual or emotional, is an example of trauma.¹⁰ Trauma may also result from experiencing natural disasters, accidents, or community violence.¹¹ Unfortunately, many young people experience some type of violence, crime, or abuse.¹²

Justice-involved youth, however, report much higher rates of trauma exposure compared to the general population.¹³ Samples within the juvenile detention setting reveal that these youth experience a particularly high prevalence of trauma stressors like being threatened with a weapon, loss of a loved one, and physical assault.¹⁴ Further, rates of complex trauma exposure for detained youth are three times greater than community samples, meaning that these youth tend to experience multiple and different types of traumatic events.¹⁵ As a result of their increased exposure to complex trauma, justice-involved youth, especially young women, suffer from a higher prevalence of PTSD and

⁸ Danielle Rousseau, *Juvenile Detention Centers: The Importance of Assessing Childhood Trauma*, BOSTON UNIV. (Apr. 28, 2019), <http://sites.bu.edu/daniellerousseau/2019/04/28/juvenile-detention-centers-the-importance-of-assessing-childhood-trauma/>.

⁹ *What is Child Traumatic Stress?*, NAT'L CHILD TRAUMATIC STRESS NETWORK (2003), https://www.nctsn.org/sites/default/files/resources/what_is_child_traumatic_stress.pdf.

¹⁰ *Id.*

¹¹ AM. PSYCH. ASS'N, *supra* note 3.

¹² NAT'L CHILD TRAUMATIC STRESS NETWORK, *supra* note 9 (“Sadly, about one of every four children will experience a traumatic event before the age of 16.”).

¹³ Julian D. Ford et al., *Complex Trauma and Aggression in Secure Juvenile Justice Settings*, 39 CRIM. JUST. & BEHAV. 694, 697 (2012).

¹⁴ *Id.*

¹⁵ Julian D. Ford et al., *Abstract to Poly-victimization and Risk of Posttraumatic, Depressive, and Substance Use Disorders and Involvement in Delinquency in a National Sample of Adolescents*, 46 J. ADOLESCENT HEALTH (2010); *Complex Trauma*, NAT'L CHILD TRAUMATIC STRESS NETWORK, <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma> (last visited Nov. 14, 2020).

comorbid mental health problems.¹⁶ Reported rates of PTSD for these youth range up to fifty-two percent.¹⁷ Additionally, two-thirds of young men and three-quarters of young women in juvenile detention facilities have one or more psychiatric disorders.¹⁸

Responses to trauma are often both physiological and psychological.¹⁹ Youth exposed to traumatic events may experience internalized problems like depression and anxiety, or externalized problems like aggression and oppositional behavior.²⁰ Oftentimes, it is these external manifestations of trauma that bring youth to the attention of the juvenile justice system in the first place.²¹ Other negative effects of trauma include disrupted brain development, decreased cognitive abilities, and an enhanced risk for substance abuse disorders and suicidality.²² Incarceration itself has commensurate effects on youth within the system and is likely to particularly impact those with a history of trauma.²³

The Juvenile Justice System Exacerbates these Effects

In one qualitative research project, the youth respondents labeled the juvenile justice system as “traumatizing,” especially for those with mental health needs.²⁴ Numerous aspects of the juvenile justice experience can trigger reactions to previous traumatic experiences and aggravate symptoms of existing mental disorders.²⁵ For example, merely being in confinement has been shown to exacerbate the symptoms of mental disorders like PTSD.²⁶ Further, removing youth from a familiar environment during development and isolating them from consistent family support puts them at a higher risk of prolonged involve-

¹⁶ Carly B. Dierkhising et al., *Trauma Histories Among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network*, EUROPEAN J. PSYCHOTRAUMATOLOGY, July 16, 2013, at 10.

¹⁷ JENNIFER F. HAVENS, *supra* note 4 at 4.

¹⁸ Linda A. Teplin et al., *Psychiatric Disorders in Youth in Juvenile Detention*, 59 ARCHIVES GEN. PSYCHIATRY 1133, 1138 (2002).

¹⁹ NAT’L CHILD TRAUMATIC STRESS NETWORK, *supra* note 9.

²⁰ Kathleen R. Skowrya & Joseph J. Cocozza. *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*, NAT’L CTR. MENTAL HEALTH AND JUVENILE JUSTICE, 1, 43 (Jan. 2006) (Draft).

²¹ *Id.*

²² Ford et al., *supra* note 13, at 699; Adams, *supra* note 5 at 2.

²³ Adams, *supra* note 5 at 6.

²⁴ L. RAVOIRA ET AL., VOICES FROM THE FIELD: FINDINGS FROM THE NGI LISTENING SESSIONS 18 (Nat’l Council on Crime & Delinq. Ctr. for Girls & Young Women 2012).

²⁵ See Skowrya & Cocozza, *supra* note 20 at 43 (citing to Mahoney et al.).

²⁶ ERICA J. ADAMS, *supra* note 5 at 6.

ment in the system.²⁷ Further, practices that the system considers standard, like handcuffing, body/strip searches, and restraints, can produce feelings of loss of control and lack of privacy, and re-traumatize the person experiencing them.²⁸ Threats of isolation and staff insensitivity also act as more subtle trauma reminders.²⁹

Other characteristics of the juvenile detention environment can also be re-traumatizing. In recent years, investigations have revealed that several juvenile detention centers are guilty of using excessive physical force in discipline.³⁰ Further, the Bureau of Justice Statistics releases yearly reports of instances of sexual victimization and sexual violence by other youth or facility staff.³¹ An unsafe environment riddled with threats of physical or sexual aggression from both staff and other youth aggravates the effects of previous victimization.³² Further, detention center staff often lacks the knowledge, training, and expertise to appropriately engage with youth suffering from previous trauma.

Moreover, detention risks interrupting treatments that a young person already receives like medication or therapeutic services.³³ Nonetheless, youth with mental health problems are susceptible to extended stays in detention because of their complicated placement needs.³⁴ All youth who enter the juvenile justice system are more vulnerable to feelings of depression, anxiety, and hopelessness, and this can be much worse for those with existing mental health problems.³⁵ Additionally, youth with a history of trauma experience a greater risk for suicide, which confinement in juvenile facilities is known to inten-

²⁷ See Kristine Buffington et al., *Ten things every juvenile court judge should know about trauma and delinquency*, (Technical Assistance Bulletin), National Council of Juvenile and Family Court Judges, at p. 10 (2010), https://www.ncjfcj.org/sites/default/files/trauma%20bulletin_1.pdf. (citing to Garbarino, 2000).

²⁸ See Skowrya & Coccozza, *supra* note 20 at 43 (citing to Hennessey, Ford, Mahoney, Ko & Seigfried, 2004).

²⁹ PATRICIA K. KERIG & JULIAN D. FORD, TRAUMA AMONG GIRLS IN THE JUVENILE JUSTICE SYSTEM 7 (Nat'l Child Traumatic Stress Network 2014).

³⁰ Nicholas Confessore, *4 Youth Prisons in New York Used Excessive Force*, N.Y. TIMES (Aug. 24, 2009), <https://www.nytimes.com/2009/08/25/nyregion/25juvenile.html>.

³¹ ALLEN J. BECK, PAIGE M. HARRISON, & PAUL GUERINO, SEXUAL VICTIMIZATION IN JUVENILE FACILITIES REPORTED BY YOUTH, 2008-09, 1, 1 (U.S. DOJ Bureau of Just. Stat. 2010).

³² NAT'L COUNCIL ON CRIME & DELINQUENCY CTR. FOR GIRLS & YOUNG WOMEN, UNDERSTANDING TRAUMA THROUGH A GENDER LENS 2 (n.d.) (discussing common practices in the juvenile justice system that further retraumatize youth).

³³ Skowrya & Coccozza, *supra* note 20 at 52.

³⁴ *Id.*

³⁵ *Id.*

sify.³⁶ Considering the lasting effects that child traumatic stress has on brain development and the way it can influence a person's life, it is essential to prevent trauma when possible and intervene immediately.³⁷ As this information suggests, policies that promote safety and treatment in these facilities are necessary in order to protect and rehabilitate all system-impacted youth, but especially the most vulnerable.³⁸

Preventing Harm and Improving Care through Screening and Assessments

Even though many system-involved youths have suffered from trauma,³⁹ comprehensive mental health screening is still not uniformly employed across the system.⁴⁰ The juvenile justice system is uniquely situated because it has the potential to either exacerbate or address multiple problems that impact the lives of justice-involved youth.⁴¹ To ensure that the system does not cause more harm than good, screening and assessment should be used to determine each youth's trauma history and detect mental health treatment needs. Screening and assessment should occur at the earliest point of contact with the system in order to inform subsequent decision making and treatment methods.⁴²

Because the effects of trauma often imitate behaviors that are frequently criminalized, it is important that *all* youth entering the juvenile justice system undergo a standardized mental health screening.⁴³ Screenings are brief and can be applied universally, which allows staff to efficiently evaluate for immediate safety concerns and detect whether further assessment is needed.⁴⁴ Trauma screening typically focuses on trauma exposure and traumatic stress symptoms.⁴⁵ Screening can help determine what specific traumas occurred at what ages and in what circumstances and can help identify what reactions and

³⁶ LINDSAY M. HAYES, NAT'L CTR. ON INST. & ALT., JUVENILE SUICIDE IN CONFINEMENT: A NATIONAL SURVEY, 1, 15 (U.S. DOJ Off. of Juv. Just. & Delinq. Prevention 2009).

³⁷ Buffington et al., *supra* note 27 at 5.

³⁸ Dierkhising, *supra* note 16 at 9.

³⁹ See Buffington et al., *supra* note 27 at 8 (citing to Wood, Foy, Layne, Pynoos, & James, 2002, p. 129; noting that 60% of justice-involved youth suffer from diagnosable mental health disorders).

⁴⁰ See Skowrya & Coccozza, *supra* note 20 at 25 (noting that less than half of facilities actually reported screening all youth in their facility).

⁴¹ Dierkhising, *supra* note 16 at 9.

⁴² Skowrya & Coccozza, *supra* note 20 at p. 25.

⁴³ JULIAN D. FORD ET AL., TRAUMA AMONG YOUTH IN THE JUVENILE JUSTICE SYSTEM: CRITICAL ISSUES AND NEW DIRECTIONS 3 (Nat'l Ctr. for Mental Health & Juv. Just. 2007).

⁴⁴ Rousseau, *supra* note 8.

⁴⁵ FORD ET AL., (2007), *supra* note 43 at 3.

symptoms the youth is primarily dealing with.⁴⁶ A mental health screening would allow possible psychiatric conditions to be identified so that those that require immediate attention or further clinical assessment can be appropriately treated.⁴⁷

Assessments, on the other hand, are more comprehensive and are usually only necessary for a subset of the youth who undergo an initial mental health screening.⁴⁸ Beyond screening, clinical assessments should be implemented to clearly identify clinical disorders and further examine psychosocial problems identified during the initial screen.⁴⁹ An assessment offers a more in-depth evaluation and is designed to establish whether the person being assessed meets specific criteria for a mental health diagnosis.⁵⁰ Because trauma assessments are more thorough, they are essential in collecting information that should guide treatment planning and other necessary interventions.⁵¹ Similarly, thorough assessments can prevent misdiagnosis because they go beyond merely diagnosing based on observable behaviors and symptoms.⁵² Without thorough assessments, youth may be provided treatment based on surface-level diagnoses, without addressing the traumatic experiences that are contributing to the behaviors.⁵³ Mechanisms to screen and assess for trauma should be implemented to minimize system-induced trauma, prevent exacerbating the effects of existing trauma, and achieve the purported goals of the juvenile justice system.

Currently, an expansive body of knowledge and tools are available to assist in both identifying and tracking trauma histories.⁵⁴ For example, the Traumatic Events Screening Inventory and the UCLA Posttraumatic Stress Disorder Reaction Index are both standardized assessment tools that are used to identify and assess mental health disorders and behavioral symptoms related to traumatic experiences.⁵⁵ With so much at stake for youth and society, it is imperative to use these tools to generate appropriate responses to trauma and proper treatment for trauma-exposed youth. Since the effects of trauma are

⁴⁶ *Id.*

⁴⁷ Rousseau, *supra* note 8.

⁴⁸ Skowrya & Coccozza, *supra* note 20 at 25.

⁴⁹ Dierkhising, *supra* note 16 at 9.

⁵⁰ Rousseau, *supra* note 8.

⁵¹ FORD ET AL., *supra* note 43 at 4.

⁵² Buffington et al., *supra* note 27 at 8.

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ *See id.* (citing to Daviss et al., 2000; Ford et al., 2000 and Steinberg, Brymer, Decker, & Pynoos, 2004).

cumulative, it is favorable to all stakeholders to halt trauma exposure wherever and whenever possible.⁵⁶

Conclusion

Given the comprehensive evidence on how many justice-involved youths are impacted by trauma exposure and related disorders, uniform trauma screening and assessments must become a standard component of the juvenile justice system. Screening and assessment are essential for detecting mental health disorders and their associated symptoms. Identification of trauma exposure and trauma-related mental health problems is crucial in order to prevent further harm and provide effective treatment for system-involved youth. It is important to note that an essential aspect of an effective screening and assessment process is the subsequent availability of evidence-based treatment practices and appropriately trained staff to execute them. Employing a trauma-informed approach to the juvenile justice system is vital to properly care for justice-involved youth experiencing trauma reactions and to achieve the juvenile justice system's goals.

⁵⁶ Buffington et al., *supra* note 27 at 6.