Child Trauma and Juvenile Justice: Prevalence, Impact and Treatment

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Module 4b: Child Trauma
MHTC-JJ Module 4b: Child Trauma

After this session, participants will understand:

- Current definitions of trauma, including traumatic events, experiences and effects
- The prevalence of traumatic experiences among youth involved with the juvenile justice system
- The impact of childhood trauma on youth development, behavior and delinquency
- Emerging responses to trauma among youth in the juvenile justice system including trauma screening, assessment, treatments and recovery
Child Trauma

- New field of research focusing on the impact of early adverse experiences on youth
A Common Theme for Child Systems

- Child Welfare
- Education
- Substance Abuse
- Mental Health
- Children Exposed to Violence
- Juvenile Justice

ModelsforChange
An Initiative supported by the John D. and Catherine T. MacArthur Foundation
Trauma- Definitions

- The experience of an event by a person that is emotionally painful or distressful which often results in lasting mental and physical effects. (NIMH)
- Event
- Experience
- Effect
Traumatic Events Can Include:

- Abuse - Physical, Emotional, Sexual
- Neglect
- Victimization
- Domestic / Community Violence
- Accident / Illness
- Natural Disaster
- War / Terrorism
Trauma- Experiences

- Life Threatening
- Overwhelming
- A Subjective, Internal State
- Varies Between People
- Varies Over Time with the Same Person- Developmental Level
- Single Incident or Chronic Incidents
Symptoms can include:
- Nightmares
- Flashbacks
- Fight or Flight
- Dissociation
- Cutting
- Hyperarousal
- Misinterpretation of Cues
- Overreaction
Trauma- Effects

- DSM IV Diagnostic Criteria for Post Traumatic Stress Disorder (PTSD)
- After experiencing the event, the person must exhibit all three types of symptoms:
  - Re-experiencing
  - Avoidance
  - Hyperarousal
Trauma and Human Existence
by Robert D. Stolorow (2007)

- Trauma plunges the person into recognition of death as a constantly threatening possibility, leading to the collapse of everyday significance… When one is traumatized one can no longer have a normal sense of being-in-the-world. Trauma is singularizing, isolative, and non-relational, and its terror unendurable.
Most people can get through adverse experiences without developing trauma symptoms.

- Resilience and Protective Factors
- Recovery
Prevalence Studies of Youth

- Longitudinal general population study of 9–16 year olds, 25% had experienced at least one traumatic event with 6% in the past three months

- Fourth National Incidence Study of Child Abuse- 1,256,000 children maltreated in one year
Prevalence of Traumatic Experiences for Youth in Juvenile Justice

- At least 75% of children in the juvenile justice system have experienced traumatic victimization. (Events)
- As many as 50% of these youth may have symptoms of Posttraumatic Stress Disorder. (Effects)

Prevalence of Traumatic Experiences for Youth in Juvenile Justice

- 93% of children in detention report exposure to adverse events. These adverse and potentially traumatic events include accidents and serious illnesses, physical abuse, sexual abuse, neglect, traumatic loss, domestic and community violence.

- The majority of youth were exposed to six or more events

- Girls reported greater exposure to all adverse events, except physical abuse and traumatic loss.

(Abram et al., 2004); (Ford et al., 2007).
Trauma- Long Term Impact

- Adverse Childhood Experiences Study
  - A youth experiencing:
    - Physical abuse and neglect
    - Emotional abuse and neglect
    - Sexual abuse
  - A youth growing up in a household with:
    - An alcohol or drug abuser
    - An incarcerated household member
    - Someone who is chronically depressed, suicidal, institutionalized or mentally ill
    - Domestic Violence
Trauma- Long Term Impact

- Exposure to these adverse experiences increases a youth’s risk for:
  - Major Mental Illness
  - Substance Abuse
  - AIDS and Sexually Transmitted Diseases
  - Impaired Physical Health
  - Academic Difficulties
  - Early Death
Trauma- Long Term Impact

Childhood Experiences Underlie Chronic Depression

% With a Lifetime History of Depression

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Trauma - Long Term Impact

Childhood Experiences Underlie Suicide

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Trauma - Long Term Impact

![Bar chart showing childhood experiences vs. adult alcoholism](chart.jpg)
Trauma- Long Term Impact

Adverse Childhood Experiences vs. History of STD

Adjusted Odds Ratio

ACE Score

0 1 2 3 4 or more

21
Trauma- Long Term Impact

- Adverse Childhood Experiences Study and Physical Health- increased risk of
  - Smoking
  - Obesity
  - Heart Disease
  - Cancer
Impact of trauma on Academics:

- Youth less ready to start school
- Youth don’t perform as well in school
- Youth who aren’t performing well have more behavioral difficulties
- Youth have an increased likelihood of dropping out of high school
Adverse Childhood Experiences: Influence on Health and Well-being over the Lifespan

- Early Death
- Disease, Disability, Social Problems
- Adoption of Health Risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

Conception -> Death
Trauma’s Impact on the Brain

Disruption in Neural Development can include:

- Failure to expose youth to appropriate experiences at the critical times (Neglect)
- Overwhelming the brain’s alarm system (Abuse)
Normal Brain Development

Newborn   6 Year Old   Newborn   6 Year Old
Disrupted Brain Development From Childhood Neglect

Bruce D. Perry, M.D., Ph.D.
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www.childtrauma.org
Trauma and Alarm

- Alarm System as a Survival Mechanism
- Extreme or frequent threats can damage the alarm system
- With trauma, the alarm system is too easily triggered and too slow to shut down
Traumatic Response Styles

- Fight
- Flight
- Dissociation
  - Nonresponsive
  - Self-Mutilation
  - Passing Out
Trauma and Triggers

- After Trauma
  - Youth is on Constant Alert
  - Youth may overinterpret signs of danger
  - Youth overreacts to normal situations
Diagnosis- American Academy of Child and Adolescent Psychiatry

“there is clinical consensus that children with severe PTSD may present with extreme dysregulation of physical, affective, behavioral, cognition, and/or interpersonal functioning that is not adequately captured in current descriptions of PTSD diagnostic criteria. Some of these children may be misdiagnosed with…”
Diagnosis - American Academy of Child and Adolescent Psychiatry

- Bipolar disorder
- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Panic Disorder
- Anxiety Disorders
- Major Depression
- Primary Substance Abuse Disorder
- Psychotic Disorder
Trauma Screening and Assessment

- Screening and Assessment Instruments Include:
  - MAYSI-2
  - Traumatic Events Screening Inventory (TESI)
  - Child Adolescent Needs and Strengths (CANS)
  - Trauma Symptom Checklist for Children (TSCC)

- See the National Child Traumatic Stress Network’s Listing of Trauma Measures
Effective Treatments for Child Trauma

- See National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices
- Crisis Response
  - Psychological First Aid-
    - After a disaster (such as tornado, bus accident, terrorist act)
    - Training for First Responders
Effective Treatments for Child Trauma

- Individual Therapy
  - Trauma- Focused Cognitive Behavior Therapy (TF-CBT)
- Group Therapy
  - Cognitive Behavioral Intervention for Trauma in Schools (CBITS),
  - Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Psychopharmacological Interventions
  - Treats symptoms but not a cure
Trauma in Juvenile Justice Settings

- Trauma Affect Regulation: A Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM)
- Seeking Safety
Resilience - Not everyone exposed to adverse experiences is traumatized

Recovery - Brains respond to repeated stimuli; use-dependent development

Even as adults, brains capable of learning and changing
Recovery - What Adults Can Do

1. Safety
2. Supportive Adult Relationship
3. Self-Soothing
4. Strengths
Recovery - Safety

- Safety is essential. From a trauma perspective, youth act out when they feel threatened. Therefore, helping a youth feel safe should reduce the acting out and make the entire facility safer.
- Structure and predictability can help a youth feel safe
- Set limits appropriately
  - No violence
  - No yelling
  - No retaliation: Separate out your anger
Recovery- Support

- You Don’t Have to be a Therapist to be Therapeutic
- Be consistent during interactions with youth
- Model appropriate coping, anger management and problem solving
- Follow up with the youth after a crisis
- Each interaction presents an opportunity
  - To build skills
  - To foster a helping relationship
Recovery - Self Soothing

- **Teach Calming skills**
  - Recognizing physical signs of escalation
  - Relaxation techniques

- **Teach Coping skills**
  - Using verbal responses rather than behavioral
  - Seeking adult support

- **Teach Problem solving skills**
  - Alternate responses
  - Practice, practice, practice
Recovery - Strengths

- Build strengths and resilience
- Work with natural talents and interests
  - Sports, music, drawing, cooking, writing
- Strengths can include developing
  - Spiritual beliefs
  - Cultural identity
Trauma and Family

- Intergenerational Issue
  - Child
  - Parent
  - Grandparent
- Breaking the Cycle
- Redefining ‘Normal’ Events
Websites

- [www.childtrauma.org](http://www.childtrauma.org) - Dr. Perry and The ChildTrauma Academy
- [www.nctsn.org](http://www.nctsn.org) - National Child Traumatic Stress Network
- [www.acestudy.org](http://www.acestudy.org) - ACES Study
- [www.ncmhjj.com](http://www.ncmhjj.com) - National Center for Mental Health and Juvenile Justice
Peer-to-Peer Connections

http://consensusproject.org/forums/1
Thank You!

The webinar recording and PowerPoint presentation will be available on www.consensusproject.org within a few days.

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