

# *Essential Elements*

## *of a Trauma-Informed Juvenile Justice System*

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### **TRAUMA-INFORMED POLICIES AND PROCEDURES**

Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.

2

### **IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED**

Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.

3

### **CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH**

Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.

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### **TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION**

Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.

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### **PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)**

Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.

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### **TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES**

Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.

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### **TRAUMA-INFORMED CROSS SYSTEM COLLABORATION**

Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.

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### **TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY**

Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

1

## TRAUMA-INFORMED POLICIES AND PROCEDURES

Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.

Juvenile justice policies and procedures are trauma-informed when they establish—at every level in the organization—a culture that (1) recognizes the adverse effects of trauma on youth, families, and staff; (2) that requires and supports operational practices that consistently prevent further traumatization; and (3) that supports healing and recovery of all trauma-affected individuals in the organization.

*Specifically, trauma-informed organizations establish policies and procedures that do the following:*

Protect the current safety of youth, families, and staff by preventing threats or physical or psychological harm to them, including by eliminating the use of coercive or harsh practices (e.g., restraints, seclusion, shackling) or by limiting such practices to circumstances in which they are demonstrably necessary and effective.

Mandate a trauma-informed safety plan that includes effective, individualized coping strategies for each youth who identifies traumatic reminders.

Mandate psychoeducation for all staff on the adverse effects of traumatic events on youth and on the appropriate responses to youth that prevent further traumatization and minimize the re-activation or exacerbation of youths' posttraumatic stress reactions.

Increase youths and families' opportunities to make their lives and environments safe from trauma and to develop knowledge, practices, and skills that promote recovery from traumatic events and posttraumatic stress disorders.

Counteract the powerlessness and disenfranchisement inherent in trauma by ensuring adequate legal representation for all youth by attorneys who understand the effects of trauma on youth and families.

Create safe spaces where youth and families can re-group when they experience posttraumatic stress reactions that interfere with their responsible participation in the legal process, while assisting them in (and holding them accountable for) fulfilling their responsibilities pertaining to their participation in judicial processes.

Provide both trauma-specific clinical services (see Elements 2 and 3) and trauma-informed programming (see Element 4).

Address the effect of secondary traumatic stress on all staff (see Element 5).

Promote partnering with youth and families (see Element 6).

Promote cross-system collaboration and facilitate diversion of youth to the least restrictive level of involvement in order to increase coordination, effectiveness, and timeliness of services for court-involved youth (see Element 7).

Address the needs of diverse populations of youth and reduce disparities based on race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background (see Element 8).

2

## IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED

Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system. Traumatic stress screening should take place as early as possible to identify traumatized youth who have emotional, behavioral, learning, or relationship difficulties due to persistent post-traumatic stress reactions.

Universal implementation of a brief, valid, and reliable screening tool is the first step in identifying youth who have traumatic stress symptoms that may have contributed to their offending and may interfere with their success in court-ordered programming. Screeners must be able to (1) sensitively, correctly, and appropriately administer the items of the screening tool and (2) accurately interpret the results. Non-clinicians may conduct screenings if they receive training and have access to consultation/support by trauma-trained mental health professionals.

*Screeners should use the following guidelines:*

Begin screening after the youth—at least minimally—trusts the person and wants to participate. The screening should complement, rather than replicate, the content of other screenings or assessments.

Obtain informed assent from the youth and informed consent from the parents/caregivers unless participation is court or legally mandated (which should be explained clearly).

Explain the purpose of the screening to the youth and caregivers, including how the information will help the youth and how you will protect her/his legal rights and best interests. Specifically, inform the youth (1) whether the purpose of the evaluation is to inform adjudication decisions or to determine needs for services and (2) whether you will keep his or her responses private or need to release them to court and/or juvenile justice staff.

Explain the results of the screening to the youth and family in non-technical terms that inform them about the effects of trauma. Collaborate in setting goals to promote the youth's safety from future traumatic events and (when indicated) recovery from posttraumatic stress reactions.

Arrange for a follow-up comprehensive trauma-informed assessment if the screening indicates a likelihood of clinically significant traumatic stress problems.

Ensure that the screen is designed and administered in a manner that is sensitive to diversity, including the youth's and family's language, culture, gender, identity, and ability (e.g., religion, sexual orientation, disability).

Make certain that screening tools are reliable and valid for youth involved in juvenile justice.

If the youth has experienced trauma but the screening process does not indicate any clinically significant current trauma-related symptoms, inform the youth and family about the effects of traumatic stress and ways to cope effectively. This is an appropriate universal precaution based on the prevalence of trauma-related impairment in the juvenile justice population.

If the screening does not provide evidence of past or current exposure to traumatic events but risk factors or collateral information indicates the likelihood of possible past trauma or the presence of trauma reactions or traumatic stress, arrange for a clinical assessment by a mental health professional.

Policies and procedures must protect against misuse of the screening results (including self-incrimination or violation of the youth's rights or safety).

**3**

## CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH

Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.

Effective assessment, treatment, and prevention services for trauma-exposed youth include those that are trauma-specific and directly address post-traumatic symptoms, as well as those that are trauma-informed and address other mental health or behavioral problems (e.g., substance abuse, depression, impulsivity, aggression, school or learning problems) that traumatic stress reactions may exacerbate.

### Trauma-specific clinical assessment should follow these guidelines:

Assessment instruments must be reliable and valid for justice-involved youth.

Assessment should identify past and current exposure to traumatic events.

Assessment should identify current posttraumatic stress symptoms and related behavioral health (psychiatric, substance misuse, and behavioral) problems that cause impairment in the youth's psychosocial adjustment and legal status.

Assessment should determine the potential relationship of posttraumatic stress and related behavioral health symptoms to criminogenic risks/needs and responsivity factors related to recidivism.

Assessment should identify strengths possessed by the youth and family that can positively influence the legal and treatment process.

### Trauma-specific interventions should follow these guidelines:

Only behavioral health providers who have expertise in treatment interventions for posttraumatic stress (and related behavioral health problems) proven effective with justice-involved youth should administer the interventions.

Intervention must be tailored and responsive to youth/family preferences and personal or cultural characteristics (e.g., age, gender, race/ethnicity, language, sexual orientation, intellectual ability, and community and socioeconomic resources).

### Trauma-informed services should follow these guidelines:

Services should include a continuum of clinical or preventive interventions (e.g., for substance abuse, depression/anxiety, anger/aggression, negative peer group affiliation, school/learning problems, and impulsivity) designed to address the effects of posttraumatic stress symptoms and related behavioral health problems on youths' criminogenic risk/needs.

Services should include juvenile justice programming (e.g., probation, diversion, parole, detention, incarceration, residential treatment, community service/school and vocational programs) that addresses the effects of posttraumatic stress symptoms and behavioral health problems on youths' criminogenic risk/needs.

Services should aim to prevent re-traumatization, re-activation, or exacerbation of posttraumatic stress symptoms and behavioral health problems, as well as to enhance youth and family resilience and positive development.

4

## TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION

Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.

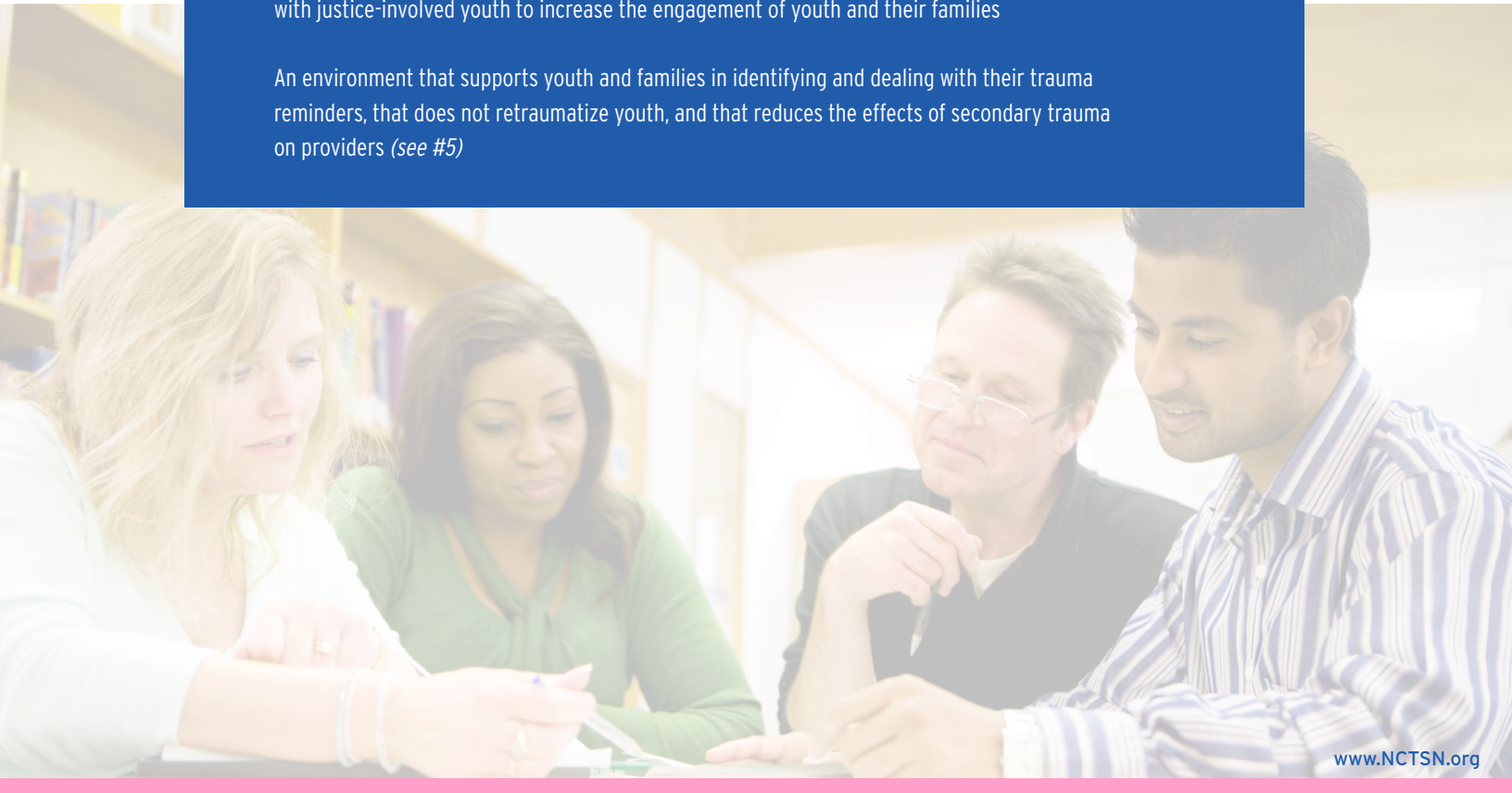
The juvenile justice system should offer resources and training about the effects of trauma exposure on youth and families, the nature of traumatic stress reactions, and recognition of the signs of their own secondary traumatic stress to staff at all levels and stages of youth involvement. This training should enable juvenile justice staff to provide trauma-informed programming with an emphasis on strengthening resilience in youth, families, themselves, and their work environment.

All juvenile justice system staff, administrators, professionals, volunteers, and other service providers must have research-based knowledge of the effects that exposure to traumatic stress has on youths' physical, psychological, and social development and on their behavioral and legal problems. Trauma-informed training for juvenile justice staff should begin at the onset of employment and continue regularly, providing skills relevant to the individual's role (e.g., judge, attorney, probation officer, law enforcement, detention officer) and setting (e.g., court, detention, incarceration, community-based probation, parole, diversion).

*These efforts must include the following:*

Skills that non-clinical—as well as clinical—service providers can utilize in interacting with justice-involved youth to increase the engagement of youth and their families

An environment that supports youth and families in identifying and dealing with their trauma reminders, that does not retraumatize youth, and that reduces the effects of secondary trauma on providers (*see #5*)



5

## PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)

Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.

All judicial and law enforcement personnel are affected personally by knowing about the traumas experienced by the youth to whom they provide supervision and services. STS is the emotional duress that results from learning about another person's traumatic experiences and from observing firsthand the traumatized person's posttraumatic stress reactions. STS may involve feelings of sadness, irritability, anxiety, distrust, guilt, depression, or worry that can impair work functioning and can spill over into one's personal life outside of work. STS may result in problems interacting with youth, families, or other staff that can result in a conflictual and unhealthy workplace, absenteeism, burnout, health problems, and turnover.

*Juvenile courts and juvenile justice systems should proactively mitigate the adverse effects of STS on personnel at all levels using the following guidelines:*

Provide educational resources to staff so that they can readily (1) identify when they or their co-workers or supervisors are experiencing STS, (2) recognize STS as a normative reaction, and (3) use effective coping strategies to respond to STS.

Establish policies and procedures that enable staff experiencing STS to access help privately (e.g., through an EAP) while not adversely affecting employment.

Provide consistent modeling and messaging by organizational leadership that encourages and supports recognition and prevention or recovery from STS.

Support supervisory staff in developing skills that increase supervisor ability to recognize STS and to respond with appropriate support and resources.

Develop and sustain programs to provide timely, systematic, and effective stress management (including but not limited to team debriefings) after critical incidents (e.g., violent assaults, self-harm or suicide attempts, ODs, acute psychiatric crises).



6

## TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES

Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.

Trauma involves experiences of powerlessness and isolation that can make youth and families reluctant to trust and cooperate with persons or institutions in authority. Trauma-informed juvenile justice systems seek to reverse this dynamic by empowering youth and their families as partners rather than as adversaries, while maintaining the legal system's regulations and authority. Youth and families are more likely to cooperate and fulfill their responsibilities when treated as collaborators in decision-making and partners in planning and implementing services.

Traumatized youth and families working as partners are less likely to resort to breaking the law or ignoring court orders. Having meaningful control reduces their reliance on posttraumatic coping strategies such as avoidance, defiance, blaming, withdrawal, deception, aggression, recklessness, indifference, or exploitation. Collaborating with traumatized youth helps them engage in learning how to manage posttraumatic stress reactions and work toward re-entering the community as responsible and productive citizens.

*Trauma-informed partnering with youth and families involves the establishment and monitoring of adherence to policies and procedures designed to ensure the following:*

Legal mandates and service planning include input from the youth and participating family members concerning their needs in order to mitigate the adverse effects of posttraumatic stress symptoms and related behavioral health problems.

Youth and families obtain tangible resources/assistance that reduce obstacles to engagement and partnering (e.g., language interpreters, bus passes, consideration of family preferences and constraints when scheduling family meetings, referrals to services that are physically accessible and culturally acceptable to the youth and family).

Adults valued by the youth and family participate in maintaining or building a strong support network.

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## TRAUMA-INFORMED CROSS SYSTEM COLLABORATION

Cross system collaboration facilitates the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.

Organizations and service systems that serve youth and families should use trauma-informed policies and programming to build and maintain partnerships with schools, law enforcement, child welfare, healthcare, courts, community-based organizations, and adult and peer opinion leaders and advocates.

*These partnerships should do the following:*

Strive to prevent youth from entering the juvenile justice system, thereby reducing their risk of further exposure to traumatic stressors and exacerbation of traumatic stress reactions.

Identify youth who are involved in multiple systems to offer them efficient and timely trauma-informed screening, assessment, and collaborative case and service planning.

Support traumatized youth and families' successful transitioning across systems, settings, and developmental phases (e.g., completing adjudication mandates; returning to family, school, or community; aging into adulthood).

Develop communication systems that allow for the sharing of information among systems while appropriately maintaining confidentiality of youth.

Improve understanding and coordination of the care of youth involved (or likely to be involved) in multiple systems.

Implement trauma-informed approaches to assist youths and families to achieve prosocial goals.





8

## TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY

Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

Juvenile justice organizations should review and reform system-, program-, and workforce-level policies and practices that contribute to racial, ethnic, gender, gender-identity, sexual orientation, intellectual or developmental level, or economic disparities in the treatment of youth, in order to protect them from further traumatization or exacerbation of pre-existing traumatic stress reactions.

Youth of color continue to be overrepresented at each stage of the juvenile justice system. Youth stigmatized due to their cultural, ethnic, sexual, or religious beliefs, practices, backgrounds, or orientations or due to socioeconomic, intellectual, developmental, physical, or psychological disadvantage evidence high rates of exposure to traumatic stress. Therefore, choices regarding traumatic stress-related service needs and access to services should be offered in such a way as to reduce disparities and address each youth’s specific needs.

Knowledge about and responsiveness to the needs of diverse youth is essential for creating truly effective trauma-informed services. Organizations should recognize that traumatized youth may have specific needs (related to their gender and sexual orientation; socioeconomic, cognitive, and developmental level) and should deliver services that assist highly vulnerable sub-groups of justice-involved youth. This includes eliminating or minimizing procedures that may re-traumatize them or exacerbate their pre-existing traumatic stress reactions (e.g., strip-searches, physical takedowns, restraints, shackling, isolation, deprivation of privacy).

*Trauma-responsive services for these youth should incorporate practices that are beneficial for all youth but essential for those whose gender, sexual orientation, or developmental level increases their risk of being traumatized:*

Ensure that peers and adults with whom they interact or reside—in both informal settings and mandatory activities or sanctions—while involved in the juvenile justice system do not stigmatize, exclude, or re-traumatize them.

Provide opportunities to receive prosocial support from youth and adults of similar gender, sexual identity, age, and developmental status.

Ensure that youths are able to comprehend and engage meaningfully and voluntarily in services and in decisions related to their legal disposition and planning to the best of their ability.

Ensure that language barriers or cognitive limitations do not effect traumatic stress screening and assessment or treatment practices and that appropriate trauma-informed and trauma-specific services are accessible to all youth.

Utilize validated and trauma-responsive risk assessment instruments and interventions at key decision points (e.g., detention, disposition, case planning), so as to reduce the unnecessary use of sanctions that may traumatize youth or exacerbate pre-existing traumatic reactions to reminders (e.g., restraints, shackling, detention, isolation, denial of privileges or access to educational or rehabilitative resources).