

## KEY DEFINITIONS

**Acute Trauma:** “A single traumatic event that is limited in time. An earthquake, dog bite, or motor vehicle accident are all examples are acute traumas” (Child Welfare Committee (CWC)/National Center for Child Traumatic Stress Network (NCTSN) 2008, p. 6).

**Chronic Trauma:** “Chronic trauma may refer to multiple and varied (traumatic) events such as a child who is exposed to domestic violence at home, is involved in a car accident, and then becomes a victim of community violence, or longstanding trauma such as physical abuse or war.” (CWC/NCTSN, 2008, p. 6).

**Complex Trauma:** “Complex trauma is a term used by some experts to describe both exposure to chronic trauma—usually caused by adults entrusted with the child’s care, such as parents or caregivers—and the immediate and long-term impact of such exposure on the child.” (CWC/NCTSN, 2008, p. 7).

**Hypervigilance:** “Abnormally increased arousal, responsiveness to stimuli, and scanning of the environment for threats” (Dorland’s Medical Dictionary for Health Consumers, 2007). Hypervigilance is a symptom that adults and youth can develop after exposure to dangerous and life-threatening events (Ford et al., 2000). The American Psychiatric Association’s Diagnostic Criteria Manual (DSM-IV-TR) identifies it as a symptom related to Post Traumatic Stress Disorder.

**Resiliency:** “A pattern of positive adaptation in the context of past or present adversity” (Wright & Masten, 2005, p. 18).

**Traumatic Reminders:** “A traumatic reminder is any person, situation, sensation, feeling, or thing that reminds a child of a traumatic event. When faced with these reminders, a child may re-experience the intense and disturbing feelings tied to the original trauma.” (CWC/NCTSN, 2008, p. 12).

# Ten Things to Know About Trauma and Delinquency

By Kristine Buffington, MSW, Carly B. Dierkhising, MA, and Shawn C. Marsh, Ph.D.

The majority of youth who develop a pattern of delinquent behaviors and experience subsequent juvenile court involvement have faced both serious adversities and traumatic experiences. Research continues to show that most youth who are detained in juvenile detention centers have been exposed to both community and family violence, and many have been threatened with, or been the direct target of, such violence. Studies also demonstrate that youth who have multiple exposures to violence or victimization are at higher risk for mental health problems, behavioral problems, substance abuse, and delinquent behaviors.

Juvenile justice courts are tasked with protecting society, safeguarding the youth and families who come to its attention, and holding delinquent youth accountable while supporting their rehabilitation. In order to meet these sometimes contradictory goals, juvenile court judges must understand the myriad underlying factors that affect the lives of juveniles and their families. One of the most pervasive of these factors is exposure to 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. Accordingly, we present ten critical points about trauma that judges should be familiar with in order to best assist traumatized youth who enter the juvenile justice system.

## 1. A traumatic experience is an event that threatens someone’s life, safety, or well-being.

Traumatic events can include being the victim of or witnessing: emotional, physical, and sexual abuse; neglect; physical assaults; family, school, or community violence; war; racism; bullying; acts of terrorism; fires; serious accidents; serious injuries; intrusive or painful medical procedures; loss of loved ones; abandonment; and separation. A key condition that makes these events traumatic is that they can overwhelm a person’s capacity to cope and elicit intense feelings such as fear, terror, helplessness, hopelessness, and despair.

## 2. Child traumatic stress can lead to Post Traumatic Stress Disorder (PTSD).

Several conditions or criteria must be met for an individual to receive the diagnosis of PTSD. These criteria include having been exposed to a threatening event, experiencing an overwhelming emotional reaction, and developing symptoms causing severe distress and interference with daily life. Further, individuals also must experience a sufficient number of the following three symptoms for more than one month: **avoidance** (i.e., avoiding reminders of the trauma); **hyper-arousal** (i.e., being emotionally or behaviorally agitated); and **re-experiencing** (e.g., nightmares or intrusive memories). Not all youth who are impacted severely by traumatic stress develop PTSD.

## 3. Trauma impacts a child’s development and health throughout his or her life.

The experience of either **acute trauma** or **chronic trauma** has the potential to impact children in all areas of social, cognitive, and emotional development throughout their lives. Youth who experience traumatic events may have mental and physical health problems, problems developing and maintaining healthy relationships, difficulties learning, behavioral problems, and substance abuse problems. Research also suggests that the impact of trauma can persist into adulthood and can increase risk of serious diseases, health problems, and early mortality.

## 4. Complex trauma is associated with risk of delinquency.

The effect of trauma is cumulative: the greater the number of traumatic events that a child experiences, the greater the risks to a child’s development and his or her emotional and physical health. Youth who have experienced **complex trauma** have experienced a series of traumatic events that include interpersonal abuse and violence, often perpetrated by those who are meant to protect them. This level of traumatic exposure has extremely high potential to derail a child’s development by contributing to a deep distrust of and disregard for adults and rules set by adults—which places youth at a much greater risk for delinquency and other inappropriate behaviors.

## 5. Traumatic exposure, delinquency, and school failure are related.

Academic failure, poor school attendance, and dropping out of school are factors that increase the risk of delinquency. Success in school requires confidence, the ability to focus and

concentrate, the discipline to complete assignments, the ability to regulate emotions and behaviors, and the skills to understand and negotiate social relationships. When young people live in unpredictable and dangerous environments they often, in order to survive, operate in a state of **hypervigilance**. Attitudes and behaviors associated with hypervigilance (e.g., constantly assessing for threats) fundamentally conflict with the skills and focus needed to succeed in school academically, socially, and behaviorally.

#### 6. Trauma assessments can reduce misdiagnosis, promote positive outcomes, and maximize resources.

Often youth who are exposed to chronic or complex trauma receive a diagnosis of Attention Deficit Disorder, Oppositional Defiant Disorder, Conduct Disorder, or other mental health disorders. These diagnoses are predominantly based on observable behaviors and symptoms. When there is a lack of thorough assessment, youth are provided treatment based on these behavioral diagnoses, without addressing the traumatic experiences that are contributing to the symptoms. In order to avoid this disconnect, trauma screenings and standardized assessments should be implemented at intake and at other points of contact.

#### 7. There are mental health treatments that are effective in helping youth who are experiencing child traumatic stress.

A number of evidence-based practices (EBPs) are available for treating youth who are impacted by trauma. EBPs are practices that have been evaluated through rigorous scientific studies and have been found to be effective. It is imperative that referrals for treatment be made to service providers that use trauma-focused EBPs, so that youth may receive both the best care and the most positive outcomes. The Centers for Disease Control indicates that the most highly effective treatments for traumatic stress are cognitive behavioral treatment models. (Please visit [www.nctsn.org](http://www.nctsn.org) for more information on evidence-based treatments.)

#### 8. There is a compelling need for effective family involvement.

Youth who do not have consistent family support are at higher risk of violence and prolonged system involvement. If juvenile courts are to enhance their success in rehabilitating youth who commit delinquent acts, they should maximize opportunities to engage and partner with these young people's caregivers. This means working to develop meaningful involvement of biological parents, extended family members, kinship caregivers, adoptive families, foster parents, and others—and educating them about traumatic stress and effective treatments.

#### 9. Youth are resilient.

Resiliency is the capacity for human beings to thrive in the face of adversity—such as traumatic experiences. Most practitioners approach enhancing resiliency by seeking both to reduce risk factors and increase protective factors in the lives of the children and families with whom they work. Some of the ways youth resiliency can be enhanced include: proactive efforts to protect them from further trauma, expanding their support systems, providing them with positive adult role models, and finding ways to successfully engage their talents to enhance development of self-efficacy. (Please visit [www.search-institute.org](http://www.search-institute.org) for more information on developmental assets.)

#### 10. Next steps: The juvenile justice system needs to be trauma-informed at all levels.

Trauma-informed systems of care understand the impact of traumatic stress both on youth and families, and provide resources

that prevent, address, and ameliorate the impact of trauma. It is essential that juvenile courts work to provide environments that are safe and provide services that do not increase the level of trauma that youth and families experience. A trauma-informed juvenile justice system makes system-level changes to improve a youth's feelings of safety, reduce exposure to **traumatic reminders**, and help equip youth with supports and tools to cope with traumatic stress reactions (e.g., by providing safety, trauma-informed assessments, and referral to evidence-based treatments).

Juvenile courts can benefit from understanding trauma, its impact on youth, and its relationship to delinquency. Research has repeatedly shown that the majority of youth in the juvenile justice system have experienced traumatic events; the juvenile court is disadvantaged if this fact is overlooked. By becoming trauma-informed, juvenile justice personnel aid the juvenile court in its mission of protecting and rehabilitating traumatized youth while holding them responsible for their actions. Rehabilitation resources also can be maximized by utilizing effective assessment and treatment strategies that reduce or ameliorate the impact of childhood trauma. Ultimately, such efforts will help promote improved outcomes for youth, families, and communities most in need of our help.

For more information about trauma, delinquency, or other related issues, please contact the National Child Traumatic Stress Network (NCTSN) at [info@nctsn.org](mailto:info@nctsn.org) or the NCJFCJ at [jflinfo@ncjfcj.org](mailto:jflinfo@ncjfcj.org).

#### ABOUT THE AUTHORS

**Kristine Buffington**, MSW, is the Vice President of Mental Health Services for A Renewed Mind.

**Carly B. Dierkhising**, MA, is the Program Coordinator for the Service Systems Program at the National Center for Child Traumatic Stress (NCCTS).

**Shawn C. Marsh**, Ph.D., is the Director of the NCJFCJ's Juvenile and Family Law Department.

*Note:* This article is based on an NCJFCJ technical assistance bulletin published in 2010, *Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency*, by Kristine Buffington, Carly Dierkhising, and Shawn C. Marsh (published with funding from the Office of Juvenile Justice and Delinquency Prevention and available electronically from the NCJFCJ). The authors would like to thank the numerous reviewers of this bulletin for their time and thoughtful input that made this a better product.

#### References

Child Welfare Committee, National Child Traumatic Stress Network [CWC/NCTSN]. (2008). *Child welfare trauma training tool kit: Comprehensive guide* (2nd ed.). Los Angeles, CA: National Center for Child Traumatic Stress.

Dorland's Medical Dictionary for Health Consumers, 2007. Retrieved from <http://www.dorlands.com>.

Ford, J. D., Racusin, R., Ellis, C. G., Daviss, W. B., Reiser, J., Fleisher, A., & Thomas, J. (2000). Child maltreatment, other trauma exposure and posttraumatic symptomatology among children with oppositional defiant and attention deficit hyperactivity disorders. *Child Maltreatment*, 5(3), 205-217.

Wright, M. O., & Masten, A. S. (2005). Resilience processes in development: Fostering positive adaptation in the context of adversity. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 17-37). New York: Kluwer Academic/Plenum Publishers.