National Judicial Opioid Task Force

Trauma, Substance Use, and Justice System-Involved Youth

While the opioid epidemic continues to have a far-reaching impact on our entire nation, some of those most affected are children and youth. These "silent victims" come to the attention of the court system in a variety of avenues from placement into an already overwhelmed foster care system to NAS babies being born to addicted mothers to juveniles with opioid or other substance abuse issues.

Research has shown that the majority of youth who become involved in the juvenile justice system have previously experienced traumatic events, including complex trauma in families affected by the opioid epidemic. With the prevalence of trauma exposure and the negative outcomes that have been linked to this, it is imperative that juvenile courts (1) understand trauma and its impact on outcomes for youth, (2) assess families using trauma-informed screening tools, (3) avoid causing secondary trauma, and (4) utilize evidence-based interventions that address trauma exposure.

This fact sheet aims to raise awareness of the impact the opioid epidemic has on children and families and share examples of strategies courts have adopted to become more trauma-informed and trauma-responsive to youth and their families.

RETRAUMATIZATION

Before their court appearance, youth often encounter retraumatizing events at school or detention. If they are grabbed, handcuffed, pushed, or yelled at, the youth will often experience a trigger response to the original traumatic events. As little as 24 hours in a detention facility can retraumatize because of the numerous triggers (sights and sounds) that can be found in these facilities. This is one reason that detention centers should not be used for detox.

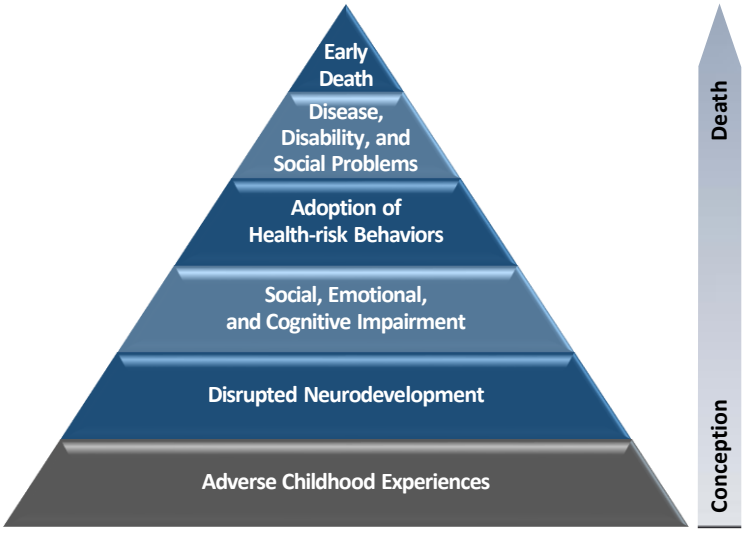
INTERGENERATIONAL

Trauma is often passed down through the generations as parents respond under stress the way they were raised. If abuse, neglect, or addiction were involved in the parents own childhood they tend to be repeated through the generations.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

The first major study to examine the longitudinal effect of childhood traumatic events on adult physical and mental health was the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study. Beginning in 1995, over 17,000 participants from a California HMO were given surveys with 10 questions in three areas: Abuse, Neglect, and Household Adversity. The participants received one point for each positive answer to a traumatic experience such as the substance use by a parent and incarceration of a parent. The totals were compared to their health outcomes as adults. The ACE study showed that stressful or traumatic events experienced during childhood have a precise dose responsive correlation with physical and mental health as adults.

Figure 1: Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



The ACE Pyramid is a visual depiction of the effect of these adverse childhood experiences. This effect is

cumulative so that the more adverse experiences without appropriate interventions, the worse the outcome for the individual leading to an increased risk of disease, poor decision-making, risky behaviors, self-medication, and early death. ACEs are strongly correlated with increased and earlier substance abuse. Appropriate treatment of youth who have been exposed to multiple ACEs is critical in breaking the cycle of intergenerational trauma and substance abuse.

The ACE studies help us to understand what is happening in delinquency court and why we must be aware of the effects of trauma on parents and children. If we address the trauma for both, it is much more likely that changes can occur in the family system. Brain structures specifically related to responding to adverse trauma and fear include the amygdala and the hippocampus. Early exposure to fear or toxic stress has a negative impact on the development of the prefrontal cortex which is the rational part of our brain. Hormones released during these periods have a toxic effect on the brain pathways.

TREATMENT

There are recognized treatment options for trauma related to adverse childhood experiences. Without addressing the family system as a whole, these intergenerational behaviors will continue to be passed on. Even infants exposed to traumatic events have been affected and these results can be seen in the developing brain. But the young child's brain is also resilient, and the effects of trauma can be ameliorated with appropriate interventions. There are evidence-based programs that have been developed to address PTSD in children. SAMHSA has a database[1] that provides additional information and resources.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been found to be effective in treating children exposed to traumatic events. The acronym PRACTICE describes the following components of the model:

P - Psychoeducation and parenting skills
R - Relaxation skills
A - Affective expression and modulation skills
C - Cognitive coping and processing skills
T - Trauma narration and processing
I - In vivo mastery of trauma reminders
C - Conjoint child–parent sessions
E - Enhancing safety and future developmental trajectory[2]

GENDER

While girls account for almost 30 percent of the juvenile-justice population, most state systems were designed with boys in mind. The 2015 report, *The Sexual Abuse to Prison Pipeline: The Girls' Story from the Georgetown Center on Law and Poverty* noted that high rates of sexual abuse and overrepresentation of girls of color continue to be the norm in juvenile justice systems nationally.[3] The OJJDP Beyond Detention Series also found that in the juvenile justice system girls are more likely to have been sexually abused and boys are more likely to have been physically abused than youth not involved in the justice system. Girls represented 35.9 percent of the participants and had a mortality rate nearly eight times that of the general population. Girls in the system are more likely to have a history of physical and sexual abuse and have a high rate of psychiatric disorders (as many as three-quarters).[4] Some studies have found that girls are twice as likely as boys to suffer from PTSD when exposed to a traumatic event.[5] Suicidal ideation and attempts are a particular problem for incarcerated youth, but especially for girls. The study found that Hispanic girls had the highest rates of suicidal thoughts.[6]

COURTROOM STRATEGIES

Courts can use basic caseflow management strategies to alleviate some of the effects of trauma. Block Scheduling can be used so that parties come in at staggered times. This avoids some of the noise and confusion of hallways full of victims, witnesses, and litigants waiting for long periods of time and can alleviate some of the stress that can trigger a response to prior traumatic situations. Similarly, it is important in contentious cases to be sure that victims and witnesses are not entering and leaving the courthouse at the same time. A victim witness waiting room can allow for staggered departures with victim advocates overseeing the process. In appropriate cases, the one judge/one family model with a single judge handling all cases involving a family or a child can also alleviate some of the stress by leading to consistency. Even time of day can be used to reduce stressful situations. School age children who are trauma victims need consistent schedules so that working around their school and activity schedules when possible can also be helpful. Stress balls, comfort animals, and other therapeutic techniques can be used to reduce stress in the courtroom.

Retraumatizing events include cases that drag on and have multiple continuances. Each time the litigants and their families mentally prepare, take time off work, miss school, or make childcare arrangements, any unnecessary

continuance can create needless stress which can trigger trauma symptoms. Time to disposition is particularly important in cases with children and families. Cases with unnecessary delays increase stress and can trigger trauma symptoms. Differentiated Case Management (DCM) and triaging cases allow alternate dockets with the ability to schedule cases that may involve multiple parties and witnesses to permit adequate time to handle trauma-related issues.

VICARIOUS TRAUMA

Trauma not only affects the victims, witnesses, litigants and their families, but the judges, attorneys, and other court staff may be affected. Initially this type of vicarious trauma was attributed to professions such as the medical field or emergency responders, but the effects of trauma on those who hear repeated testimony and see graphic pictures was recognized in the Fifth Edition of the Diagnostic and Statistics Manual (DSM-5). Vicarious trauma is defined as "repeated or extreme exposure to details of the event(s)." Repeated exposure to pictures or videos only qualified as vicarious trauma if it was related to work. Anyone who regularly works or appears in delinquency court is exposed to this kind of repeated exposure to graphic photos, videos, or testimony about horrific events. The symptoms are closely related to Post Traumatic Stress Disorder (PTSD) so that judges, court personnel, or jurors who hear testimony or view pictures of someone else's traumatic experience are at risk and their need for treatment options is being recognized by many state court systems.

TRAUMA RESPONSIVE STRATEGIES FROM THE FLORIDA COURTS

The Florida Courts created an online Family Court Trauma Toolkit to help its courts better understand and respond to trauma. Among the resources in the toolkit are trauma curriculum and the following "Big Ten" practical tools and advice for judges.[7] Additionally, the online toolkit contains linked resources, additional reading, and tools for each of the ten strategies.

1. **Understand trauma and child development.** Read the research, attend trainings, and talk with local trauma and child development experts.
2. **Presume Trauma.** First and foremost, presume that every family in court has been impacted by trauma in some way. Consider that many parents have experienced numerous adverse childhood experiences, not just the children and youth in court. Similar to the universal precautions that emerged in response to HIV/AIDS whereby everyone was assumed to have the disease when blood exposure was a factor, a universal precautions approach to trauma assumes that people appearing in courts have experienced adversity in some manner. It means having a secure, safe, and calm court environment – one that attempts to limit heightened agitation, arousal, and stress. Further, it means that all who appear before the court and all who work in the courthouse are treated with respect and dignity.
3. **Coordinate all cases involving one family.** There are many important reasons why a circuit should coordinate related family court cases. For families who have experienced multiple traumatic events and chronic stress, it is imperative to coordinate their cases. Specifically, for these families, their cases should be coordinated and heard by only one judge, using the one family/one judge model. Just as trauma from adverse childhood experiences most often occurs within intimate relationships, healing also happens within relationships. A family's trajectory can be significantly impacted through relationships. The one family/one judge model can lessen the time for the family and court partners to develop trust, and can lessen the amount of times the family may have to recite painful memories and events. It also lessens the likelihood of additional trauma caused by preventing conflicting orders and conflicting service interventions.
4. **Set an expectation for trauma and child development information.** Require child development and trauma information from attorneys, guardians ad litem, juvenile probation officers, child protective investigators, child welfare case managers, domestic violence advocates, parenting coordinators, and treatment providers who appear before the court.
5. **Review the case file with a trauma lens.** When reviewing the file, circle developmental red flags and trauma events.
6. **Order screening, assessment, and treatment.** When indicated, order screening for trauma exposure and related symptoms and require the use of evidence-based screening tools. Order an evidence-based and culturally appropriate assessment when the screening recommends it and evidence-based treatment when the assessment shows the need.

7. **Hold all accountable.** Hold the delinquent youth accountable for completing trauma treatment. Hold the child welfare investigator accountable for gathering information about the parents' and children's trauma histories. Hold the case managers accountable for seeking evidence-based, trauma-informed treatment for families. Hold the therapist accountable for using evidence-based treatment. Hold the divorcing couple accountable for respecting the trauma experienced by the children during transitions. Hold the batterer accountable for understanding the trauma experienced by children living in violent homes. Hold the bailiff accountable for maintaining an orderly courtroom and exhibiting calm behavior. Hold the attorneys accountable for considering the parents' schedules when setting the next court date.

8. **Be a convener.** Bring community partners together to address trauma and advocate for evidence-based treatment. Issues related to trauma are complex and require that representatives from multiple systems work together. Judges have influence and authority, and are able to call people together and facilitate collaboration.

9. **Monitor the data.** Review and analyze data. Learn from the data. Adjust court practices based on your findings. Share promising practices with other judges.

10. **Take care of yourself.** Learn about vicarious trauma, secondary trauma, compassion fatigue, and burnout. Know the warning signs, monitor yourself, and take inventory of the balance between work and personal life. Understand that it is normal to be affected by the type of work you do.

ADDITIONAL RESOURCES

Florida Family Court Tool Kit: Trauma and Child Development.
http://www.flcourts.org/resources-and-services/court-improvement/family-courts/judicial-toolkits/family-court-toolkit/

Addressing Adverse Childhood Experiences in Tennessee.
https://www.tn.gov/dcs/program-areas/child-health/aces.html

The National Child Traumatic Stress Network has developed a Bench Card for the Trauma-Informed Judge.
http://www.nctsn.org/sites/default/files/assets/pdfs/judge_bench_cards_final.pdf

SAMHSA *Essential Components of Trauma-informed Judicial Practice*.
http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf

Making the Connection: Trauma and Substance Abuse. The National Child Traumatic Stress Network (June 2008).
https://www.nctsn.org/sites/default/files/resources//making_the_connection_trauma_substance_abuse.pdf

ENDNOTES

[1] Evidence-Based Practices Resource Center. SAMHSA. Available at https://www.samhsa.gov/ebp-resource-center.

[2] Trauma-Focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma," Child Welfare Information Gateway (2012).

[3] Saar, M. Saada, R. Epstein, L. Rosenthal, and Y. Vafa (2015). "The Sexual Abuse to Prison Pipeline: The Girls' Story." Report, Georgetown Center on Poverty and Inequality, Washington, D.C.

[4] Teplin, L. A., G. M. McClelland, K. M. Abram, D. Mileusnic-Polchan, N. D. Olson, and A. J. Harrison (2015). "Violent Death in Delinquent Youth After Detention." *OJJDP Juvenile Justice Bulletin,* September.

[5] Abram, K. M., L. A. Teplin, D. C. King, S. L. Longworth, K. M. Emanuel, E. G. Romero, G. M. McClelland, M. K. Dulcan, J. J. Washburn, L. J. Welty, and N. D. Olson (2013a). "PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth." *OJJDP Juvenile Justice Bulletin,* June.

[6] Abram, K. M., J. Y. Choe, J. J. Washburn, L. A. Teplin, D. C. King, M. K. Dulcan, and E. D. Basset (2014). "Suicidal Thoughts and Behaviors Among Detained Youth." *OJJDP Juvenile Justice Bulletin,* July.

[7] Implications for Courts. Family Court Trauma Toolkit. Florida Courts. Available at https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Family-Court-Basics2/Family-Court-Tool-Kit-Trauma-and-Child-Development/Court-Implications.