

The American Psychiatric Association's 2013 edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) describes trauma as "exposure to actual or threatened death, serious injury, or sexual violence," experienced either directly or indirectly in specific circumstances, and occurring just once or repeatedly. Posttraumatic stress disorder is described as a condition that results when this exposure and its emotional consequences impair the individual's social, occupational or other critical area of functioning.

Traumatic life experiences are common among justice-involved individuals with serious mental illness and/or co-occurring substance use disorders but extend to other populations as well. Many youth and adults without a mental health diagnosis have histories of trauma that can contribute to the events leading to their arrival in the courtroom and/or shape their perceptions and behavior once there. Although most people who experience a traumatic circumstance do not go on to develop diagnosable posttraumatic disorder, research increasingly reports long-term consequences from exposure to traumatic events.

This *Mental Health Facts in Brief* provides an overview of how a trauma history may relate to individual justice involvement and implications of trauma awareness for the justice system.

BRIEF HISTORY

The identification of traumatic stress as a developmental and behavioral influence dates from the Civil War or earlier and has become more widely recognized as soldiers have returned from each successive war. By the 1980s, medication and other treatments were actively being researched for what had become known as "posttraumatic stress disorder" not only in returning soldiers but within the general population.

In the 1990s, a landmark study on adverse childhood experiences (ACEs) focused attention on the impact of early-life exposure to trauma. The study surveyed more than 13,000 adults seen by the health management organization Kaiser Permanente in California (see "Supporting Evidence" for details) and quantified their exposure to different traumatic experiences prior to the age of 18. The findings became a catalyst for "trauma-informed" health care.

Over time, trauma-informed practices expanded beyond health care to other domains, including the courts. Especially for child welfare, juvenile justice and veterans treatment courts, bench cards, technical assistance initiatives and other tools and programs began to be developed and promoted to equip courts to be more "trauma-aware" or "trauma-informed."

COMMUNITY POLICIES AND PRACTICES

Public policy around trauma-awareness in the justice system has not yet developed to the extent it has in areas where mental illness is implicated in justice-involvement (e.g., civil commitment, criminal justice diversion, psychiatric crisis response). Although some jurisdictions may have implemented trauma-informed policies, most development in the field has taken the form of guidelines contained in publications, websites, trainings and other resources produced by a variety of non-judicial public and private agencies and organizations.

A leading example of these emerging guidelines is the Substance Abuse and Mental Health Services Administration (SAMHSA) 2014 publication, "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." In it, SAMHSA proposes that a system is trauma-informed when it follows "four R's": *realizing* the impact of trauma; *recognizing* signs and symptoms of trauma in individuals involved in the system; *responding* by incorporating knowledge about trauma into its practices and procedures; and actively *resisting* re-traumatization. The document goes on to detail principles and guidelines for implementing a trauma-informed approach. Many courts are acting on these

guidelines and/or other tools to develop their own policies and practices to promote trauma-informed judicial processes. (Additional sources are identified in “Resources.”)

Ultimately, trauma-awareness and treatment of symptoms related to trauma share with the justice system core values such as ensuring fairness, respect for the individual and preservation of personal dignity. For example, in clinical settings, treatment may include helping affected individuals to increase their emotional regulation, stay focused on the present and feel safe in their environments. To the extent that related strategies can be practiced in the courtroom, respondents and defendants with trauma histories may be more able to fully participate in the proceedings.

Because the justice system responds to extraordinary and sometimes violent events sufficient to trigger judicial intervention, not only respondents and defendants but law enforcement officers, judges, courtroom personnel and others in the courthouse setting may have been exposed to trauma or traumatic narratives sufficient to affect their daily lives. As a result, trauma-informed practices have potential benefits for justice system personnel as well as for those they serve.

SUPPORTING EVIDENCE

The ACEs survey of adverse childhood experiences that began in the 1990s is today an ongoing collaboration with the Centers for Disease Control and Prevention, where it continues to generate new data and increase understanding of trauma.

In the original study, participants recruited from among Kaiser Permanente subscribers in California between 1995 and 1997 were given a confidential survey asking about their exposure to 10 types of adverse experiences prior to the age of 18 years (e.g., abuse, neglect, household dysfunction). Scores were correlated with later-life health and well-being. Among its multitude of results, the ACEs survey found that, while more than half of the respondents had experienced one or more traumatic events by the time they reached adulthood, those who reported four or more adverse experiences were 4-12 times more likely than others to report long-term negative outcomes such as alcohol/drug problems, depression or suicide attempts.

Numerous subsequent studies of both adult and juvenile offenders have consistently found a higher prevalence of traumatic experience in justice-involved populations than in the general population. Research is beginning to examine how positive early-life experiences and individual resilience might be able to help minimize long-term consequences of trauma, and this information is beginning to be examined in juvenile matters before the court.

Research suggests that trauma screening can identify individuals in need of further assessment and, possibly, treatment. With trauma screening increasingly being implemented in juvenile justice and certain specialty courts, the option of referring to trauma-specific treatments that address the symptoms associated with trauma exposure is likely to come before the bench with increasing frequency.

CONSIDERATIONS

In considering the impact of trauma in the courtroom, the following questions are relevant to implementing trauma-informed justice.

Has the court implemented training and practices within its own system to increase understanding of the role of trauma in justice-involvement and to identify approaches for mitigating the impact of past trauma on an individual's engagement with court proceedings?

Are the court's communications, procedures and environment conducive to appropriate and effective engagement of individuals with trauma histories?

For example, have adaptations to physical courtroom characteristics been considered such as seating arrangements and noise levels in an effort to mitigate conditions that could compromise the capacity of traumatized respondents and defendants to respond in their own best interests?

Are there local providers who can offer trauma-specific therapies?

Have referral pathways to treatment and obstacles to accessing it been identified?

Are court personnel provided with information and resources for identifying and managing their own traumatic experiences?

SUMMARY

Respondents and defendants with mental illness and/or substance use disorders are statistically more likely than others to arrive in the courtroom with histories of trauma, but their prevalence throughout the justice-involved population assures that judges will routinely encounter individuals who have significant histories of traumatic experiences even when mental health conditions are not present. Additionally, court processes can be traumatizing to participants. For these reasons, promoting trauma-informed practices in the courtroom can result in improved engagement and outcomes for all.

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