

***Recognizing and Responding to  
Traumatized  
Children, Adolescents and Adults:  
What Courts CAN do and Why***

**Judicial Conference of Indiana Annual Meeting**

***September 3, 2021***

***10:30-12:00 p.m.***

**Lynn Tepper, Circuit Judge, Retired**

***6<sup>th</sup> Judicial Circuit, Pasco County, FL***



*After attending this session, judges will be able to:*

- **Explain why judges should strive to operate their courts in a manner that is sensitive and responsive to trauma.**
- **Summarize the elements of a trauma-informed court.**
- **Reduce the stress of the courtroom environment and its impact on trauma survivors.**
- **Identify changes they can make to respond to and reduce the effects of trauma among court users.**

***Do we know  
what  
lies beneath  
the surface  
of those who  
enter the  
Justice  
System?***

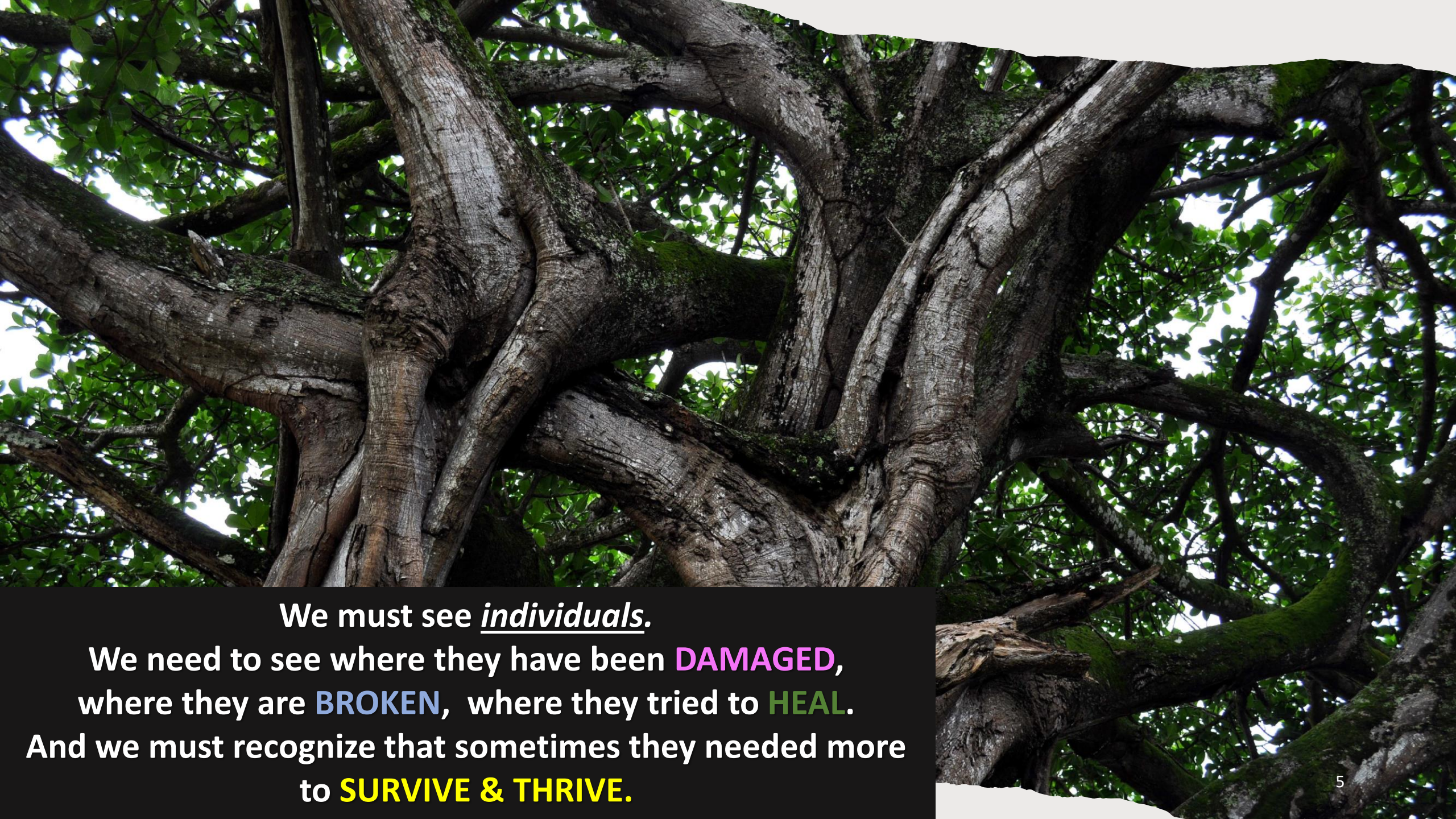


**What we OBSERVE**

**The ENTIRE story**

A photograph of a dense forest with many thin, vertical tree trunks. The ground is covered in a thick layer of green moss and fallen branches. The lighting is soft and diffused, creating a misty atmosphere. The image has a torn-paper edge effect at the top and bottom.

**Or do we only see the Forest & not the trees?**



We must see individuals.

We need to see where they have been **DAMAGED**,  
where they are **BROKEN**, where they tried to **HEAL**.

And we must recognize that sometimes they needed more  
to **SURVIVE & THRIVE**.

*Those who enter our  
Courthouses & Courtrooms, whether a*

- ✓ **parent,**
- ✓ **young child, or**
- ✓ **youth,**
- ✓ **criminal defendant,**
- ✓ **victim,**
- ✓ **DV party, or**
- ✓ **civil party**

## *Are expected to:*

- Be quiet,
- Be respectful,
- Be patient,
- Wait & wait.....,
- Read & follow directions,
- Sit on benches with lots of strangers,
- Follow multiple oral instructions,
- Answer questions quickly, but
- Never react to what is said “about” them,
- Remember what they were told,
- Complete complex case plans/sentences,
- Get to many providers in many places.

**BUT IF YOU UNDERSTAND THE IMPACT OF TRAUMA,  
YOU WILL EXPECT...**

That those who walk through our doors likely have Trauma in their lives or their childhoods.

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*



- **Perceive that danger is everywhere:**
  - ~ **Entering the Courthouse,**
  - ~ **Courtroom,**
  - ~ **Going to Providers**
- **Are Guarded & Anxious**
- **Unable to Trust Others**
- **Have Difficulty with Change & Transitions**
- **Hold onto Grievances**

**Annette Streeck-Fischer** (Medical Director and Professor of Psychiatry) (Chief of Child Psychiatry and Psychotherapy) & **Bessel A. van der Kolk** (2000) , Australian and New Zealand Journal of Psychiatry, [Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development 34:6, 903-918, DOI: 10.1080/000486700265](#)

# The People in court are “wired” to Fight, Flee or Freeze



# Those Who Appear Before Us:

- **Are Difficult To Re-direct, Reject Support**
- **Are Highly Emotionally Reactive**
- **Have Difficulty “Calming Down” After Outbursts**
- **Have Impaired Inhibitory Control over:**
  - ~**Suppressing Inappropriate Behaviors**
  - ~**Resisting Impulsive Actions**
  - ~**Getting Along With Others**

## **They may...**

- **Have Difficulty:**
  - ~Concentrating & Learning
  - ~Understanding Consequences
  - ~Making Decisions
  - ~Setting Goals & Making Plans
- **Make The Same Mistakes Over & Over**
- **Have An Inability To:**
  - ~Focus On Multiple Streams Of Information
  - ~Adjust Actions or Reactions in Changing Situations
  - ~Revise Plans

# TAKE A LOOK. What do you see?

## ○ ***Exhausted:***

- Night shift? or
- Up late with Police at their home?

## ○ ***Tired:*** No Safe Place to Sleep Due to being:

- Homeless or
- Kept Awake by Someone who Intimidates, Controls or Threatens Them

## ○ ***Health Issues:***

- Diabetes?
- COPD?
- Heart?
- Cancer?
- Weight?
- Other?

# Remember TRAUMA crosses Court Divisions

## **Circumstances that bring them to court:**

- **Domestic Violence,**
- **Delinquency, Truancy, Child Welfare,**
- **Mental Health issues,**
- **Explosive Violence,**
- **Substance Use/Abuse,**
- **Family disputes**

# **“TRAUMA & DEVELOPMENT are inextricably linked...”**

**...being attuned to what a child, youth, or family needs to promote well-being & healthy development should incorporate consideration of prior adversities *regardless* of what “type” of case came to the attention of the court.”**

**Shawn C. Marsh, Ph.D & Carly B. Dierkhising, MA, JUVENILE AND FAMILY JUSTICE TODAY, Summer 2013,  
“Toward a Conceptual Framework for Trauma-Informed Practice in Juvenile and Family Courts”**

# RED FLAGS of Trauma/ACES

*Read between the lines*

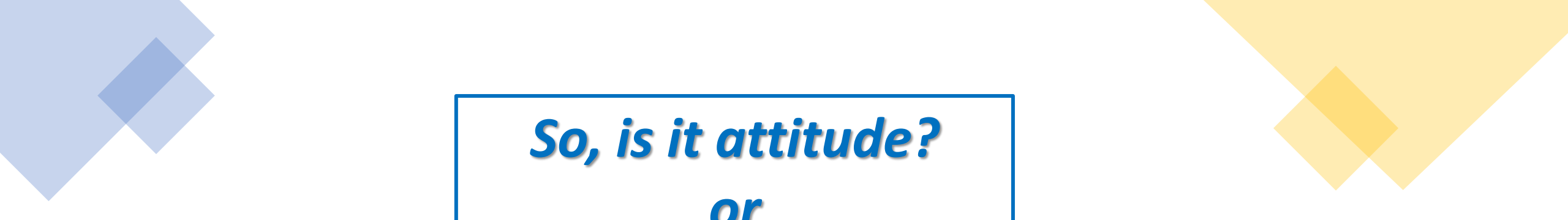
<b>CIRCUMSTANCES OF CASE:</b>	Domestic violence, physical punishment
<b>LIVING CIRCUMSTANCE:</b>	Hazardous condition; no utilities; on the streets; in a shed; with friends or relative; in their car
<b>STATUS</b>	Runaway, jail, prison, mental health, or “substance use” facility
<b>REPORTED HOTLINE HISTORY:</b>	A parent’s childhood or sibling’s history, adopted? Permanent Guardianship/Relative Caregiver? Sibling's locations (jail, dead, mental health issues)
<b>INDICATED &amp; UNFOUNDED REPORTS:</b>	Give them weight; unfounded ≠ <u>un</u> true
<b>TYPES OF CHARGES, FREQUENCY</b>	Multi-batteries included on LEO or staff; sex offenses (a victim of child sex abuse?)
<b>SCHOOL HISTORY</b>	Graduate from HS? Suspensions/expulsions



<b>DOMESTIC VIOLENCE:</b>	<b>Victim or Offender</b>
<b>MENTAL HEALTH HISTORY:</b>	<b>Age, Multi Diagnosis: ADHD, PTSD, Bi-polar, Anxiety, Explosive Disorder, Hospitalizations</b>
<b>MULTI-SEXUAL PARTNERS:</b>	<b>Unknown fathers? Children who were product of rape?</b>
<b>TATOOS:</b>	<b>Branding by a trafficker?</b>
<b>PHYSICAL APPEARANCE &amp; EMOTIONS:</b>	<b>Aggressive, Antsy, No Eye Contact, Hunched, Exhausted</b>
<b>PHYSICAL HEALTH:</b>	<b>Diabetes, Heart Disease, Cancer, Auto-Immune Diseases, Sores</b>
<b>DRUGS:</b>	<b>Marijuana use despite substance counseling</b>
<b>MALES WITH SIGNIFICANT ATTACHMENT TO DOG:</b>	<b>A recent study shows <u>male</u> victims of sex abuse cope through a relationship with their dog</b>

**People in Court may be in “Survival Mode”  
which means their:**

**Emotional Brain  
Processes Threats  
Before the  
Thinking Brain  
Gets A Chance**



***So, is it attitude?  
or  
Lack of motivation?***

Or are we missing the signs of trauma & adversity  
in the individuals who appear in Court?

***Are WE then part of the problem if we  
are not attuned to the signs?***

# Executive Functioning Challenges often Mistaken as Attitude or Motivation Problems

Refusing to do what adults tell you to do  
isn't a bad attitude or defiance but  
**an *inability to manage* anger or strong feelings**  
**& a *poorly regulated***  
**STRESS RESPONSE SYSTEM.**

*The whole slew of **self-regulation issues** can usually be traced to  
**impaired executive function**  
in early childhood.*

# Behaviors of Traumatized Individuals

are precisely behaviors that may lead the Court, personnel, providers or schools to respond with or by:

- Raised or sarcastic voices
- Belittling them
- Accusing them of not caring
- Suspending them
- Suspending “family time”

- Harsher penalties
- Resetting or Delaying:
  - ~ Proceedings or Appointments
- Holding in Contempt:
  - ~ grab, cuff, jail or detain

# For a traumatized person, those responses are ineffective.

Inevitably the impact of such actions on them may

- Increase the disruption
- Deepen confusion
- Reduce focus
- Interfere with memory
- Decrease understanding
- **Re-traumatize them**

# From their perspective, People & Institutions have re-traumatized them their entire life

- Unseen & unheard
- Trapped
- Sexually violated
- Isolated
- Blamed & Shamed
- Powerless
- Unprotected
- Threatened
- Discredited
- Crazy-making
- Betrayed

**“On Being Invisible In the Mental Health Systems”**, by Ann Jennings, Ph.D.  
Published in The Journal of Mental Health Administration 21(4): 374-387, 1994  
<https://www.theannainstitute.org/IN-RETRAUM.pdf>

# Adverse Childhood Experiences often lead to Risky Behaviors...that end up in our Courts



**School Issues**



**Mental Health**



**Maltreatment/  
Neglect**



**Addictions/  
SUD**



**Crime &  
Delinquency**



98%

of **female offenders** have **experienced trauma**, often interpersonal trauma and domestic violence



96%

of adolescent psychiatric inpatients have histories of **exposure to trauma**



93%

of **homeless mothers** have a **lifetime history of interpersonal trauma**



90%

of **juvenile justice-involved youth** have experienced trauma, often **multiple traumas from an early age**



75%

of **adults in substance abuse treatment** report histories of trauma



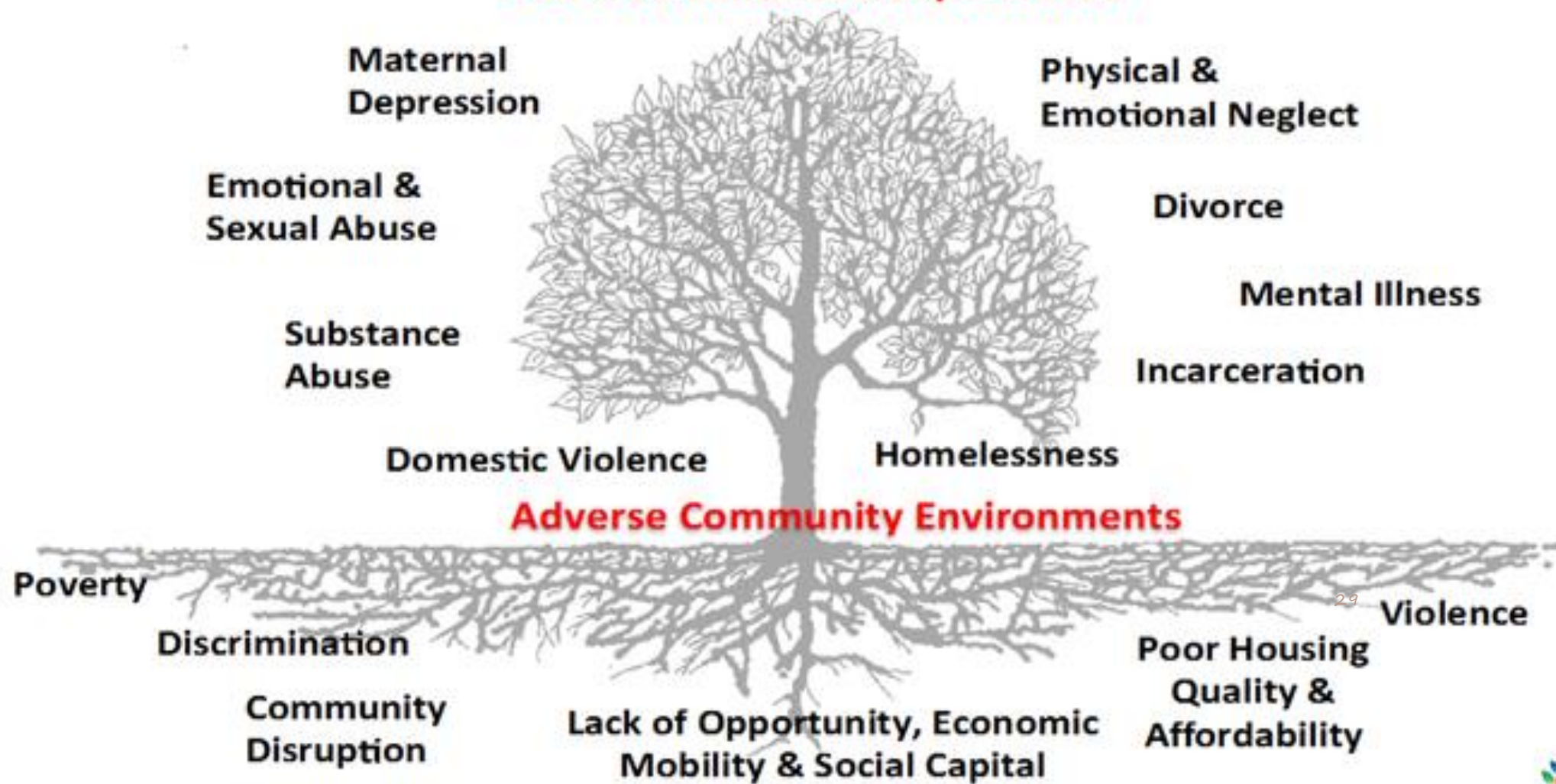
70%

of **children in foster care** have experienced multiple traumas



## The Pair of ACEs

### Adverse Childhood Experiences



**Experiencing Adverse Childhood Experiences, (ACEs),**

including

**RACISM,**

**COMMUNITY VIOLENCE,**

**POVERTY,**

without **RESPONSIVE** adults, can cause

**TOXIC STRESS.**

# How can you help avoid or overcome the impact?

**Foster strong,  
*responsive relationships*  
between children & caregivers  
which helps buffer a child from  
the effects of toxic stress.**

[Risk and Protective Factors | Violence Prevention | Injury Center | CDC](#)

“... even...adults with *multiple* ACEs, those that **also** had positive experiences--such as

**\*\*caring,**

**\*\*warm, &**

**\*\*nurturing relationships with friends &**

**\*\*a sense of belonging in school & the community-**

fared much better....”


“When a **child** is met with *loving, attuned, & responsive relationships on a moment-by-moment basis*, they are literally *learning that*

*~life is safe; ~they matter; ~others can be trusted...*

With this, they can  
*feel safe &*

*stay open to explore,  
be curious,*

*learn & interact  
with other people in a positive way.*



Such **nurturance** makes sure the  
***'fight, flight, or freeze'*** stress response  
does not take hold and  
**stall** a child's healthy development."

Lead author Christina Bethell, PhD, a professor & researcher at Johns Hopkins Bloomberg School of Public Health  
[Positive childhood experiences may have a greater impact than the bad \[contemporarypediatrics.com\]](https://contemporarypediatrics.com) | [PACEsConnection](#)

# RELATIONSHIPS Buffer ACEs

*The single most common factor for children and teens who develop the capacity to overcome serious hardship is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult.*



1 minute Video clip of Oprah & Dr. Bruce Perry From 60 Minutes





(In case you wondered *why* it matters that we  
know & understand how to  
**Recognize & Respond to**  
**Traumatized**  
**Children, Adolescents & Adults**)

## Shouldn't we use Science for **Prevention & Healing**?

- in how we conduct Court,
- to educate Parties, Stakeholders, & our Community about the impact of Trauma & ACEs?

***To assure that JUSTICE is done?***

**Accountability *can* co-exist with  
Helping others understand the impact of  
“*What happened to them*” as well as  
providing *a path forward*.**

**Trauma-Informed Courts  
make change possible...  
*under precise conditions***

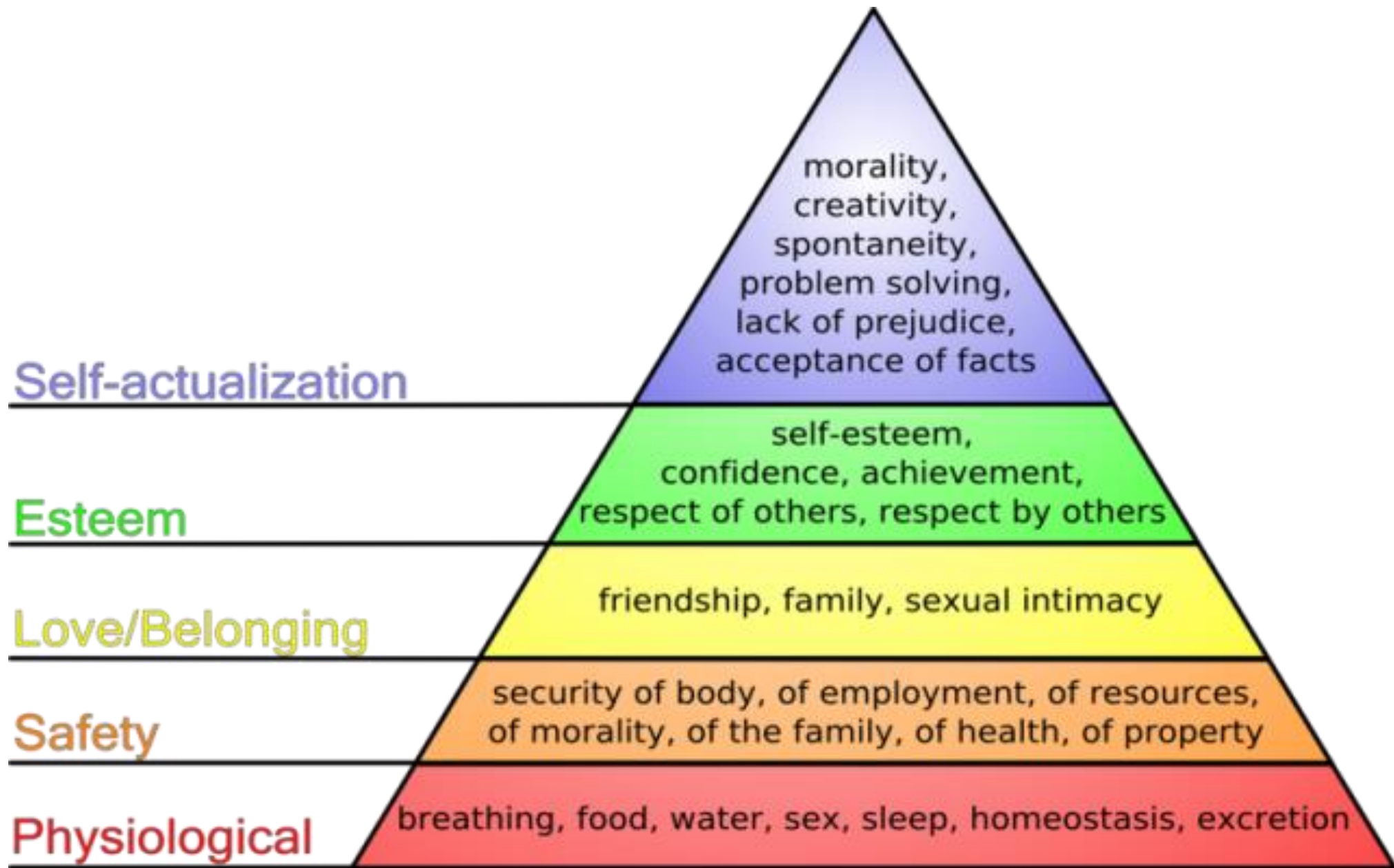
**Give people what they need the most  
at a time they seem  
to deserve it the least**



**CHANGE TAKES TIME.  
Adults & children may not be “ready”  
to trust,  
to be open and heal.**

***We must balance timeliness with  
patience  
& find a way to  
meet their needs***

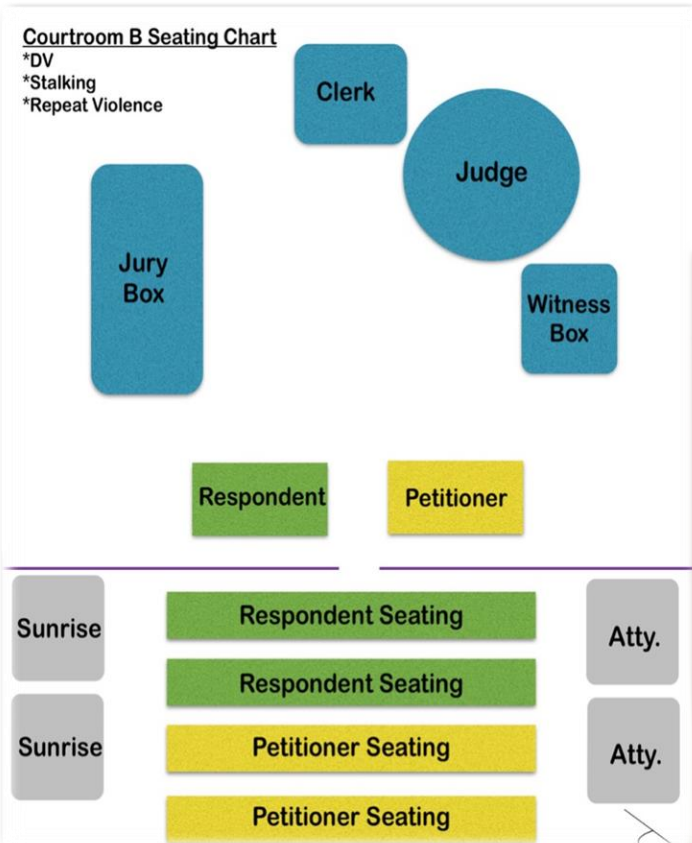




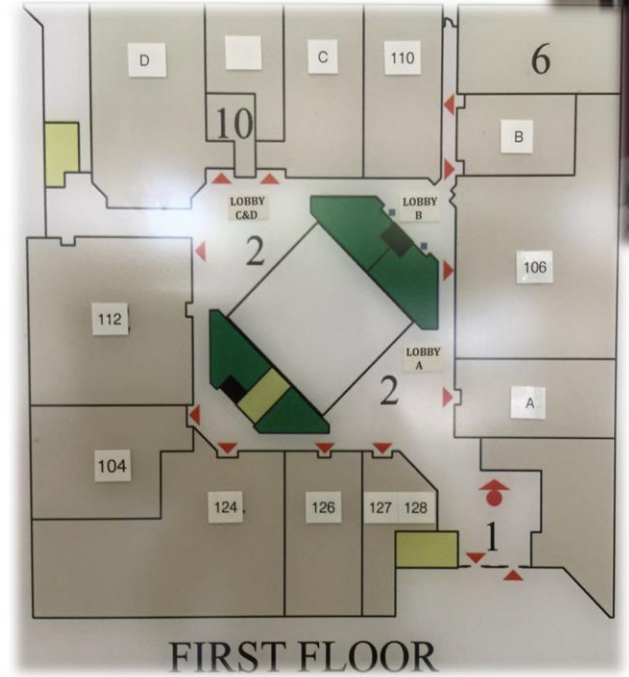
# ***SAFETY:*** getting to, into the Courthouse & in the Courtroom:

- **Finding your way**
  - *Reasonable access to public transportation? Timely?*
- **Entering the Courthouse**
  - *Appearance of the Courthouse: Confusing? Peaceful?*
  - *Personnel: Helpful, Patient or Intimidating*
- **Staying safe**
  - *Physically & Emotionally*
- **Meeting the past & the unexpected**
  - *Avoiding re-traumatization*
- **Leaving the Courthouse**
  - *Assure no Threats, Stalking or Harassment (Bailiff controls release)*

# Clear directions & simple Courthouse rules



**Bilingual**



- **Waiting areas**

- *Advance written instructions on how to seek safety*
  - Where to wait & where to sit in the Courtroom
  - Bailiffs/guards routinely walking through waiting areas
  - Bailiffs/guards available to seek safety

- **Courtrooms, personnel, parties & attendees**

- *Where parties are seated can avoid re-traumatization*
- *Know who is in your & courtroom; know who presents a danger*
- *Personnel: Understand ACEs & the importance of Patience & Respect*

- **Communications in Court**

- *Beware: Conduct or Statements by past abusers including parties or participants may trigger an individual*



# Why not This?



## ***ON the BENCH:***

- Be Consistent,
- Trust-worthy (*Never Lie*)
- Be Transparent in “Next steps” or explanations
  - *Concurrent planning (no surprises)*

## ***IN RESOLVING & SETTING CASES:***

- Give People A Voice: “*What do you think you need right now? Will that time/date work for you?*”
- Self-determination: include addressing ‘next steps’
  - *Traumatized individuals may not be quite ‘ready’ to address the past*
- Be mindful of their Cultural, Historical & Gender issues



***SAMHSA shares this approach:***

**Key Principles of a  
Trauma Informed Court  
Approach**

**Safety**  
**Trustworthiness & Transparency**  
**Peer Support**  
**Collaboration & Mutuality**  
**Empowerment, Voice & Choice**  
**Cultural, Historical, & Gender  
Issues**

# Be part of the solution

**Time certain dockets** with adequate time to address the issues:

- ~No masses in waiting areas or courtrooms;
- ~Be mindful of children & youth & victims present in court;
- ~No unnecessary wait times & rescheduling

**Read Filings Before Court**

**Use Provider/Stakeholder/Probation Liaisons in & out of court**

**Be consistent with messages of HOPE & a *Path to a Promising Future***

**Set Status Reviews to coincide with expected filing of Assessments**

# The Judge Effect

## *Empathy & Support More Effective Than Sanctions & Threats*



- The judge was the single biggest influence on the outcome, with **judicial praise, support** & other positive attributes translating into *fewer crimes & less use of drugs* by participants. (Rossman et al, 2011)
- **Positive supportive comments by judge** were correlated with few failed drug tests, while negative comments led to the opposite. (Senjo and Leip, 2001)
- The ritual of appearing before a judge **& receiving support & accolades, & “tough love”** when warranted and reasonable, *helped them stick with court-ordered treatment.* (Farole and Cissner, 2005, Satel 1998)



Lens, V., “Against the Grain: Therapeutic Judging in a Traditional Court. *Law & Social Inquiry*.” American Bar Association. 2015

# Flip the Script from Adversarial to Therapeutic

Establish trusting RELATIONSHIPS in & with the Court:

- *Eye Contact*
- *Respect*
- *Kindness*
- *Patience*
- *Reassurance*
- *Empathy*
- *Acceptance*
- *Lift them up*
- *Remember Them*

- ***Encourage candor & engagement***
- ***Give People a Voice/  
Self-determination***
- ***Meet them where they “are”***
- ***Don’t “judge” or “scold”***
- ***Actively Listen***
- ***Hear them***  
*(“It sounds like you are saying....”)*
- ***Lose any accusatory tone***
- ***Never lose your temper  
(model ‘calm’)***

# Indiana Code of Judicial Conduct

## CANON 2

A JUDGE SHALL PERFORM THE DUTIES OF JUDICIAL OFFICE IMPARTIALLY, COMPETENTLY, AND DILIGENTLY

### **RULE 2.2: Impartiality and Fairness**

“...A judge may make reasonable efforts, consistent with the law and court rules, to **facilitate the ability of all litigants**, including self-represented litigants, **to be fairly heard**.

#### **COMMENT:**

[5] A judge’s responsibility to **promote access to justice, especially in cases involving self-represented litigants**, may warrant the exercise of discretion by using techniques that **enhance the process of reaching a fair determination in the case**. Although the appropriate scope of such discretion and how it is exercised will vary with the circumstances of each case, a judge’s exercise of such discretion will not generally raise a reasonable question about the judge’s impartiality. Reasonable steps that a judge may take, but in no way is required to take, include:

- (g) Refer litigants to any resources available to assist in the preparation of the case or enforcement & compliance with any order.**
- (h) Inform litigants what will be happening next in the case and what is expected of them.**



# Indiana Code of Judicial Conduct

## CANON 2

### *RULE 2.8: Decorum, Demeanor, and Communication with Jurors*

(B) A judge shall **be patient, dignified, and courteous** to litigants, jurors, witnesses, lawyers, court staff, court officials, and others with whom the judge deals in an official capacity, **and shall require similar conduct of** lawyers, court staff, court officials, and **others subject to the judge's direction and control.**

### Comment

[1] The duty to **hear all proceedings with patience and courtesy** is not inconsistent with the duty imposed in Rule 2.5 to dispose promptly of the business of the court. ***Judges can be efficient and businesslike while being patient and deliberate.***

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Ten Things  
Every  
Juvenile  
Court Judge  
Should  
Know About  
Trauma and  
Delinquency

Authored By:  
Kristina Hollings, MSW  
Cathy B. Herkowitz, MS  
Steven C. Marsh, Ph.D.

# ***NCJFCJ: 10 Things Every Juvenile Court Judge Should Know About Trauma and Delinquency\****

Ten Things Every Juvenile Court Judge  
Should Know About Trauma and  
Delinquency | NCJFCJ

1. A traumatic experience is *an event that threatens life, safety, or well-being.*
2. Child traumatic stress can lead to *Post Traumatic Stress Disorder.*
3. Trauma *impacts a child's development and health* throughout life.
4. *Complex trauma* is associated with risk of delinquency.
5. *Traumatic exposure, delinquency, and school failure* are related.

54

6. ***Trauma assessments*** can reduce misdiagnosis, promote positive outcomes, and maximize resources.
7. There are ***mental health treatments*** that are effective in helping youth who are experiencing child traumatic stress.
8. There is a compelling need for ***effective family involvement***.
9. Youth are ***resilient***.
10. **Next steps:** The juvenile justice ***system needs to be***<sup>55</sup>  
***trauma-informed*** at all levels.

# Judges should consider

HOW DID YOU GET HERE AND HOW CAN I HELP?  
HOW CAN I LEAD A CULTURE AND COMMUNITY OF HEALING?

# Judges can promote



Safety



Healing



Self  
Determination



Pro-social  
Connections

## Be Thoughtful About Services



Identify the evidence-based treatment services in your community



Work with your community to fill service gaps



Use targeted services; do not overload families with services



Ensure services are responsive to families' needs and culturally-sensitive



Help family members maintain safe and supportive relationships

## Nurture Voice and Choice



Empower children, youth and families to make safe and healthy choices



Allow children and youth to voice their opinions throughout the process



Build on protective factors (i.e., cultural values and support systems)



Acknowledge resiliency (i.e., existing strengths and accomplishments)



Listen and show an interest in the passions of children and youth



Inspire and expose children and youth to new ideas

# Shifting perspective from “traditional” to this:



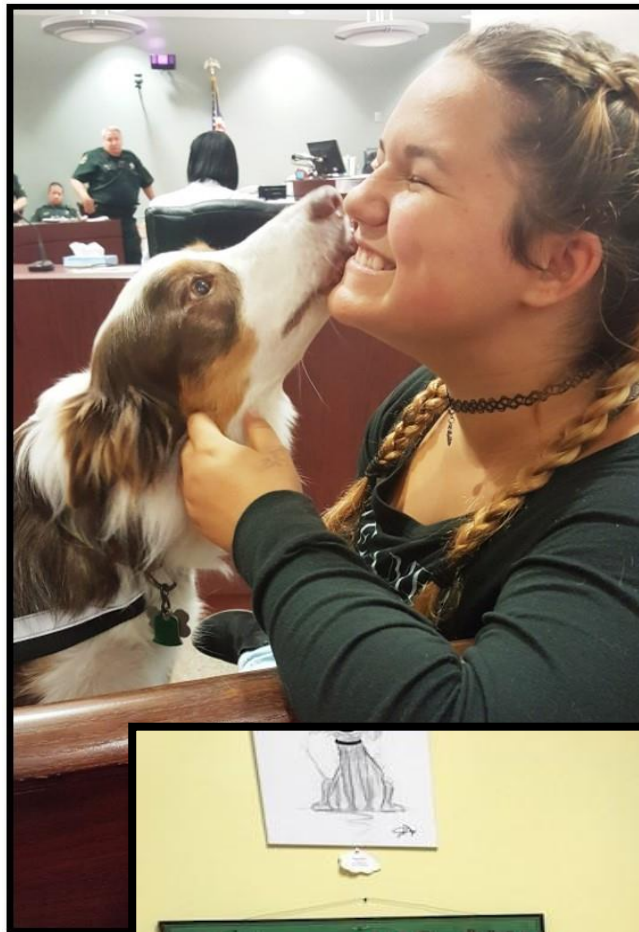
# Meeting needs builds trust





# Offices & Hallways & Courtrooms



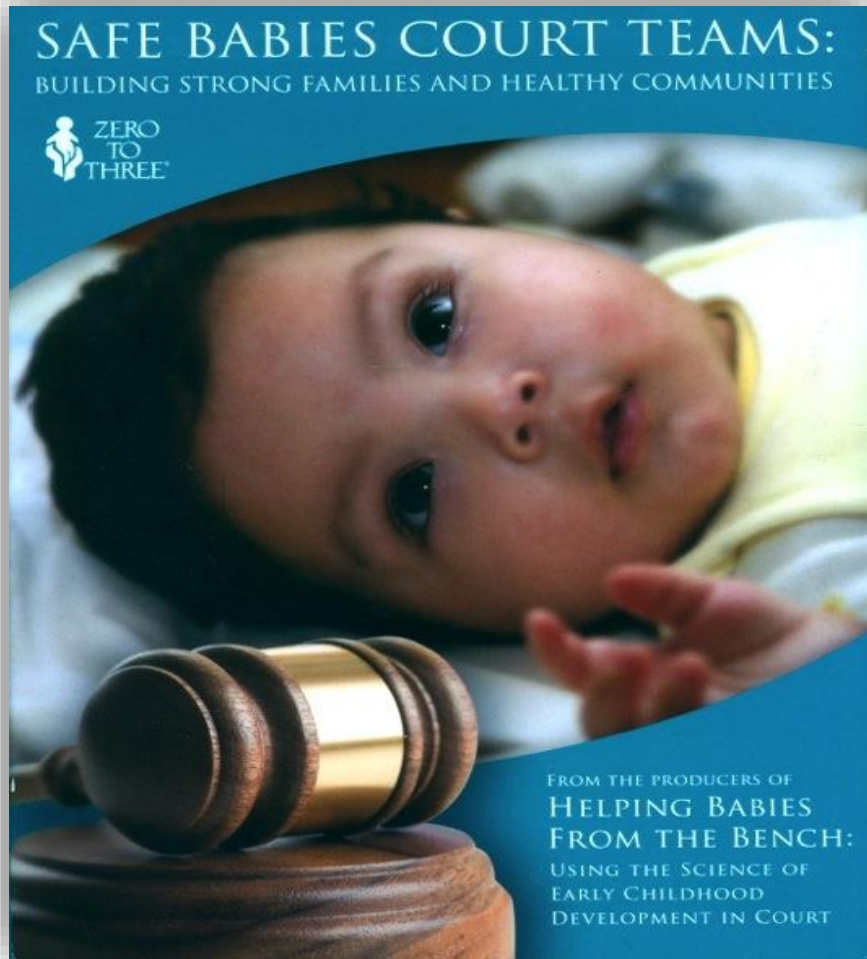


# Detention Centers, too!



# Zero to Three's Safe Baby Court Teams

An evidence-based model for young children in child welfare





***A Trauma Informed Court  
is Kind-hearted & **HOPE** Centered.***

***One will find:***

**A CLEAN SLATE**

**FORGIVENESS**

**OPPORTUNITY**

**ENCOURAGEMENT**

**GENERATIONAL HEALING**

**A FRESH START**

**SELF-ESTEEM**



**If we heal what it is they have been trying desperately  
to silence in their minds,  
we will begin to end the desire, the need for & the abuse of  
pain meds, heroin, meth, & alcohol.**

**If we Presume Trauma likely impacted *all***

- **Adults,**
- **Defendants or Parents,**
- **Youth, Children, & Infants**

**with whom Courts & Programs come in contact....**



***...we could change their STARS by understanding & applying what Science has taught us about Trauma & the impact of both Positive & Adverse Childhood Experiences.***



***HOPE & CHANGE***  
can be found  
where & when we  
least expect it.





***What psychological strength is most significant:***

**To buffer adversity and stress?**

**To predict adaptive outcomes?**

**Can be learned and sustained?**

**Chan Hellman, Ph.D.**, is a professor, quantitative psychologist, and the Director of The Hope Research Center at the University of Oklahoma. He has studied hope and resilience for more than 15 years. Chan co-authored of the award-winning book **Hope Rising: How the Science of Hope Can Change Your Life** with Casey Gwinn.

**Casey Gwinn, Esq.** is the former San Diego City Attorney, a social change advocate, the visionary behind the Family Justice Center movement, and the President & co-founder of Alliance for HOPE International.



HAPPINESS

*is the single best predictor of well-being  
compared to any other measures of  
trauma recovery....*

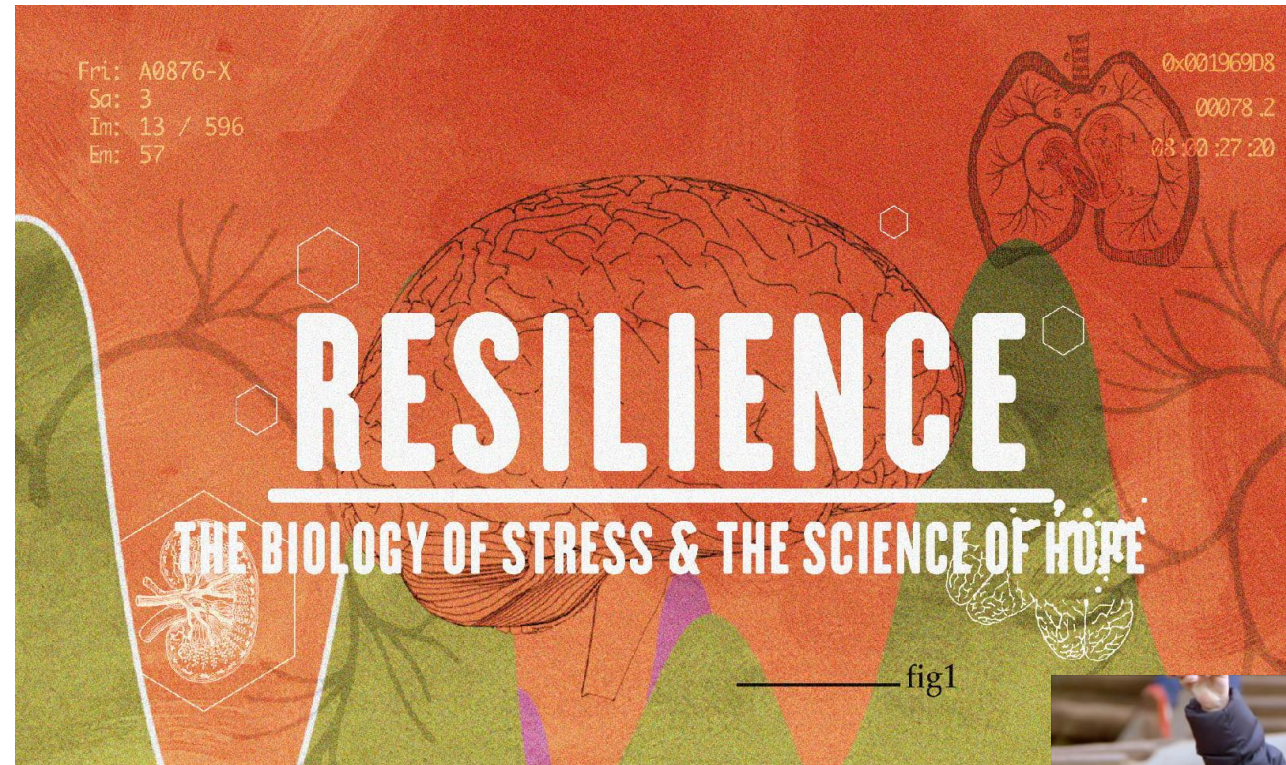
# Resiliency

***Resiliency is the capacity for human beings to thrive in the face of adversity.***



**Resilience does not mean that people *'get over it.'* It does mean that the caring people in their lives have a lot of power to buffer, rather than cement, the effects of toxic stress.**

# Early Adversity Is Widespread ...but not an Intractable Problem



Resilience Documentary



**Change IS possible!**  
***We can meet the needs of  
our traumatized communities.***



# ***Believe the Impossible is Possible***



# Trauma Informed Communities & Systems



## Creating a Trauma Informed State

A Showcase of Florida's Cutting Edge Trauma Initiatives

August 2018



**A program, organization, or system  
that is trauma-informed**

**realizes**

*the widespread impact of trauma  
& understands potential paths for recovery;*

**recognizes**

*the signs & symptoms of trauma in clients, families, staff,  
& others involved with the system; &*

**responds**

*by fully integrating knowledge about trauma  
into policies, procedures, & practices, &  
seeks to actively*

**resist re-traumatization.**



# Preventing Adverse Childhood Experiences (ACEs):

Leveraging the Best Available Evidence



Strengthening economic supports for families

Promoting social norms that protect against violence & adversity

Ensuring a strong start for children & paving the way for them to reach their full potential

Teaching skills to help parents & youth handle stress, manage emotions, & tackle everyday challenges

Connecting youth to caring adults & activities

Intervening to lessen immediate & long-term harms

National Center for Injury Prevention and Control  
Division of Violence Prevention



# Create Learning Opportunities for Stakeholders...Be a Convener

- Partner with local Universities & Colleges
- Partner with local experts
- Host Webinars: National & within your Area
- Create a list-serve, share articles & opportunities
- Share Materials in Courts and with Stakeholders
- Convene meetings to learn of local resources & therapies
- Films & Discussion groups: *“The Raising of America”, “Paper Tigers”, “Resilience”, “Connecting the Dots”, “Removal”*

# Essential Topics for in-service

## Trauma:

- **What *is* it in the context of each of our systems?**
- **The impact of trauma on:**
  - the children? **Emotional & Physical**
  - the parents? **Substance Abuse & Mental Health**
- **What part could it play in treatment decisions & future planning?**
- **What services would benefit a baby or youth or adult with ACEs?**
- **What impact can it have on compliance or placement?**
  - **Homelessness & chronic unemployment**
  - **Disruptions & runaways**

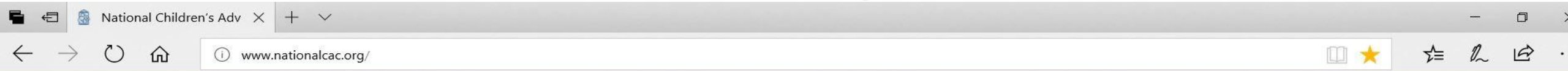
# Community Partners

- School Resource Officers
- Juvenile Justice Staff
- Detention Staff
- Parents/Foster Parents
- Child Advocacy Centers
- Girls & Boys Club
- Guardian ad litem/CASA
- Human Trafficking Advocates
- Housing Authority
- Case Managers
- 4-H Clubs
- Veterans Groups
- Early Steps
- Abuse Investigators
- Local Business Community
- Elected/Public Officials
- Children of Inmates
- Colleagues

# Community Partners

- Local Law Enforcement
- Behavioral Health Programs
- Schools/Teachers/Counselors
- Faith Community
- Therapists
- 12 Step/Support Groups
- Migrant Community
- Domestic/Sexual Violence Advocates
- Healthy Families
- Health Department & Medical Community
- Service Clubs: Women's Club, Rotary
- Midwife Centers
- Economic Development Council
- Early Learning Centers
- Extension Office/  
Community Gardens

# Children's Advocacy Centers



Select Language ▾

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About

## Local Service, Global Leadership.



**Our Mission:**

The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership.

**“...there is a resource no one can ever take from you: you, and the way you treat these children, parents, and others in your court. They all commonly come before us. **How we judges treat them can make the difference in their success or improvement.** What would a candid observer say about how you treat these families?  
...we can model dignity and respect....”**

**“...We can show compassion. A word of encouragement motivates change. Few of those who come to our courts see any value in themselves. Affirmation builds hope in those who have none...Judicial compassion could become a common thing done uncommonly well, bringing success for the people we took an oath to serve.”**

**Judge Douglas F. Johnson,  
Omaha, NE, Past President NCJFCJ,  
Juvenile & Family Justice TODAY Spring 2010, “President’s Message”**





Displayed at the Courthouse entrance

**“Doing for the children and families we serve that which we would want others to do for us and our families if we found ourselves in like circumstance.”**

**(2020) Judge Michael Key,  
Troup County Juvenile Court, GA  
Past President NCJFCJ**

9/15/05

Dear Judge Tepper

...I'm the young lady that is 28 years old, been to prison twice with 4 kids and a new husband. I went before you...for poss of cocaine.... Ma'am, I want to tell you that your reaction to my case and my past really shocked me. No one ever cared enough about me to try to figure out "what's really going on." I know God must have touched your heart on my behalf.....

.....since as early as 3 yrs of age I remember being molested... my father was a pimp and drug dealer; not to mention addict and he beat my mother constantly. I grew up in a very dysfunctional home. I couldn't take it anymore and at 11yrs old I started running away. I haven't lived in my mothers home since I was 13 yrs old... I've seen people killed in front of me.....  
..Yet no one ever tried to figure out why I ran and what I was looking for..... "I'm known as a F.... UP"

I've tried drug treatment.....I know it all stems from my childhood abuse and no one listening to me as a child when I would try to tell them who and what was going on.

Thank you... Thank you for not wanting to send me away again....You have given new meaning to justice in my eyes. I never really believed in rehabilitation because no ever wanted to know what the real issues were they only assumed and therefore wrongly judged me and my lifestyle. I want to heal...I can't put into words how grateful I am.....

# What we say & how we speak matters

May 26, 1993

Dear Judge Tepper

...in your Honor's Court....**These individuals are afforded a dignity, a respect, an interest...**Your Honor's wisdom and **empathy** offers them **justice**.....

I was in Your Honor's court with a young Afro American client and her non-verbal infant....Your Honor began the proceedings with a single word, "**success**", which resounded around the room, and for my client, did not fall on deaf ears....**Your Honor addressed the non-verbal infant as why the child should be so proud of its mother who had worked so hard and come so far to succeed at the struggle she had undergone. Upon leaving Your Honor's court I witnessed a change in the way my client walked and carried herself... Her eye contact was more firm and her demeanor was more assured and confident. The message Your Honor sent and the method Your Honor chose....did more for this client's growth in self esteem and healing, than many hours of psychotherapy could.**

*Her therapist*

# Resources

[Florida State University's Center for Prevention and Early Intervention Policy](#)



[Harvard University's Center on the Developing Child](#)

[Centers for Disease Control and Prevention's ACE Study Site](#)

[Centers for Disease Control and Prevention Child Development Site](#)

[HOPE – Healthy Outcomes from Positive Experiences](#)



[VIDEOS to share or training:](#)

[Remembering Trauma Official Film \(2017\)](#)

[Purple glasses https://www.youtube.com/watch?v=TeRab5X3Mkg](https://www.youtube.com/watch?v=TeRab5X3Mkg)

**National Council of Juvenile and Family Court Judges**

**The National Child Traumatic Stress Network**

**PACEs Connection** (Formerly ACEs Connection)

**CASA, The Judges' Page Newsletter, Trauma Edition**

**National Technical Assistance Center for Children's Mental Health,  
Georgetown University Center for Child and Human Development**

**National Judicial Institute on Domestic Violence**

with OVAW, NCJFCJ, FUTURES formed National Judicial Institute on  
Domestic Violence

**<http://www.futureswithoutviolence.org/judicial-education/>**

# NCTSN BENCH CARD

## FOR THE TRAUMA-INFORMED JUDGE

Research has conclusively demonstrated that court-involved children and adolescents present with extremely high rates of traumatic stress caused by their adverse life experiences. In the court setting, we may perceive these youth as inherently disrespectful, defiant, or antisocial, when, in fact, their disruptive behavior may be better understood in the context of traumatic stress disorders. These two Bench Cards provide judges with useful questions and guidelines to help them make decisions based on the emerging scientific findings in the traumatic stress field. These cards are part of a larger packet of materials about child and adolescent trauma available and downloadable from the [NCTSN Trauma-Informed Juvenile Justice System Resource Site](http://www.nctsn.org)<sup>\*</sup> and are best used with reference to those materials.

- 1. Asking trauma-informed questions can help judges identify children who need or could benefit from trauma-informed services from a mental health professional. A judge can begin by asking, "Have I considered whether or not trauma has played a role in the child's<sup>1</sup> behavior?" Use the questions listed below to assess whether trauma-informed services are warranted.**

**TRAUMA EXPOSURE:** Has this child experienced a traumatic event? These are events that involve actual or threatened exposure of the child to death, severe injury, or sexual abuse, and may include domestic violence, community violence, assault, severe bullying or harassment, natural or man-made disasters, such as fires, floods, and explosions, severe accidents, serious or terminal illness, or sudden homelessness.

**MULTIPLE OR PROLONGED EXPOSURES:** Has the child been exposed to traumatic events on more than one occasion or for a prolonged period? Repeated or prolonged exposure increases the likelihood that the child will be adversely affected.

**OUTCOMES OF PREVIOUS SANCTIONS OR INTERVENTIONS:** Has a schedule of increasingly restrictive sanctions or higher levels of care proven ineffective in this case? Traumatized children may be operating in "survival mode," trying to cope by behaving in a defiant or superficially indifferent manner. As a result, they might respond poorly to traditional sanctions, treatments, and placements.

**CAREGIVERS' ROLES:** How are the child's caregivers or other significant people helping this child feel safe or preventing (either intentionally or unintentionally) this child from feeling safe? Has the caregiver been a consistent presence in the child's life? Does the caregiver acknowledge and protect the child? Are caregivers themselves operating in survival mode due to their own history of exposure to trauma?

**SAFETY ISSUES FOR THE CHILD:** Where, when and with whom does this child feel safest? Where, when and with whom does he or she feel unsafe and distrustful? Is the home chaotic or dangerous? Does a caregiver in the household have a restraining order against another person? Is school a safe or unsafe place? Is the child being bullied at school or does the child believe that he or she is being bullied?

**TRAUMA TRIGGERS IN CURRENT PLACEMENT:** Is the child currently in a home, out-of-home placement, school, or institution where the child is being re-exposed to danger or being "triggered" by reminders of traumatic experiences?

**UNUSUAL COURTROOM BEHAVIORS:** Is this child behaving in a highly anxious or hypervigilant manner that suggests an inability to effectively participate in court proceedings? (Such behaviors include inappropriate smiling or laughter, extreme passivity, quickness to anger, and non-responsiveness to simple questions.) Is there anything I, as a judge, can do to lower anxiety, increase trust, and enhance participation?

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This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# NCTSN BENCH CARD

## FOR COURT-ORDERED TRAUMA-INFORMED MENTAL HEALTH EVALUATION OF CHILD: SAMPLE ADDENDUM

This Court has referred this child<sup>1</sup> for mental health assessment. Your report will assist the judge in making important decisions. Please be sure the Court is aware of your professional training and credentials. In addition to your standard psychosocial report, we are seeking trauma-specific information. Please include your opinion regarding the child's current level of danger and risk of harm. The Court is also interested in information about the child's history of prescribed psychiatric medications. We realize that you may be unable to address every issue raised below, but the domains listed below are provided as an evidence-based approach to trauma-informed assessment.

### 1. SCREENING AND ASSESSMENT OF THE CHILD AND CAREGIVERS

Please describe the interview approaches (structured as well as unstructured) used for the evaluation. Describe the evidence supporting the validity, reliability, and accuracy of these methods for children or adolescents. For screens or tests, please report their validity and reliability, and if they were designed for the population to which this child belongs. If feasible, please report standardized norms.

Discuss any other data that contributed to your picture of this child. Please describe how the perspectives of key adults have been obtained. Are the child's caregivers or other significant adults intentionally or unintentionally preventing this child from feeling safe, worthy of respect, and effective? Are caregivers capable of protecting and fostering the healthy development of the child? Are caregivers operating in "survival mode" (such as interacting with the child in a generally anxious, indifferent, hopeless, or angry way) due to their own history of exposure to trauma? What additional support/resources might help these adults help this child?

### 2. STRENGTHS, COPING APPROACHES, AND RESILIENCE FACTORS

Please discuss the child's existing strengths and coping approaches that can be reinforced to assist in the recovery or rehabilitation process. Strengths might include perseverance, patience, assertiveness, organization, creativity, and empathy, but coping might take distorted forms. Consider how the child's inherent strengths might have been converted into "survival strategies" that present as non-cooperative or even antisocial behaviors that have brought this child to the attention of the Court.

Please report perspectives voiced by the child, as well as by caregivers and other significant adults, that highlight areas of hope and recovery.

### 3. DIAGNOSIS (POST TRAUMATIC STRESS DISORDER [PTSD])

Acknowledging that child and adolescent presentations of PTSD symptoms will differ from adult presentations, please "rule-in" or "rule-out" specific DSM-V criteria for PTSD for adolescents and children older than six years, which include the following criteria:

- Exposure to actual or threatened death, serious injury, or sexual violence, either experienced directly, witnessed, or learning that the event occurred to a close family member or friend (Criteria A)
- Presence of intrusion symptoms such as intrusive memories, distressing dreams, flashbacks, physical reactions, trauma-specific re-enactment through play, psychological distress at exposure to cues (Criteria B)
- Avoidance of stimuli or reminders associated with the traumatic event, including avoidance of internal thoughts and feelings related to the event, as well as external activities, places, people, or situations that arouse recollections of the event (Criteria C)

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/ Family Court Tool Kit: Trauma and Child Development



## Family Court Tool Kit: Trauma and Child Development

### What is this tool kit?

This tool kit contains compelling information, rooted in science, which aids in determining children's needs based on developmental milestones and the impact of trauma.

Click [here](#) for a brief video featuring Lynn Tepper, retired circuit judge, for an overview of the tool kit and reasons why judges need to understand the content in it.

### Why use it?

The information and practices in this tool kit will improve judicial decision making and improve outcomes for children. The practices are in keeping with [guiding principles](#)  from In re: Report of the Family Court Steering Committee, 794 So. 2d 518 (Fla. 2001). Federal regulations, state statutes, Florida Supreme Court opinions, and a judicial canon support these practices and authorize trauma screening and treatment. Click [here](#)  for citations.

Writing for a trauma blog, Tifanie Petro contemplates why it is she has a passion for using trauma-informed care. She writes: "And then I knew that it was about that moment when you had truly engaged with someone, and you could see their soul and their heart and their pain ...and you watch as the light bulb flickers on. That moment when you hear that sigh of relief and they say "ohhhhhh". Sometimes it's about themselves, and why they keep repeating the same patterns over and over, and it's like for the first time someone let them know that they weren't broken or un-fixable. And sometimes it's about someone they love, and their understanding of the years of hurt or confusion that now suddenly make sense. So my "why" was this pure honor of being part of someone's "a-ha" moment. Being able to connect with them on a level that lets them know that they don't have to be perfect ... It has to do with having conversations that can change lives, and just appreciating the moments I get to see when the light flickers..on. What's your why?"

### Family Court Tool Kit: Trauma and Child Development

[The Problem](#)

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# FLORIDA COURTS

ACCESSIBLE | FAIR | EFFECTIVE | RESPONSIVE | ACCOUNTABLE



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## The Problem

### Interplay of child development, trauma, and outcomes

Genes and experiences impact how a child develops. Adverse childhood experiences can lead to toxic stress and can weaken the architecture of the developing brain. How the brain develops influences social, emotional, cognitive, and physiological domains. Social, emotional, cognitive impairment can lead to behaviors that pose health risks and eventually disease, disability, social problems, and even early death.

### Family Court Tool Kit: Trauma and Child Development

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## [The Problem - Florida Courts \(flcourts.org\)](http://flcourts.org)

### The science behind the problem

The Adverse Childhood Experience (ACE) Study is ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, California, linking childhood trauma to long-term health and social consequences. See the second link below for a listing of the ten adverse childhood experiences considered in the study.


The initial phase of the study was conducted at Kaiser Permanente from 1995 to 1997. More than 17,000 participants completed a standardized physical examination. The study continues to examine the medical status of the baseline participants.

“The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.” (Centers for Disease Control)

- Click [here](#)  for ACE study findings.
- Click [here](#)  for the ten items used in the ACE study.
- Click [here](#)  for the ACE scores of Florida juvenile offenders.
- Click [here](#)  for information from a 2014 study of ACE prevalence among young children in the child welfare system.

## Court Implications

Recognizing that trauma, child development, and outcomes are inextricably linked, what does that mean from the bench? See below for ten practical tools.

Click [here](#)  for the Florida state statutes, a judicial canon, Florida Supreme Court opinion, and federal regulations that authorize application of the ten tools below.

"I am astounded every day at how effective this trauma-informed approach is. I can assure you this creates a very different courtroom and courthouse atmosphere than I had 20 years ago. The satisfaction and transformations are tremendous." - *The Honorable Lynn Tepper, Sixth Judicial Circuit. Circuit judge since January 1989 and county judge 1985-1988.*

## THE BIG 10

### 1. Understand trauma and child development.


Read the research, attend trainings, and talk with local trauma and child development experts.

The links below provide milestones, red flags, and common traumatic stress reactions.

Click [here](#)  for birth to 5.

Click [here](#)  for 6 to 12.

Click [here](#)  for 13 to 18.


Click [here](#)  for all ages (birth to 18).

The links below provide listings of related research.

[Center on the Developing Child, Harvard University](#)

[ACES Too High](#)

[Child Trauma Academy](#)

Click [here](#)  for the September 2014 trauma edition of the American Bar Association's *Child Law Practice*.

Click [here](#) for a directory of Florida's Early Learning Coalitions. These coalitions can provide linkages to local child development experts.

Click [here](#) for web-based trainings at the Learning Center for Child and Adolescent Trauma, hosted by the National Child Traumatic Stress Network.

## Family Court Tool Kit: Trauma and Child Development

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## 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.

Click [here](#)  for information on what to expect.

The National Child Traumatic Stress Network has produced a trauma bench card for judges.

The [card](#)  offers a series of questions to help gather information necessary to make good decisions for children at risk of traumatic stress disorders. It also contains a sample addendum designed to be copied or scanned and attached to orders for behavioral health assessments.

## 5. Read the case file with a trauma lens.


When reviewing the file, circle developmental red flags and trauma events.

Click [here](#)  for a listing of trauma types.

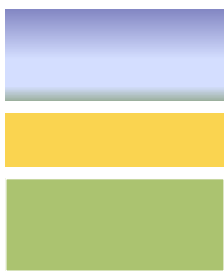
Click [here](#)  for developmental red flags.

## 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.

Click [here](#)  for additional information on screening, assessment, and treatment.

Click [here](#)  for how to learn if therapists and service providers understand trauma.



# FL Courts Big 10

## *Trauma Toolkit & Website*

**1**

**Understand trauma & child development.**

**2**

**Presume trauma.**

**3**

**Coordinate all cases involving one family.**

**4**

**Set an expectation for trauma & child development information.**

**5**

**Read the case file with a trauma lens.**

**6**

**Order screening, assessment, & treatment.**

**7**

**Hold all accountable.**

**8**

**Be a convener.**

**9**


**Monitor the data.**

**10**




**Take care of yourself.**

## Resources


### Archived News


Click [here](#)  for a four-page guide, *Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle*. This guide offers risk and protective factors for infancy and early childhood, middle childhood, adolescence, and early adulthood. Designed by the Substance Abuse and Mental Health Services Administration at the U. S. Department of Health and Human Services, with source data from the National Research Council and Institute of Medicine, this document is easy to read and serves as an informative benchmark.

Click [here](#) to watch this newly released video from the Center for Advanced Studies in Child Welfare, University of Minnesota. This video features experts discussing resiliency in young children and highlights the importance of healthy relationships to heal from trauma and toxic stress.

**Quick link for child development milestones and red flags, and common traumatic stress reactions.** Years [birth to 5](#)  . Years [6 to 12](#)  . Years [13 to 18](#)  .

[Report helps police protect kids while arresting their parents](#): How to minimize the trauma for young children who witness their parents' arrests.

From Children Beyond Dispute: [Twenty questions](#)  when hearing dissolution of marriage cases involving families with very young children.

The National Council of Juvenile and Family Court Judges has released [Preparing for a Trauma Consultation in Your Juvenile and Family Court](#) , a guide for understanding what a court trauma consultation is, assessing readiness for a consultation, and preparing for a trauma consultation.

Florida now has its own trauma and toxic stress website, a state clearinghouse for trauma information and resources. Check out [floridatrauma.org](http://floridatrauma.org).

### Family Court Tool Trauma and Child Development

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[Trauma Curriculum](#)

The U.S. Office of Juvenile Justice and Delinquency Prevention, Futures Without Violence, and the Ad Council have developed a new website, [Changing Minds](#), to raise awareness about what brain science tells us regarding the impact of childhood trauma. The website also includes practical age-related tips for how to help children overcome the negative effects of trauma. The website details five healing gestures: celebrate, comfort, collaborate, listen, and inspire.

Click [here](#) to see Dr. Vincent Felitti's keynote presentation at the Creating Trauma Informed Systems in Florida Think Tank in Naples, Florida. Dr. Felitti was a co-principal investigator in the landmark epidemiological Adverse Childhood Experiences Study.

An exciting new website from the Centers for Disease Control and Prevention provides a free library of photos and videos that illustrate developmental milestones. This resource, entitled [Milestones in Action](#), provides information for children age two months through five years.

### Resources

#### **Trauma Curriculum: Moving Toward a Trauma-Responsive Court**

In addition to the Trauma and Child Development Tool Kit, and as a part of the trauma-responsive court initiative, the Office of Court Improvement has developed a curriculum for a 3-hour, interactive, multidisciplinary workshop, found [here](#).

#### **[Substance Abuse and Mental Health Services Administration](#)**

This link provides information on what is meant by a "trauma-informed approach" and lists well-known trauma-specific interventions.

#### **[The Florida Network of Children's Advocacy Centers](#)**

This webpage displays a map of Florida and identifies the Children's Advocacy Centers by county. A Children's Advocacy Center is a community-based, child-focused facility where children alleged to be victims of abuse or neglect are interviewed and receive medical exams, therapy, and other critical services in a non-threatening and child friendly environment.

#### **[Children Who Have Been Traumatized: One Court's Response](#)**

This 2008 article, published in the Juvenile and Family Court Journal, and authored by Judge Michael L. Howard and Robin R. Tener, outlines how one Ohio court assisted with increasing trauma awareness and served as a community convener to promote evidence-based treatment for trauma victims.

# Trauma Curriculum

## Trauma Curriculum: Moving Toward a Trauma-Responsive Court

In addition to the [Trauma and Child Development Tool Kit](#), and as part of the trauma-responsive court initiative, the Office of Court Improvement has developed curriculum for a three-hour, interactive, multidisciplinary workshop. The goal of the workshop is for the court and its stakeholders to learn about the following:

1. The impact of trauma and toxic stress on the developing brain, overall health, and well-being.
2. Trauma-responsive practices to implement.
3. Self-care strategies.

**Facilitator Guide.** This provides a [list](#) of who to invite, logistics preparation tips, and a list of session supplies. It also contains the workshop script.

**Workshop Agenda.** May be found [here](#).

**PowerPoint Presentation.** The PowerPoint presentation is available using two options:

1. Click [here](#) for the ready-to-go presentation with the video links included in the PowerPoint. This will require a reliable wifi/internet connection at the time of viewing. You may need to, "Right Click", and "Save As" in order to open the PowerPoint file.
2. Upon request, the Office of Court Improvement will mail the circuit a flash drive with a copy of the PowerPoint. This version will have embedded videos and will not require wifi/internet at the time of viewing. For a .pdf copy, click [here](#). For questions contact Leigh Merritt

**Practical Tips for Professionals.** These documents are used for the professional breakout sessions.

- [Judges, bailiffs, court staff](#)
- [Attorneys](#)
- [Case workers](#)
- [Child protective investigators](#)
- [Foster parents](#)
- [Guardians ad litem](#)
- [Juvenile probation officers](#)
- [Leaders and administrators](#)
- [School staff](#)
- [Treatment providers](#)

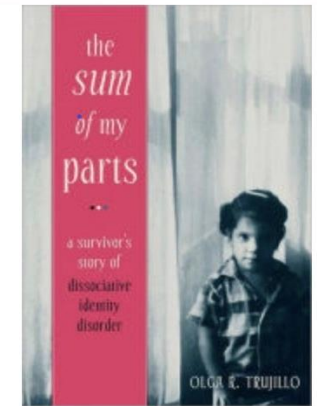
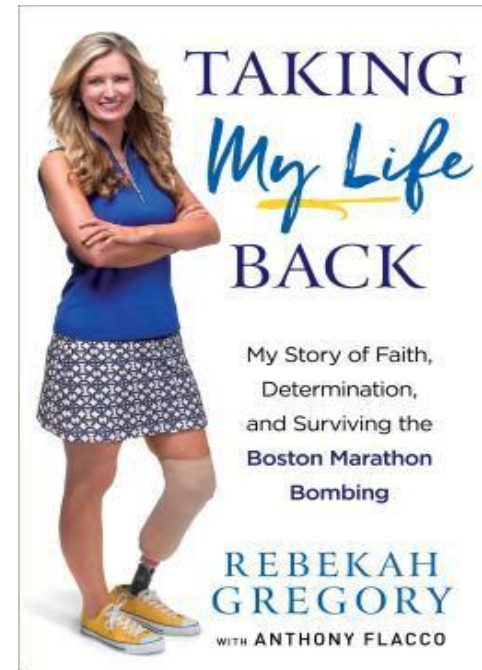
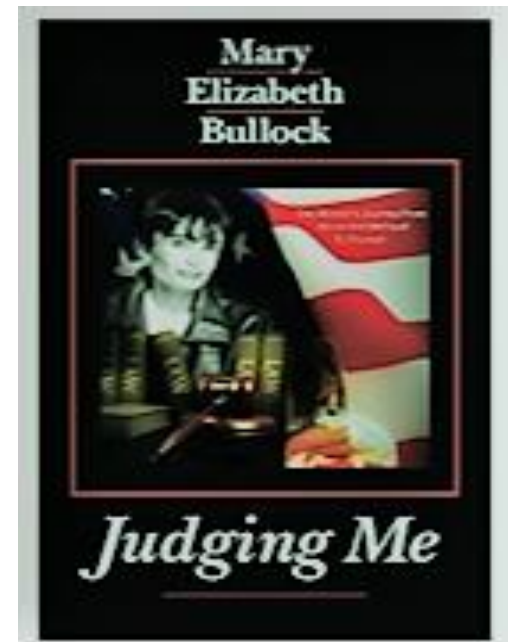
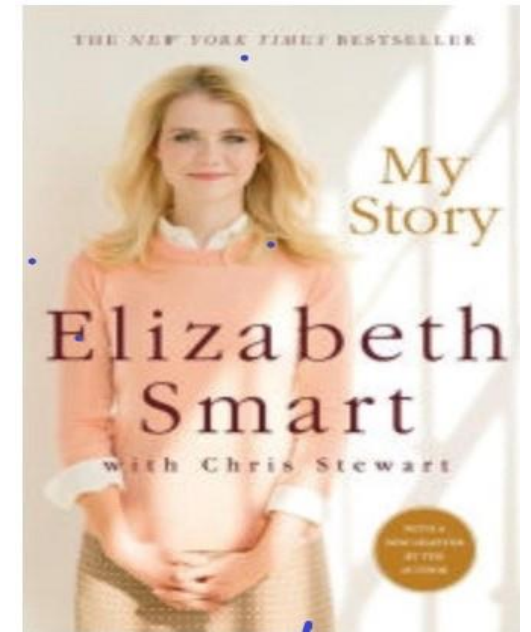
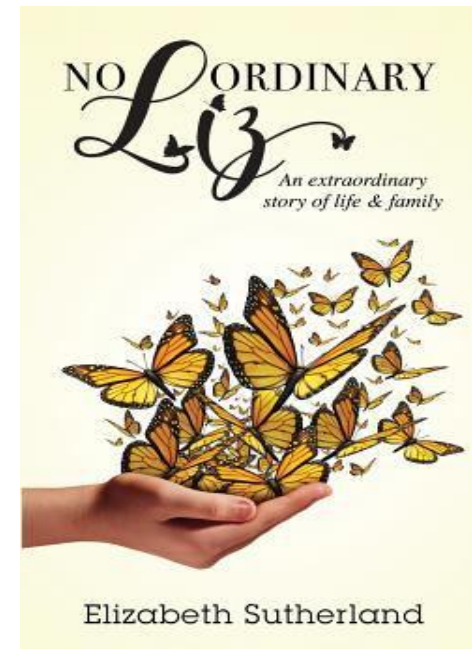
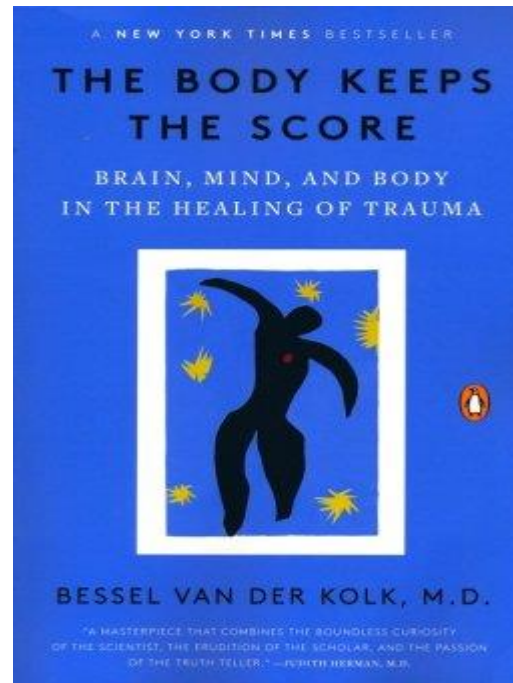
**Self-Care Tool Kit.** This [document](#) is used for the final segment of the workshop.

## [Trauma Curriculum - Florida Courts \(flcourts.org\)](https://flcourts.org)

- Prior to meeting with your clients, review the case file and circle trauma events/adverse childhood experiences.
- Take time at the beginning of the case to establish rapport with your clients.
- Explain to the client the decisions that are in his or her control. Strive to give clients a voice in decisions that affect them, in a way that is purposeful.
- Be reliable, always following through on responsibilities, commitments, and appointments. Never make a promise that you might break.
- Anticipate issues that may arise during your representation and in the legal case that may be distressing or destabilizing for your client.
- Remain calm, even if your client is "triggered." Remind the client that he or she is safe and that you will wait for him or her until she is ready.
- Work with local social service partners and multidisciplinary groups to expand capacity for evidence-based trauma screening, assessment, and treatment.



**10 Things Adopted Kids Wish Their Adopted Parents Knew,**  
Sherrie Eldridge



98


**The Sum of My Parts: A Survivor's Story of Dissociative Identity Disorder**  
by Olga Trujillo

Childhood trauma  
**Changing minds.**<sup>™</sup>  
www.ChangingMindsNOW.org




What can juvenile and family courts do to respond to **trauma?**


To promote healing and avoid re-traumatization, judges and allied child-serving professionals should understand the impact of exposure to violence on human development.





**Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts**




**NCJFCJ: Ten Things Every Juvenile Court Judge Should Know...**  
**[https://www.ncjfcj.org/sites/default/files/trauma%20bulletin\\_0.pdf](https://www.ncjfcj.org/sites/default/files/trauma%20bulletin_0.pdf)**



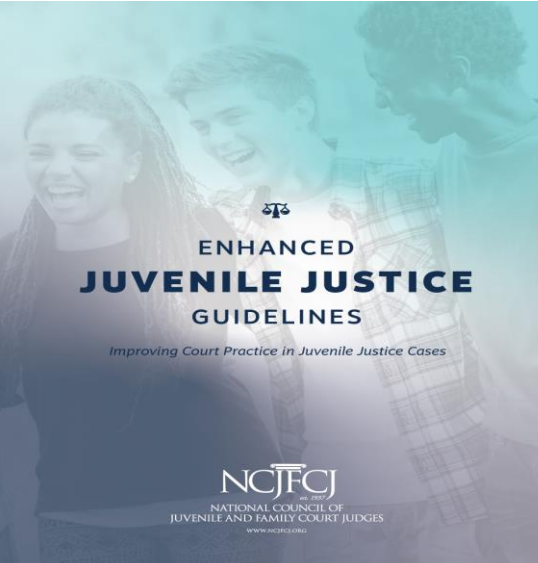
**Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts**

**Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts**  
Considerations for Program Designers and Evaluators




U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
www.samhsa.gov

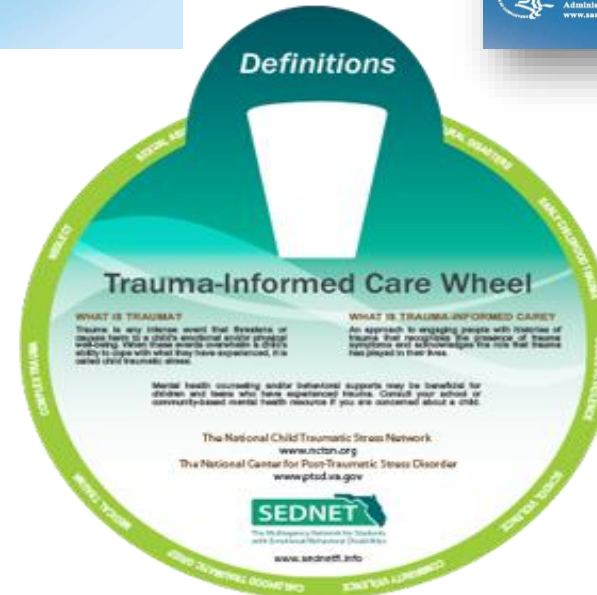


**ENHANCED JUVENILE JUSTICE GUIDELINES**  
*Improving Court Practice in Juvenile Justice Cases*

**NCJFCJ**  
NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES  
www.ncjfcj.org

**SCREENING AND ASSESSMENT FOR FAMILY ENGAGEMENT, RETENTION, AND RECOVERY (SAFERR)**



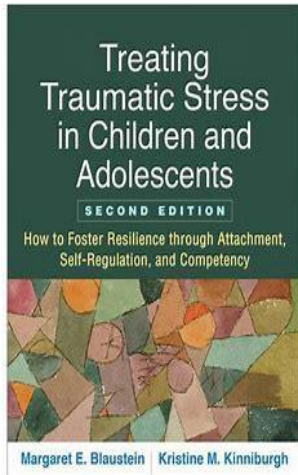


**SEDNET: <http://www.sednetfl.info/Index.aspx>**



*Growth-promoting relationships* (“serve & return”) **with a human partner** who provides what nothing else in the world can offer –

- *experiences that are individualized to the child’s unique personality style;*
- *build on his or her own*
  - *interests,*
  - *capabilities, &*
  - *initiative;*
- *shape the child’s self-awareness; &*
- *stimulate the growth of his or her heart & mind.*

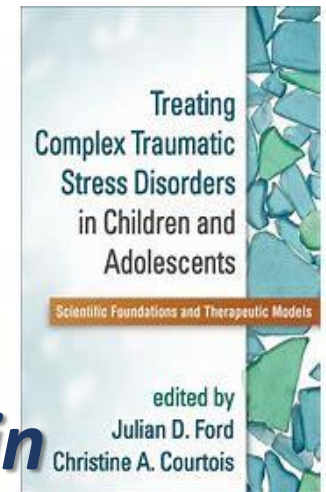


- **Treating Complex Traumatic Stress Disorders in Children & Adolescents (2013)**

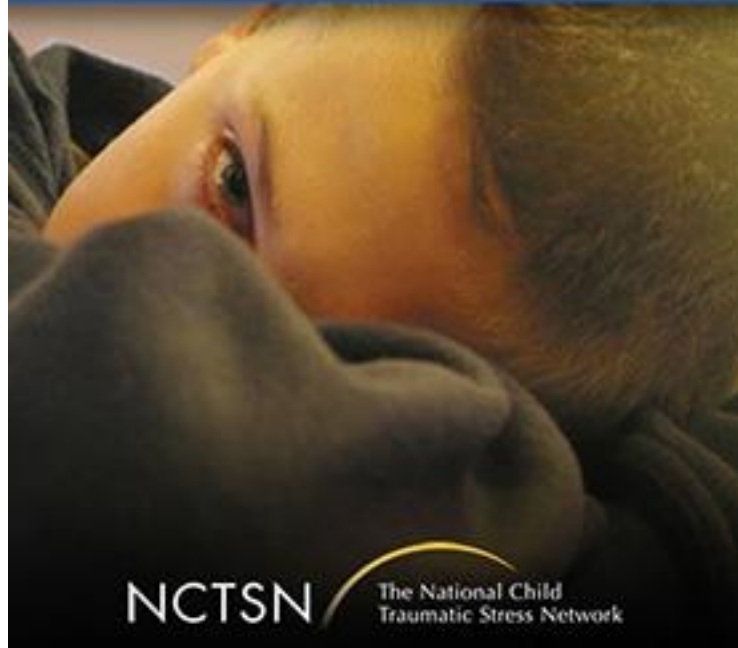
- **National Registry of Evidence-based Programs and Practices ([www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov))**

- **Office of Juvenile Justice and Delinquency Programs Model Programs ([www.ojjdp.gov/mpg/Program](http://www.ojjdp.gov/mpg/Program))**

***Reviews of evidence-based therapeutic & rehabilitative interventions for adolescents in delinquency or the juvenile justice system***



# Screening and Assessment for Trauma in Juvenile Justice

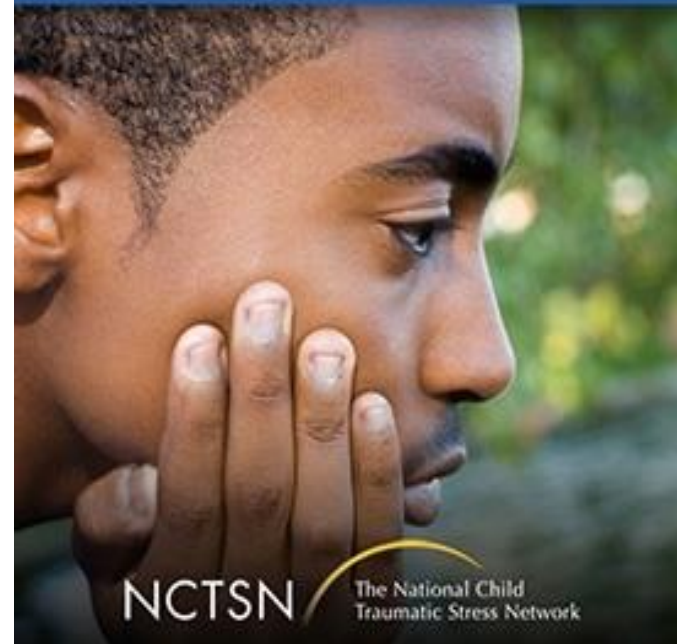


NCTSN RESOURCE 

## PTSD and Risk Assessments for Juvenile Court Evaluations

Type: Webinar

# Complex Trauma



Millions of children and families in the US are affected by opioid use and other challenges related to substance use disorder or misuse. Between 1999 and 2016, opioid-related deaths more than quadrupled, with over 300,000 people in the US dying of overdoses.<sup>1</sup> Research has demonstrated a strong relationship between childhood exposure to traumatic events and a variety of substance use-related behaviors.<sup>2</sup> Through a person's lifetime, childhood trauma exposure can be a significant factor in addiction and mental health problems, and approaches to prevention, intervention, and recovery efforts.<sup>3</sup>



### How Do Substance Use and Trauma Affect Children, Adolescents, and Families?

#### Trauma, CDM and Adolescent Development, and Substance Use

Prior to age 18, tens of millions of children in the US are exposed to a traumatic event.<sup>4</sup> This can include physical, sexual, or psychological abuse and neglect (including family violence), natural and technological disasters, sudden or violent loss of a loved one, community violence, trafficking, or terrorism; witness and war experiences (including torture); serious accidents or life-threatening illness; military mobilization stressors (e.g., parental loss or injury); exposure to personal or familial substance use disorder; and more. These traumatic events can impact a child's development and emotional and physical well-being. For example, when a child's ability to form safe attachments with their parent or caregiver is disrupted, other problems can follow, such as increased vulnerability to stress, inability to regulate emotions without help, or unhealthy dependency.<sup>5</sup> Children may also develop poor coping skills and engage in risky behaviors, including substance use. Individuals who use opioids, including misuse of prescription opioids, often report extensive histories of childhood maltreatment.<sup>6</sup> Some research suggests that opioids may be the preferred type of drug for individuals with histories of childhood trauma because they have the potential to numb both physical and psychological pain.<sup>7</sup>

The consequences of childhood trauma and substance use are also severe in adolescence. Overdose death rates among adolescents (aged 15-19) have increased and are highest for opioid drugs, specifically heroin, when compared to other substances.<sup>8</sup> Adolescents with traumatic stress and substance use problems may exhibit severe school symptoms, functional impairment, and increased service system involvement.<sup>9</sup> Adolescent opioid use has also been strongly linked to depression.<sup>10</sup> Nearly 4% of adolescents report misusing pain medication/opioids.<sup>11</sup> Adolescents living in rural settings are 85% more likely to misuse prescription opioids compared to youth in large urban areas.<sup>12</sup> Additionally, individuals who report taking prescription opioids for medical purposes during high school have a 33% greater risk of misusing opioids by the age of 25.<sup>13</sup> These early experiences underscore the need for early intervention and prevention programs.

#### Substance Use-Related Impaired Coping

Children can face increased risks for trauma exposure when caregivers are impaired by substance use, including during pregnancy. In a 2014 study of Medicaid patients, the rate of opioid use during pregnancy was approximately 14.4 per 1000 live births.<sup>14</sup> Prenatal exposure to opioids increases risks for the mother and child, including miscarriage, premature labor, malnutrition, intrauterine growth restriction, preterm labor, stillbirth, neonatal abstinence syndrome, and infectious disease exposure.<sup>15</sup> Due to stigma and fear of child welfare involvement, opioid-dependent mothers may forgo prenatal care.<sup>16</sup> Reducing opportunities for early substance use treatment and increasing the risks for complications during pregnancy. As they grow up, children of opioid-using parents are more likely to experience psychological distress, psychopathology, poverty, and reduced family cohesion.<sup>17</sup>

Nadine Burke Harris, MD Surgeon General, CA

# Exposure to Early Adversity effects the Developing Brain



# Impact of Toxic Stress

## Content in This Guide

### Step 1: Toxic Stress 101

- **You Are Here:** Toxic Stress
- Toxic Stress Derails Healthy Development
- ACEs and Toxic Stress

### Step 2: The Science and Social Causes of Toxic Stress

- Excessive Stress Disrupts Brain Architecture
- InBrief: The Science of Neglect
- Social and Behavioral Determinants of Toxic Stress

### Step 3: Preventing and Addressing Toxic Stress

- Resilience
- Tackling Toxic Stress
- Video: What We Can Do About Toxic Stress

Three Core Concepts in Early Development

# 3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY

[Nadine Burke TED Talk Short - Bing video](https://developingchild.harvard.edu/science/key-concepts/toxic-stress/)

<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

# Questions??

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