



Helping Traumatized Children: Tips for Judges

A majority of children involved in the juvenile justice system have a history of trauma.¹ Children and adolescents who come into the court system frequently have experienced not only chronic abuse and neglect, but also exposure to substance abuse, domestic violence, and community violence.²

The psychological, emotional, and behavioral consequences of these experiences can be profound, but may go unrecognized if judges and related personnel do not delve more deeply into the backgrounds of children and adolescents who come before the court.^{2,3} By understanding the impact of trauma on children's development, beliefs, and behaviors, judges can become more effective in addressing the unique needs and challenges of traumatized children and adolescents involved in the juvenile and family court system.

Effects of Trauma on Children and Adolescents

Child abuse and neglect have been shown to adversely affect the growth of the brain, nervous, and endocrine systems and to impair many aspects of psychosocial development, including the acquisition of social skills, emotional regulation, and respect for societal institutions and mores.⁴ Although a significant proportion of traumatized children seen in court meet the diagnostic criteria for posttraumatic stress disorder (PTSD),^{5,6} many others suffer from traumatic stress responses that do not meet the clinical definition of PTSD. Traumatic stress may manifest differently in children of different ages. **Table 1** lists some of the most common traumatic stress reactions seen in children of various ages.

Age Group	Common Traumatic Stress Reactions
Young children (Birth–5 y)	<ul style="list-style-type: none"> <i>f</i> Withdrawal and passivity <i>f</i> Exaggerated startle response <i>f</i> Aggressive outbursts <i>f</i> Sleep difficulties (including night terrors) <i>f</i> Separation anxiety <i>f</i> Fear of new situations <i>f</i> Difficulty assessing threats and finding protection (especially in cases where a parent or caretaker was aggressor) <i>f</i> Regression to previous behaviors (e.g., baby talk, bed-wetting, crying)
School-age children (6–12 y)	<ul style="list-style-type: none"> <i>f</i> Abrupt and unpredictable shifts between withdrawn and aggressive behaviors <i>f</i> Social isolation and withdrawal (may be an attempt to avoid further trauma or reminders of past trauma) <i>f</i> Sleep disturbances that interfere with daytime concentration and attention <i>f</i> Preoccupation with the traumatic experience(s) <i>f</i> Intense, specific fears related to the traumatic event(s)
Adolescents (13–18 y)	<ul style="list-style-type: none"> <i>f</i> Increased risk taking (substance abuse, truancy, risky sexual behaviors) <i>f</i> Heightened sensitivity to perceived threats (may respond to seemingly neutral stimuli with aggression or hostility) <i>f</i> Social isolation (belief that they are unique and alone in their pain) <i>f</i> Withdrawal and emotional numbing <i>f</i> Low self esteem (may manifest as a sense of helplessness or hopelessness)

Assessing the Effects of Trauma

Formal trauma assessment is critical to identifying children and adolescents in the courtroom who are suffering from traumatic stress.^{2,3} Well-validated trauma screening tools include:

- UCLA PTSD Reaction Index⁷
- Trauma Symptom Checklist for Children (TSCC)⁸
- Trauma Symptom Checklist for Young Children (TSCYC)^{9, 10}
- Child Sexual Behavior Inventory^{11, 12}

Judges should use professionals experienced in administering and interpreting these assessments to make recommendations to the court.

In Stark County, the court now understands that when children have been affected by trauma, they are “stuck” in a hypervigilant response. Being constantly on alert to danger decreases the ability of a youth to study and learn. . . They lose their temper and fight with little or no provocation.

For years our court treated these cases as “bad behavior” and “lack of self control.” It is only in the last several years that we, as a court, have educated ourselves about trauma. As a result, we now know that it is important to ask about trauma. Indeed, we often discover a history of trauma that has gone undetected, despite attempts to help the child through traditional counseling services.³

Judge Michael L. Howard & Robin R. Tener, PhD.

Choosing Appropriate Service Providers

When referring traumatized children and families for care, courts have the unique opportunity to choose practitioners or agencies that understand the impact of trauma on children and can provide evidence-based treatment appropriate to the child’s needs.²

While treatment needs to be individualized depending on the nature of the trauma a child has experienced, clinicians should use treatments that have clinical research supporting their use. Evidence-based treatment practices are those that have been rigorously studied and found to be effective in treating child or adolescent trauma. Information on specific evidence-based treatments for child traumatic stress is available from:

- The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cachildwelfareclearinghouse.org>)
- The National Child Traumatic Stress Network–*Empirically Supported Treatments And Promising Practices* (http://www.nctsn.org/nctsn/nav.do?pid=ctr_top_trmnt_prom)
- The National Crime Victims Research and Treatment Center–*Child Physical and Sexual Abuse: Guidelines for Treatment* (http://academicdepartments.musc.edu/nctsn/resources_prof/OVC_guidelines04-26-04.pdf)

Judges may want to develop a list of community providers who have training and experience in delivering evidence-based trauma practices. If the community lacks trained trauma professionals, creating an advisory group that can increase community awareness of evidence-based practices and necessary training requirements might be helpful. It is important to remember that trauma treatment may need to be combined with treatment for other conditions as well, such as substance abuse or learning disabilities. By becoming trauma-informed and encouraging the development and mobilization of trauma-focused interventions, judges can “make the difference between recovery and continued struggle”³ for traumatized youth and their families.

For More Information On Child Trauma in the Court

The *Juvenile and Family Court Journal* has published two special editions (Winter 2006 and Fall 2008) on child trauma as it relates to dependency and delinquency issues that come before the court. They are available at <http://www.ncjfcj.org/content/blogcategory/364/433/>.

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National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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