

Service Systems Brief

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Judges and Child Trauma: Findings from the National Child Traumatic Stress Network/National Council of Juvenile and Family Court Judges Focus Groups

Child Trauma in the Juvenile Justice System

Child trauma is endemic in the juvenile justice system. At least 75% of youth involved in the juvenile delinquency system have experienced traumatic victimization,^{1,2} and 11–50% have developed posttraumatic stress disorder (PTSD).^{1,3-6} Many of these young people are involved in the family court system due to victimization.⁷ For example, children involved in dependency cases generally have experienced at least one major traumatic event in their lifetime, and many have long and complex trauma histories.⁷ Furthermore, abuse and neglect often are associated with concurrent exposure to domestic violence, substance abuse, and community violence.⁸⁻¹¹

Background of Project

The National Council of Juvenile and Family Court Judges (NCJFCJ) is an organization dedicated to improving the effectiveness of the nation's juvenile courts. The mission of NCJFCJ is to improve courts and systems practice and to raise awareness of the core issues that touch the lives of many of our nation's children and families.

The juvenile justice system is composed of many interconnected organizations that vary widely in their level of training and expertise with regard to child trauma. Many members of the juvenile justice system are well aware of this knowledge gap and have expressed strong interest in becoming more informed about child trauma.

In 2004 the National Council of Juvenile and Family Court Judges (NCJFCJ) and the National Child Traumatic Stress Network (NCTSN) established a partnership to explore the issue of trauma-informed care within the juvenile justice system. As part of this effort, the NCTSN conducted focus groups with juvenile and family court judges at the NCJFCJ's annual conferences in 2005 and 2007 (see **Table 1** for more detailed information on these participants).

The primary objectives of these focus groups were to:

- Understand how knowledgeable juvenile and family court judges are about child trauma; and
- Identify ways to effectively collaborate with NCJFCJ to promote education on child trauma.

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The level of involvement and interest shown by the judges demonstrated that child trauma is a significant issue for juvenile and family court judges in their courtrooms. Based on a survey given to participating judges, the NCTSN found that 53% of the participants had not received training about the assessment and treatment of child trauma prior to these focus groups. This statistic emphasizes the pressing need to develop ways to educate this population about both assessment and treatment of child trauma.

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Child Trauma in the Juvenile Court System: Issues Judges Raise

During the focus groups, juvenile and family court judges repeatedly stressed the struggles they face when they encounter a child who has experienced trauma, and they identified the following issues:

- **Prevalence of trauma in the courtroom.** Judges can feel overwhelmed by the trauma-affected children they see in the courtroom. Many such children have had ongoing trauma and/or losses, and the magnitude of need can often seem daunting and insurmountable.
- **Placement concerns.** Judges are in a unique position to make significant decisions regarding placement. However, many judges have a difficult time selecting where to place a child. One judge described his fear that removing a child from the home might exacerbate a trauma the child has already experienced. Others stressed the difficulty of making placement decisions where removing a child from the home might prove more traumatic than the experiences that initially brought the child to the attention of child welfare or juvenile justice authorities.
- **Lack of resources.** Even when it is clearly acknowledged that a particular child has experienced trauma, the community may not have the appropriate resources to address the trauma and the chronic instability in that child's life. In some communities, it is hard to find evidence-based treatments for trauma. Mental health professionals themselves may be in the process of learning more about effective ways to treat child trauma.

Table 1: 2007 Focus Group Demographics

Court jurisdiction	
Urban	53.3%
Suburban	40.0%
Rural	26.7%
Years in juvenile/family court*	
>10 yrs	40.0%
6-10 yrs	33.3%
< 5 yrs	20.0%
Case load†	
Child abuse/neglect; dependency cases	59.0%
Juvenile delinquency cases	30.0%
Domestic violence cases	19.0%
Divorce; child custody cases	23.0%
Other	25.5%

* Some respondents chose not to answer.

† Some respondents chose more than one answer.

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64.3% of judges thought that a document describing the effects of trauma both immediately and over the long-term would be most helpful in their work with traumatized children

- **Lack of understanding about child trauma.** Many judges are not aware of psychological diagnoses, symptoms, causes, and treatment. Furthermore, judges often do not know the right questions to ask service providers in order to make informed decisions about treatment choices for children.
- **Coordination with other service systems.** Various systems (e.g., school, medical) may not have a complete understanding about child trauma and its effects. Mental health or other professionals may not be aware of—or may not have access to—evidence-based, trauma-focused practice. Judges need more transparency with regard to who the “experts” are (e.g., social workers, psychologists, domestic violence advocates, etc.).
- **Confidentiality issues.** While many dependency cases turn into delinquency cases, confidentiality issues keep judges from knowing the extent of trauma a child may have experienced prior to committing the delinquent offense. Furthermore, due to tight deadlines, some psychiatrists may have to evaluate a child without having sufficient information about the child’s trauma history.
- **Secondary traumatic stress.** Just as there is a threat of burnout for mental health professionals who work with severely traumatized children, it is very stressful for judges to deal with child victims of trauma. One judge noted that often there is no process in place for talking about trauma with other judicial officers (e.g., when a child on probation is shot and killed). Judges related that they frequently are working nonstop and don’t even have five minutes by themselves to deal with their emotions about a particularly difficult case. They also expressed reluctance to convey their true feelings about a child’s trauma because of a lack of trust in one another. For example, a judge in one jurisdiction spoke about a fellow judge who committed suicide. When a group of judges were given the opportunity to meet together with a mental health professional to talk about their colleague’s death, many did not take advantage of this help due to political distrust among them. As a result of such distrust, judges often keep their feelings to themselves.

Providing Resources for Judges

The vast majority of judges (76.9%) participating in the 2007 focus groups said that they get most of their information from judicial journals and continuing education sessions. Only 23.1% reported that they get information from psychology journals. As mental health professionals create public education campaigns for judges, they need to disseminate information about child trauma in places where judges will actually see it.

During the focus groups, 64.3% of judges said that a document describing the effects of trauma both immediately and over the long term would be most helpful in their

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work with traumatized children. They also suggested that resources should include information on risk and resilience factors in children as well as actions that judges can take immediately and over the long term to help children who have been traumatized.

The NCTSN is partnering with the NCJFCJ to produce a special issue of the *Juvenile and Family Court Journal* focusing on child trauma, which will be published in the winter of 2008. The goal of this issue will be to present information on the impact of trauma on children as related to cases judges might expect to see in their courtroom, and to address the topics that judges raised during the focus groups.

The NCTSN continues to look for ways to partner with the NCJFCJ and other national organizations to raise the standard of care and to increase access to services for traumatized children and their families throughout the United States.

References

1. Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Arch Gen Psychiatry*, 61(4), 403-410.
2. Cauffman, E., Feldman, S. S., Waterman, J., & Steiner, H. (1998). Posttraumatic stress disorder among female juvenile offenders. *J Am Acad Child Adolesc Psychiatry*, 37(11), 1209-1216.
3. Arroyo, W. (2001). PTSD in children and adolescents in the juvenile justice system. In S. Eth (Ed.), *PTSD in Children and Adolescents* (Vol. 20, pp. 59-86). Arlington, VA: American Psychiatric Publishing.
4. Garland, A. F., Hough, R. L., McCabe, K. M., Yeh, M., Wood, P. A., & Aarons, G. A. (2001). Prevalence of psychiatric disorders in youths across five sectors of care. *J Am Acad Child Adolesc Psychiatry*, 40(4), 409-418.
5. Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Arch Gen Psychiatry*, 59(12), 1133-1143.
6. Wasserman, G. A., McReynolds, L. S., Lucas, C. P., Fisher, P., & Santos, L. (2002). The voice DISC-IV with incarcerated male youths: prevalence of disorder. *J Am Acad Child Adolesc Psychiatry*, 41(3), 314-321.
7. Barth, R. P. (1996). The juvenile court and dependency cases. *The Future of Children*, 6(3), 100-110. Los Altos, CA: Center for the Future of Children, David and Lucile Packard Foundation.
8. Graham-Bermann, S. A. (2002). Child abuse in the context of domestic violence. In J. E. B. Myers, L. Berliner, J. N. Briere, C. T. Hendrix, T. A. Reid & C. A. Jenny (Eds.), *APSAC Handbook on Child Maltreatment* (pp. 119-130). Thousand Oaks, CA: Sage Publications.
9. Guterman, N. B., Cameron, M., & Hahm, H. C. (2003). Community violence exposure and associated behavior problems among children and adolescents in residential treatment. *Journal of Aggression, Maltreatment & Trauma*, 6(2), 111-135.
10. Hartley, C. C. (2002). The co-occurrence of child maltreatment and domestic violence: examining both neglect and child physical abuse. *Child Maltreat*, 7(4), 349-358.
11. Kelley, S. J. (2002). Child maltreatment in the context of substance abuse. In J. E. B. Myers, L. Berliner, J. N. Briere, C. T. Hendrix, T. A. Reid & C. A. Jenny (Eds.), *APSAC Handbook on Child Maltreatment* (pp. 105-118). Thousand Oaks, CA: Sage Publications.

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