An Evaluation of State-Level Trauma-Informed Care in the Juvenile Justice System

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Abstract

Understanding trauma-informed care in the juvenile justice system will help to identify areas for policy change and operational improvement to lessen the negative impact trauma has on delinquent youth. Delinquent youth are a particularly vulnerable population, and it is crucial that they are kept safe and protected from trauma or re-traumatization while incarcerated in state facilities (Branson et al. 2017). An analysis of the juvenile justice system and why it often fails to address trauma lends credence to why trauma-informed care is critical. This study utilizes semi-structured interviews with stakeholders in Maryland working either with the juvenile justice system or trauma-impacted youth. This research ultimately provides preliminary conclusions and policy implications.

Background

- Youth in vulnerable populations, particularly youth in the juvenile justice system, see higher rates of traumatic experiences.

- Many juvenile detention centers do not routinely screen for trauma or offer trauma-specific treatment interventions (Ford et al. 2007).

- The implementation of trauma-informed care into the juvenile justice system can help decrease the negative impacts of trauma and eliminate the risk of re-traumatization.

- Some key tenets of trauma-informed care according to The National Child Traumatic Stress Network include, screening, resources, strengthening resilience and protective factors, and continuity of care.

Research Question

Do the practices of trauma-informed care on a state-level align with the widely accepted definition by the National Child Traumatic Stress Network?

Method

- A qualitative study was created using Maryland as a point of reference
- Semi-structured interviews were conducted with stakeholders in Maryland working either with the juvenile justice system or trauma-impacted youth to gain an in-depth understanding
- After thematic analysis was conducted to reveal various domains

Definition of Trauma-Informed Care:
While trauma-informed care has become a popular buzzword, what it entails is unclear. Maryland does not have a universal definition or set of guidelines.

> "Everybody <u>defines it differently</u>. I would probably argue, they treat it differently depending on who they are and where they are. It has become a catch phrase"

Programs and Services:
There are no universal programs implemented. Many services are county-dependent, rather than statewide. Thus, some facilities offer more mental health programming than others.

> "The Community Mediation and Conflict Resolution Model, both the offender and victim share how the crime impacted them. There's trauma-informed components making sure voices are heard."

Staff Secondary Trauma:
Most agencies provide trauma-informed services to staff, however, the level they address trauma differs. Staff are also not learning the skill of resiliency

> "I think the way folks are taking care of themselves is leaving… There are resources, I just don't know how folks are tapping into them There is a line between resilience and essentially needing a timeout"

Continuity and Collaboration:
Maryland prides itself on its ability to provide a continuum of care through their local care teams. However, the continuation of care and collaboration can also become a barrier.

> "The continuity of care ends up turning into a major barrier, you created a lapse... What I see is that the coordination ends up forcing even more barriers because it takes longer"

Implications

- This research lends credence to the need for a standard definition and guidelines of trauma informed care to ensure efforts are not duplicated and programs properly address trauma.

- Legislation should be reassessed to understand what is continuing to exacerbate trauma and how it can be changed so that Maryland can move toward healing its youth.

- Organizations to address staff choosing to take a leave of absence and plan for staff to learn the skill of resilience through further programming and support services.

References