

The Relationship Between Trauma and Juvenile Delinquency

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Abstract

This research is based on an extensive literature review that examined the relationship between juvenile trauma and delinquency. This study also identified some promising practices to address youth trauma to help reduce the chances of further offending.

The Relationship Between Trauma and Juvenile Delinquency

Trauma among our youth goes unrecognized and untreated. This can lead to an increase in juvenile delinquency. Sixty percent of American children were exposed to violence, crime, or abuse in their homes, schools, and communities in 2017. Almost 40% of American children were direct victims of two or more violent acts, and one in ten were victims of violence five or more times (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2017).

According to the United States Department of Archives, children exposed to violence are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior (Finkelhor et al., 2017). The National Institute of Mental Health reports that specific cognition and mood symptoms of posttraumatic stress disorder include negative thoughts about oneself or the world, distorted feelings like guilt or blame, and a loss of interest in enjoyable activities (2019). These symptoms of posttraumatic stress disorder caused by trauma can be confused with delinquent behavior.

It is natural to feel afraid even after a traumatic event. The trauma can trigger the body into “fight or flight” responses to protect the mind and body from harm. Untreated trauma symptoms can look like disruptive behavior. Posttraumatic stress disorder triggers mimic arousal and reactivity symptoms, such as being easily startled, feeling tense or “on edge”, having difficulty sleeping, and having angry outbursts. These symptoms can make a person feel stressed and angry, affecting their ability to do daily tasks (National Institute of Mental Health, 2019).

The lack of knowledge and treatment for trauma increases recidivism rates for juvenile delinquents. This results in additional costs for families and the judicial system. Schools do not have many resources that focus on at-risk youth, which negatively affects these youths’ academic performance and achievements. Furthermore, trauma-related symptoms that go undiagnosed can

lead to antisocial behavior disorders and substance abuse. Focusing on the immediate problem of delinquent behavior, rather than on a solution, such as trauma treatment, results in our youth growing into adult criminals.

A 2018 article by Tsang, hypothesized that psychopathy, exposure to violence, and PTSD are associated with increased offending behavior. This study included baseline interviews from the Pathways to Desistance project. Pathways is a large study of serious adolescent offenders from specific counties in Arizona and Pennsylvania. This study included 1,354 juveniles from both locations who were under the age of 18 at the time of the study and were found guilty of serious offenses. These individuals were enrolled in the Pathways program from November 2000 to January 2003 (p. 166).

The findings of this study indicated psychopathy factor 2 traits (impulsivity and criminal versatility), exposure to violence, and PTSD are uniquely related to antisocial behavior among serious offending adolescents. The effect PTSD had on juveniles' self-reported offending behavior was small when psychopathy and exposure to violence were included in the data analysis. This shows that intervention techniques to deter juvenile delinquency should not only address youth with psychopathic tendencies but also youth with high exposure to violence (Tsang, 2018, p. 175).

Tossone, Wheeler, Butcher, & Kretchmar (2018) indicated that sexual abuse has an impact on trauma symptoms, delinquent and suicidal behaviors, successful treatment completion, and recidivism in female juvenile justice-involved youth (p. 974). The researcher's included participants in Ohio's Behavioral Health/Juvenile Justice Initiative. This program was spread throughout 17 counties in one state. The data included cases from 2006 to July 2015. Participants in this program ranged from ages 10 to 18 who had at least one diagnosis from the

Diagnostic and Statistical Manual of Mental Disorders Editions IV or V. They also had to be juvenile justice-involved. This resulted in 1,307 female participants (Tossone et al., 2018, pp. 977-979).

The researchers found that sexually abused females have very different psychological outcomes than nonsexual abused females. Sexually abused females are more likely to have high psychological trauma scores, specifically in posttraumatic stress and depression, display higher odds of using substances such as alcohol and marijuana, running away from home, and suicidal behavior. They also show higher odds of being charged with a felony six months after termination from the diversion program (Tossone et al., 2018, pp. 985-986).

Huang, Vikse, Lu, & YI (2015), hypothesized children who experience trauma due to exposure to intimate partner violence exhibit higher than average rates of cognitive, psychological, and emotional impairments (p. 953). Data was collected in twenty U.S. cities with populations over 200,000 from the Fragile Families and Child Well-being Study. The initial core interviews of the mothers were conducted at the time of the baby's birth between 1998 and 2000. Interviews were collected from mothers at Year 1. At Year 3 families were asked to participate in an in-home assessment where the behaviors of the mothers and children were assessed, and the mothers were interviewed about their parenting behavior. The study used 2,410 cases focusing on the samples that had complete information about intimate partner violence at Year 1 and 3. This study also included information about delinquency at Year 9. Year 5 investigated parenting behaviors and Year 9 data was collected from parents, the child, and teachers, measuring early delinquency (Huang et al., 2015, pp. 955-956).

Huang et al. concluded that children's exposure to intimate partner violence in Year 1 and 3 influenced their tendency toward delinquent behavior in Year 9. Furthermore, intimate

partner violence had negative impacts on the mother's parenting and children's behavior during later childhood. The study found that the more physical violence mothers experienced at Year 1 and Year 3, the more likely they were to physically punish their children at Year 5. Even after controlling for parental involvement, child neglect, and physical punishment at Year 5, the association between early exposure to intimate partner violence and delinquency in later childhood was still significant (Huang et al., 2015, p. 962). With consideration to the two types of intimate partner violence, only the presence of economic abuse was statistically shown to be significantly associated with child delinquency (Huang et al., p. 960). These findings point to persistent, long-term effects of children's early exposure, whether the violence is physical or economic (Huang et al., 2015, pp. 962-963).

Researcher Johnson (2018), collected data from the Florida Department of Juvenile Justice (FLDJJ) to investigate whether justice-involved children who experience childhood trauma were more likely to be arrested for a violent felony and whether these effects were heightened for Blacks and Latinas/os. Data were collected from samples drawn from the whole population at FLDJJ from 2004 to 2016 who fell under specific categories. The samples included juveniles who received one or more official referrals for delinquency (the equivalent of an adult arrest) before the age of 16; completed the Positive Achievement Change Tool Full Assessment at least once in 2007 and 2008; reached the age of 18 by the year 2016. A total of 3,248 juveniles between the ages of 12-16 met the selection criteria. Approximately 17.4% were females and 82.5% were males. Nearly 58% of the juveniles were non-Latina/o/a Black or African American, 31% were non-Latina/o/a White, 10% Latina/o/a, and less than 1% was another race (pp. 1444-1445).

The study concluded that exposure to childhood trauma is linked to violent felony arrests

and the risks are elevated for Black children. The likelihood of violent felony arrest increased by 11% for each additional trauma experience (Johnson, 2018, p. 1449). Youth who experienced three or more types of trauma were 1.7 to 3 times as likely to have violent felony arrests. Further, Black youth were nearly twice as likely to be arrested for a violent felony as White youth (Johnson, 2018, p. 1450). Latina/o and White youth who experienced trauma were no more or less likely to be violent felons than those who did not experience trauma. According to the Childhood Trauma Model, the impact of trauma is pronounced for Black youth because of systemic racism. Also, the intersection of gender and class hinders access to appropriate resources that buffer the impact of trauma. This can expose Black youth to more risk factors. Society often prescribes felony convictions for children's symptoms of trauma-induced distress and is more likely to do so when the child is Black. The disparity represents inequalities across schools, health care institutions, and the juvenile justice system to provide treatment and basic services to Black children (Johnson, 2018, p. 1451).

Kopak and Kulick (2017) conducted a study on Native American youth who experience a high risk for criminal offending. Some of the underlying reasons for the elevated criminal involvement include different social and psychological risk factors that often relate to delinquency, such as poverty, suicide, family disruption, low educational achievement, unemployment, interpersonal violence, loss of cultural identity, and emotional distress (p. 251). This study utilized archival data from the Survey of Youth in Residential Placement (SYRP) provided by detention facilities across the United States. Youth between the ages of 11 and 20 participated in audio computer-assisted self-interviews from 2000-2001 (Kopak & Kulick, 2017, p. 255). The study included 539 Native American Youth, 70% were male. The SYRP collected data on the primary offense for which the youth were detained, several indicators of substance

use history, and measurements of emotional and mental health problems (Kopak & Kulick, 2017, p. 256).

The study indicated more severe substance use was associated with an increased chance that Native American youth were detained for property-related offenses relative to drug offenses. Youth's chronic drug use was found to correlate with problems in social relationships, failure to fulfill obligations, and memory impairment (Kopak & Kulick, 2017, p. 265). Mental and emotional health problems were significantly associated with the likelihood of detention for the most serious group offenses (i.e., murder, rape, and kidnapping). Mental and emotional health problems may be associated with serious offenses due to the enmeshment of altered decision-making processes and cognitive development among youth. The findings also indicated that approximately 49% of Native American youth in the study met the formal clinical criteria for mental health disorders (Kopak & Kulick, 2017, p. 264).

Researcher's Cepeda, Valdez, & Nowotny (2016), examined the association between childhood trauma and gang membership in Mexican American males (p. 205). To measure childhood trauma the researchers used a supplementary, cross-sectional, descriptive pilot study in a random subsample. This study also collected data using systematic field observation, social mapping, and recorded extensive field notes across six months on the west side of Antonio, Texas. This data collection assisted in the identification of gangs, where they congregate, and to establish a presence within the community so the fieldworkers could make contact with gang members, gain their trust, and obtain access to their social networks (Cepeda et al., 2016, p. 207). A comparison sample of 25 youth was selected that could be exactly matched with a gang member on the covariates of self-reported violence risk, sociodemographic, and delinquent behavior. The most reliable method of selecting a comparison group was for the gang member

themselves to nominate individuals and through self-identification as a non-gang member (p. 208).

Cepeda et al. concluded that Mexican American male youth gang members report significantly lower levels of childhood trauma compared to those of a matched group of delinquent Mexican American male youth. Gang-involved youth reported significantly lower levels of emotional abuse and emotional neglect. Of all the childhood trauma subscales, physical neglect was reported most frequently, at alarmingly high rates, among both gang-involved and delinquent youth. Scores of emotional neglect and abuse indicate that the families of the gang members provided for many of the emotional needs of their children. Unfortunately, the matched delinquent youth sample was less likely to have emotional needs met. Further, the comparative results indicate that the gang members' childhood trauma experiences more closely resemble those of normal undergraduates. The matched delinquent group presents a pattern of childhood trauma more like adolescent inpatients with a diagnosed psychopathology (Cepeda et al., 2016, p. 213).

Crosby, Somers, Day, Zammit, Shier, & Baroni (2017) indicated that greater school attachment, school involvement, and social support would be associated with lower student trauma symptomatology (p. 2539). The study included 141 female students ranging from 13 to 19 years old. This study was done at a public charter school in Southeast Michigan that works exclusively with court-involved female youth from a residential program. Approximately 65% of the female participants were African American, 18.5% were white, 16.5% were other ethnicities. Fifty-six percent of the participants were placed in this program due to abuse and neglect and the other 44% were required by the court due to juvenile delinquency. Most of the participants were current residents, while others were recent residents that returned to the community and attended

school on-campus. The study was conducted by a voluntary survey questionnaire at the end of the 2013-2014 school year (Crosby et al., 2017 pp. 2541-2542).

The study indicated that students in the sample experienced high trauma exposure, demonstrated by their high trauma symptomatology. Greater school attachment, school involvement, and teacher involvement were associated with lower trauma symptoms. Students reported lower levels of social support from classmates, which was associated with significantly higher trauma symptomology (Crosby et al., 2017, p. 2545). The findings of strong attachment, involvement, and teacher support were unexpected because often court-involved students have difficulty maintaining strong school connections. This study supports the importance of peer interactions and social skills training in school settings that serve a population of court-involved youth (Crosby et al., 2017, p. 2544).

Robst, Armstrong, & Dollard (2017) hypothesized the type of residential settings would affect the outcomes among those with histories of serious trauma (p. 501). The study included three different data sources to examine children involved in both out-of-home treatment and juvenile justice systems between July 2002 and June 2008. The data sources included Medicaid, Florida Department of Juvenile Justice, and social welfare administrative data. Each young person in these samples had an emotional disturbance of enough severity to result in an out-of-home placement and committed at least one offense. Florida Medicaid claims data identified children and adolescents who received any of the three types of Medicaid funded out-of-home or mental health services. Arrest data was provided by the Florida Department of Juvenile Justice. Only arrests that occurred after July 1, 2002, for a felony or misdemeanor charges were included in the analysis (Robst et al., 2017, p. 504). Arrests that occurred while the youth were in out-of-home treatment or after treatment were excluded from the study. The final sample consisted of

1,511 young people (Robst et al., 2017, p. 505).

The study indicated that recidivism rates were lower when an arrest was followed by out-of-home treatment. The benefits of out-of-home placement, such as foster care, were found regardless of the severity of trauma history. Specifically, those with severe trauma exposure benefited most concerning recidivism from a treatment foster care setting (Robst et al., 2017, p. 511). The findings suggest that case managers and clinicians should consider trauma histories when deciding appropriate treatment settings (Robst et al., 2017, p. 502).

Researchers Salisbury, Dabney, & Russell (2015), conducted a study consisting of youth entering the Clark County Juvenile Detention Center in Vancouver, Washington from October 11, 2010, through January 31, 2011. During the time of the study, 535 youth from ages 9 to 19 entered the detention center where each of the youth was screened to assess the commercial sexual exploitation of children (CSEC) risk factors. Most of the youth in this study were white (72.9%) and 71% were males (Sailsbury et al., 2015, p. 1255). Forty-seven of the 535 youth reported CSEC risk factors. The intake assessment included a three-tiered, trauma-informed screening process (Sailsbury et al., 2015, p. 1247). Tier 1 of the study was a semi-structured interview and official file record review. The interview included 14 questions that included data about youth runaway history, foster care involvement, living situation risk, and previous contacts with law enforcement. Staff observation included visible brands or tattoos, any evidence of abuse, and personal property of concern such as hotel keys, large amounts of cash, pills, condoms, etc. The end of Tier 1 indicated if the youth was a self-disclosed victim, non-disclosed; a suspected victim, or non-disclosed; not suspected (Sailsbury et al., 2015, p. 1259). Tiers 2 and 3 of the study identified potential or current child/adolescent victims of sex trafficking. Tier 2 consisted of 34 questions exploring runaway/homelessness, traveling/transportation,

delinquency, relationships, and tattooing. Tier 3 included 46 more in-depth questions about youth's living situation, relationships with parents, runaway history, traveling, sources of and control over money, and partner history including physical and sexual assault (Sailsbury et al., 2015, p. 1259).

Sailsbury et al. (2015) found that in addition to youth disclosing sexual exploitation, the screening process also resulted in youth disclosing a variety of maltreatment, physical abuse, sexual abuse, sexual assault, and domestic violence. The disclosures during these assessments allowed staff at the juvenile detention facility to make proper referrals to services and resources. Many at-risk youths who are arrested are never screened for abuse or trauma. Screening all youth during intake, regardless if they are being detained, provides the opportunity to connect a larger number of at-risk youths to support services they might need (p. 1271). Further, when youth are delinquent as a result and manifestation of their victimization, traditional approaches are not effective, because traditional approaches target the youth's delinquency and not the underlying cause. Unidentified CSEC youth are often viewed, classified, and treated as delinquent when they are actively being victimized and need a multitude of services. Releasing these youth back into settings where they are exploited increases the likelihood of continued victimization and delinquency (Sailsbury et al., 2015, p. 1272).

Olafson et al. (2018) conducted a study in four Ohio juvenile justice systems. Each site implemented interventions provided by Think Trauma and Trauma Grief Component Therapy for Adolescents (TGCTA) and obtained pre and post group assessments on sixty-nine voluntary youth participants. The pre-group assessments included a trauma history interview, three assessment measures, and a discussion of potential benefits of group participation. The researchers collaborated with the clinicians during monthly consultations to track if youth who

were taking part in the TGCTA groups were destabilized by participating in the Trauma and Grief modules (pp. 2542-2543).

The researchers found a significant decrease in youth's trauma-related symptoms such as anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concerns. Researchers concluded that it was feasible to implement trauma-informed practices and trauma-focused intervention of Think Trauma and TGCTA in complex juvenile justice systems, including group sharing of trauma and loss narratives as part of the intervention. Further, facilities with high rates of previous incident reports experienced a large reduction in incident reports when both TGCTA and Think Trauma were fully implemented. The youth participants requested that the groups continued after the study (Olafson et al., 2018, p. 2552).

Discussion and Implications

Based on the problems identified the following are solutions and best practices for helping decrease juvenile delinquency in youth who have experienced trauma. As to prevention and early intervention of trauma and delinquency, Flocks, Clavin, Chriss, and Prado-Steiman (2017) indicate that identifying and prescribing programs that are family and community-based are beneficial to children at risk of moving into delinquency (p. 4). For example, home-visiting programs that focus on the establishment and maintenance of new patterns of family behavior can lower the chances of at-risk youth entering the juvenile justice system (Demeter and Sibanda, 2017, p. 24). However, many community-based and prevention/early intervention programs target at-risk youth who have not committed delinquent acts or those who have committed only minor offenses. This prohibits higher risk populations from receiving access to prevention and intervention programs, perhaps hastening their entry into the juvenile detention system (Flocks et al., 2017, p. 16).

According to Skinner-Osei, Mangan, Liggett, Kerrigan, and Levenson (2019) assessments of childhood trauma and related mental health needs are essential in providing appropriate care for justice-involved youth. Such assessments could increase the success of justice-involved youth and help prevent recidivism (p. 11). Clinical, correctional, and all other staff encountering a youth should be trained in understanding trauma under the Trauma-Informed Care framework. Trauma-informed care is an evidence-based practice that teaches service providers about the triggers and vulnerabilities of trauma survivors and employs effective interventions to treat trauma responses. Trauma-informed care does not excuse delinquent behavior, but instead, its primary goal is to recognize, conceptualize, and respond to symptoms of trauma such as behavioral and emotional dysregulation (pp. 10-12). Some examples of trauma-informed interventions include:

1. Trauma and Grief Components Therapy for Adolescents that teaches adolescents to identify personal posttraumatic stress, grief, and anxiety reactions; develop coping strategies to anticipate and manage reactivity to triggers; identify and process the worst moments including clarifying their respective links to trauma and loss reminders; strengthens adolescent impulse control by increasing insight into how reactions to worst moments can lead to risky and destructive behavior; promote engagement in prosocial activities such as advocacy and community service (Saltzman, 2017).
2. Trauma-Adapted Multidimensional Treatment Foster Care helps reinforce normative and prosocial behaviors; provide youth with close supervision; specify clear and consistent limits and follow-through with consequences; encourage youth to develop positive work habits and academic skills, and teach new skills for forming relationships with positive peers (Fisher & Gillian, 2012).

Zeola, Guina, and Nahhas (2017) provide recommendations for improving mental health treatment screenings for juvenile delinquents such as focusing on the levels of dysfunction and distress rather than diagnostic criteria. For early detection of mental health, the staff who do the initial screening need to be professionally credentialed screeners or supervised by such. It is important to build a rapport with the juvenile to help encourage self-disclosure. Staff needs to have specific training for screeners about mental health interviewing and reasons why juvenile offenders are reluctant to report mental health concerns. Juvenile offenders are often reluctant to report mental health concerns because of the stigma related to mental health, lack of trust in clinicians, issues of confidentiality, previous unsatisfactory contacts with clinicians, and a lack of knowledge of resources and benefits of treatment (p. 178).

All screenings need to be face-to-face interviews with the juvenile within 24 hours of intake at the detention facility. Within the 24 hours of intake, there needs to be a comprehensive screening of externalizing and internalizing problems and safety concerns such as self-harm, violence, and mandated reporting. Also, there needs to be routine and sensitive screening for abuse, neglect, and other traumas. Collateral information from family and teachers and the juvenile's recidivism risk assessment instruments need to be obtained for screening. Screenings need to have more broaden mental health referrals that include any history of suicidality, substance use, abuse, and/or neglect (Zeola et al, 2017, p. 179).

Service providers in the juvenile justice system must understand the triggers that activate a child's alarm system such as feeling, hearing, or smelling something that reminds them of past trauma; taking a child's past traumatic events into account, and allowing a child to manage trauma symptoms by practicing self-regulation skills so they can benefit from the services and develop resiliency (Flocks et al., 2017, p. 8).

There are also gender differences in children's responses to trauma. Guiding principles for developing a gender-specific approach for females include: acknowledging gender in the criminal justice system; creating supportive and safe environments in the corrective process; and addressing abuse, trauma, and mental health issues (Flocks et al., 2017, p. 11).

Girls often experience their first encounters with the juvenile justice system after running away from home to escape violence or abusive environments and may subsequently become involved in criminal activity such as prostitution, substance abuse, and property crimes. Further, routine law enforcement practices such as physical searches, isolation, and physical restraints can be retraumatizing to girls (Flocks et al., 2017, p. 10).

According to Griffin, Germain, and Wilkerson (2012) juvenile justice institutions adopting the trauma-informed model will help focus more on safety and self-regulation skills and offers a more central role to line staff. This allows for more active involvement with youth instead of just referring them to a clinician for behavior disorders. From a trauma perspective, youth act out when they are feeling threatened. Staff helping youth feel safe from other youth, from mistreatment by staff, and from harming themselves will reduce acting out and make detention facilities safer. To help youth feel safe it is important to provide structure and predictability by providing schedules and keeping to them. If there is a change in the schedule, youth need to be prepped for change ahead of time. Rules should be clear and consistent throughout the facility and between staff members. They also need to be simple enough for lower functioning youth to understand. Youth who have experienced trauma often get startled easily and have nightmares. Implementing a check-in procedure before lights out can minimize anxiety (p. 279). Staff needs to understand the most important time to interact with youth is when they are quiet and doing well. When youth are in the middle of a crisis they may not be able to retain

what is being told by others and the focus needs to be on re-establishing safety. Under the trauma-informed approach, staff can focus on de-escalation rather than confrontation and threats. Some techniques that will help to de-escalate youth are deep breathing, helping youth find relaxing activities, time-outs or self-initiated breaks, problem-solving, and refocusing by reminding youth what they are supposed to do when they get upset (Griffin et al., 2012, p. 280). The trauma-informed model helps staff understand youth who have experienced trauma react to external events. It is not a youth's fault for being traumatized, but it is the youth's responsibility to learn how to self-regulate when trauma responses are triggered and are still held accountable for future actions (Griffen et al., 2012, p. 278).

Although there are solutions to decreasing the likelihood of juvenile delinquency, there are problems that remain. According to Demeter and Sibanda (2017), the 1992 Juvenile Justice Delinquency Prevention Act mandated that detained juveniles should receive proper educational opportunities. Unfortunately, 75% of facilities that house juveniles violated these regulations. The Individualized Education Program came about under the Act to address the academic need of youth while incarcerated. It is possible that juveniles still have not received adequate education that enables them to keep up with their peers who have not been incarcerated. Juveniles who do not receive the appropriate support during incarceration have difficulty transitioning back into the educational system (p. 25).

Alternative schools have also become increasingly recognized as a key setting along the justice continuum. Girls need education and training opportunities to improve socioeconomic status and provide a system of community services and support to improve reentry (Flocks et al., 2017 p. 12). The Practical Academic, Cultural, Education (PACE) Center for Girls Inc is a minimum-risk, trauma-informed, nonresidential, and gender-specific program in Florida. The

PACE Center provides academic and social services such as customized, ongoing goal assessments and individualized education programs that collaborate with local school boards. The program offers daily academic instruction and advising, career preparation, and volunteer and service-learning opportunities. It also provides life management instruction through the specialized curriculum, case management, and social service referrals when appropriate, for counseling, and transition services. (Flocks et al, 2017, pp. 13-14).

The Possible Selves program is a seven-lesson curriculum that teaches self-determination, motivation, and goal setting to youth in short-term correctional facilities by having students examine their future and think about goals that are important to them. In this program, youth set goals, create plans and work toward their goals. Youth who complete the Possible Selves intervention are assigned a community-based mentor who can support the plan prepared for the youth's future (McDaniel, 2015, p. 7). Because juveniles need to have a smooth transition back into the regular school setting, trauma-informed models need to include a strong educational component. Trauma-informed models have not been adopted consistently by juvenile justice institutions and the confusion between trauma, delinquency, and mental illness remains. Detention facilities that require the implementation of trauma-informed practices by staff who encounter youth who have experienced trauma will result in a decrease in recidivism rates.

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