

## Introduction

The Centers for Disease Control and Prevention's (CDC's) landmark 1998 study on Adverse Childhood Experiences (ACEs) demonstrated that traumatic childhood experiences are a root cause of many social, emotional, physical and cognitive impairments that lead to increased incidence of health risk behaviors, violence or re-victimization, disease, disability and premature mortality.<sup>1</sup>

The original 1998 study examined 10 aspects of adverse childhood experiences that were categorized as abuse, neglect or household problems. Since then, the definition of adverse experience has been expanded to emphasize the embodiment of a range of traumatic experiences including, but not limited to, being a victim of extreme discrimination (racism, homophobia), a victim of or witness to community violence or war, being a refugee or experiencing severe social deprivation including poverty, hunger and homelessness.<sup>2</sup>

**ACEs are incredibly common; about two thirds of all adults in the U.S. have experienced at least one ACE of the 10 considered in the 1998 study.** Furthermore, a dose-response relationship exists: as the number of adverse experiences increases, so does the risk of problems from childhood through adulthood. Traumatic experiences before age 18 often cause stress that is toxic to the developing brain and body, derailing their optimal functioning. Research also shows that adults living with high ACE scores (over four) are more likely to transmit ACEs to their children.<sup>3,4,5</sup>

**Understanding the impact of ACEs and toxic stress on health and well-being can not only inform efforts to prevent ACEs but can also enable the systems and institutions that serve people with a history of ACEs** (especially those who are members of communities facing systemic oppression) to become trauma-sensitive, to avoid exacerbating existing problems and to support individuals, families and communities in healing.

### What are ACEs?

The Centers for Disease Control and Prevention's landmark 1998 study on Adverse Childhood Experiences (ACEs) demonstrated that traumatic childhood experiences are a root cause of many social, emotional and cognitive impairments that lead to an increase in health risk behaviors, increased risk of violence or revictimization, disease, disability and premature mortality. Understanding the impact of ACEs on health and well-being can inform efforts to prevent trauma but can also enable systems and institutions that serve people with a history of ACEs so that the cycle of trauma can be halted.

### The Illinois ACEs Response Collaborative

Established in 2011, the Illinois ACEs Response Collaborative (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and adverse childhood experiences (ACEs) on the health and well-being of Illinois children and their communities.

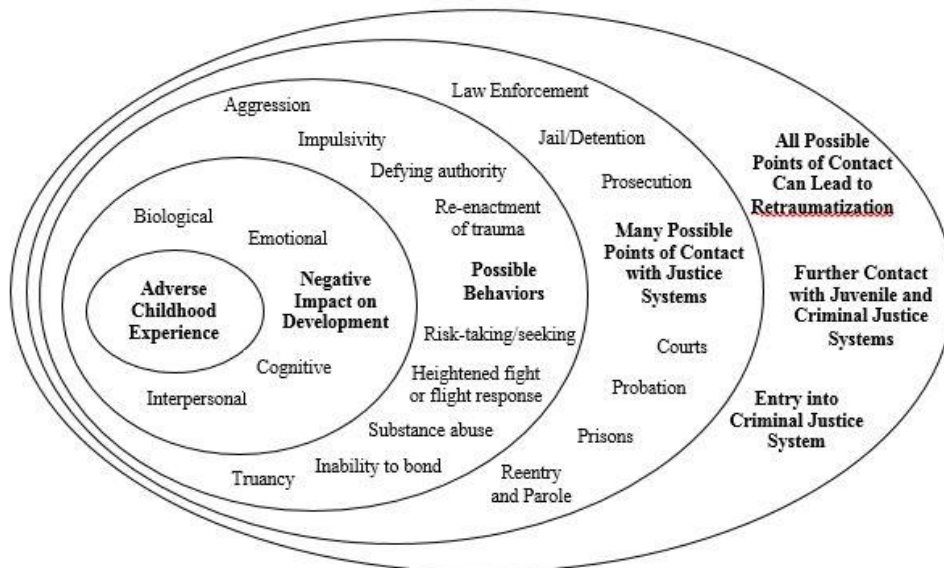
**The Collaborative works to develop education, policies and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as the reduction of intergenerational transmission of ACEs.** Health & Medicine Policy Research Group, a Chicago-based non-profit with a mission to challenge inequities in health and health care, serves as the lead convener for the Collaborative.

# The Impact of ACEs on the Juvenile and Criminal Justice Systems

ACEs are the root cause of many of society’s most pressing health problems that contribute to the astronomical and rising costs of health care as well as tremendous social costs in morbidity, mortality and quality of life. An ACE score greater than or equal to six can **shorten an individual’s lifespan by as much as 20 years**.

If we want to break the cycles of juvenile and criminal justice system involvement, improve public safety and protect crime victims and community well-being, we have to recognize the implications of ACEs and adopt policies and practices that recognize and respond to trauma, while also preventing its occurrence. This brief provides an overview of the relationship between childhood trauma and involvement with the juvenile and criminal justice systems, describes the need for better prevention and intervention efforts, and offers a number of policy recommendations and resources to assist actors across these systems in adopting trauma-informed practices that can break the cycles of involvement.

## The Ripple Effect of ACEs Across the Juvenile and Criminal Justice Systems



Sources: Julian D. Ford, John F. Chapman, Josephine Hawke & David Albert, *Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions*, National Center for Mental Health and Juvenile Justice: Research and Program Brief (June 2007); *The Trajectory of a Traumatized Youth*, Robert F. Kennedy Children’s Action Corps (2016).

### Prevalence

As depicted above, experiencing traumatic events or ACEs can result in behaviors that lead to involvement with the juvenile and criminal justice systems, starting a cycle of consequences that impact people throughout their lives and affect the next generation. For some children and adults, involvement in these systems is a source of trauma or retraumatization in and of itself. Such experiences lead to increased unemployment, poverty, homelessness and further involvement with the criminal justice

system. Because experiencing poverty and parental incarceration is a form of trauma as well, the impact carries to the next generation.

The prevalence of this cycle is evidenced by the histories of trauma of those involved in the juvenile and criminal justice systems:

- **Childhood abuse or neglect raises the chance of juvenile arrest by 59%**, and the likelihood of non-violent and violent criminal behavior in adulthood increases by 28% and 30% respectively.<sup>6</sup>
- **77-90% of incarcerated women have extensive histories of emotional, physical and sexual abuse.**<sup>7</sup>
- Approximately **90% of juvenile detainees reported having experienced at least one traumatic event** and 75% reported having been exposed to severe victimization.<sup>8</sup>
- Compared to youth in the general population, **juvenile-justice involved youth have roughly three times more ACEs.**<sup>9</sup>

When families come into contact with the criminal justice system, the cycle of trauma can pass from generation to generation. Incarceration removes people from society, erodes work skills, weakens social networks, and alters employer perceptions. As such, parental incarceration itself is a form of trauma by leading to emotional and household instability.

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- **1 in 28 children have parents in prison**—up from 1 in 125 in 1985.<sup>10</sup>
- **10% of incarcerated mothers have a child in a foster home or other state care**,<sup>11</sup> and the average stay in foster care for a child with an incarcerated mother is 3.9 years.<sup>12</sup>
- **Children of incarcerated fathers exhibit a greater likelihood of engaging in risky health behaviors**, such as illegal drug use,<sup>13</sup> and are six times as likely to be expelled or suspended from school.<sup>14</sup>

The above relationship between ACEs and the juvenile and criminal justice systems has played out with extreme costs to society:

- **The Illinois prison population has grown by more than 60% since 1990.**<sup>15</sup>
- In 2010, it **cost \$1.7 billion** to incarcerate an average daily population of 45,551 in Illinois.<sup>16</sup>
- The per-inmate cost at Cook County Jail is \$143 a day, or \$52,195 per year.<sup>17</sup>
- The Cook County Juvenile Temporary Detention Center costs even more—**\$600 per day or \$219,000 per year.**<sup>18</sup>

### ***Outcomes Due to the Impact of ACEs on the Juvenile and Criminal Justice Systems***

If we are not attentive to the impact of ACEs on children throughout life, we will see continuously worsening effects across all aspects of society, including:

- Harmful personal outcomes
- Adverse systemic consequences
- Negative intergenerational impacts
- Declining communities
- Increased fiscal costs

These outcomes are created and furthered at every stage of involvement with the juvenile and criminal justice systems. However, this also creates opportunities at every decision-making point to respond in a trauma-informed manner. Such responses should follow several principles:

- **Understanding and awareness** that individuals chronically exposed to trauma are often hypervigilant and can be easily triggered into a defensive or aggressive response;
- **Identification** of individuals with ACEs, and ensuring trauma is not driving entry, involvement or penetration into the juvenile and/or criminal justice systems;
- **Collaboration** between systems that an individual might encounter;
- **Preventing further trauma** by responding in a way that reduces exposure to traumatic reminders and equips individuals with the supports and tools to cope with traumatic stress reactions;
- Delivery of **behavioral health** services to address active trauma symptoms;
- Utilizing **procedural justice** by focusing on fairness in the processes that resolve disputes rather than only fairness in the disputes' outcomes;

## ACEs in Illinois

*The Collaborative successfully petitioned the Illinois Department of Public Health to include an ACE module in the State's 2013 Behavioral Risk Factor Surveillance System (BRFSS)—a CDC-developed survey that collects information on health risk behaviors, chronic diseases, use of preventive health practices and health access. The BRFSS contains data from a sample of Illinois adults 18 years old and older. The findings below summarize how the adults who took part in the survey describe themselves and their health. Wherever possible, ACE correlations are shown, but in some cases, the BRFSS sample size was insufficient to draw conclusions, so we present the available health condition data. In Illinois, ACEs are also the root cause of many chronic diseases, health risk behaviors and violence.<sup>19</sup>*

- In 2013, **59% of adults in Illinois reported at least one ACE and 14.2% reported four or more**, with the highest rates among women, African Americans and Latinos, younger adults, Chicago residents and residents with the lowest levels of education and socioeconomic status.<sup>20</sup>
- In 2014, **32% of Illinois children birth to age 17 reported one to two ACEs** and 9% reported three or more.<sup>21</sup>
- In 2013, **60.8% of Illinois residents with four or more ACEs in youth reported having a chronic health condition in adulthood.**<sup>20</sup> Chronic diseases account for more than seven in ten deaths and affect more than half of Illinois residents.<sup>22</sup>
- Among Illinois' adult population, 3% of adults experienced "serious psychological distress" and 8.4% suffer from depression.<sup>23</sup>
- Violence is prevalent in the Illinois population. Chicago has the highest number of murders in the United States.

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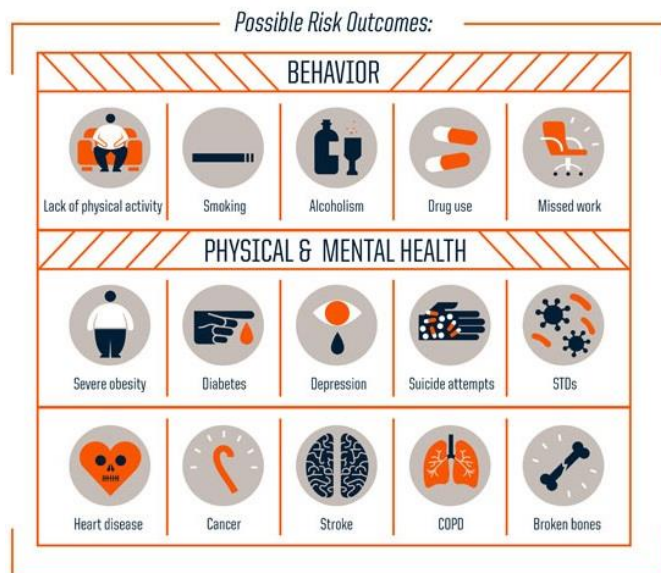
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- The average number of **days per month Illinois adults reported that their physical health was not good in the 2013 BRFSS was 5.0 for people with four or more ACEs** as compared with 3.4 days for people with zero ACEs.
- The average number of **days per month Illinois adults reported that their mental health was not good in the 2013 BRFSS was 6.9 days for people with four or more ACEs** as compared with 2.5 days for those with zero ACEs.
- The proportion of adults who reported being a current smoker in the 2013 BRFSS was 27.5 for people with four or more ACEs as compared with 10.5 for people with zero ACEs.
- The Illinois Chronic Disease Cost Calculator estimates there will be a **60.3% increase in medical costs**, excluding absenteeism, in Illinois by 2020.<sup>24</sup>
- Illinois has spent more than **\$12.5 billion** a year in health care dollars to treat chronic diseases.<sup>25</sup>



Source: Robert Wood Johnson Foundation

## Notable Programs and Promising Practices

*Fortunately, by using the right approaches—ones that harness neuroplasticity, or the brain’s inherent capacity to change—we can support healing of the brain and body as well as build resilience, which can prevent and treat the consequences of adversity. Yet, no one intervention alone can prevent or ameliorate childhood adversity. To address ACEs, we need a strong foundation that includes supportive families and prepared communities and schools, all of which require investment from each of us. Our systems work best when they work together.<sup>26</sup> The following are programs and promising practices that can help ameliorate the effects of childhood adversity.*

### Restorative Justice

Restorative justice utilizes approaches such as mediation and peace circles to bring victims and offenders together to collectively address lower-level incidents and make mutually agreed-upon restitution, diverting the incident and offender from the justice system. **A meta-analysis of studies comparing restorative justice programs to traditional nonrestorative approaches indicates that victim and offender satisfaction, restitution compliance and recidivism are significantly improved under restorative programs.**<sup>27</sup> See the resources section for examples.

Chicago Public Schools embrace restorative practices as part of a multi-tiered system of supports that schools put in place to meet students' academic and social and emotional needs and develop a positive school climate. The proactive relationship- and community-building strategies and supportive interventions of restorative practices align to the three pillars of trauma-informed care: creating a safe environment, supporting and teaching emotional regulation, and building relationship and



connectedness. Chicago Public Schools have seen the impact of this work through significant reductions in suspensions and expulsions as well as violent and serious incidents throughout the district.

### **Parent Engagement: Community Organizing and Family Issues (COFI)**

COFI's mission is to strengthen the power and voice of low-income and working families at all levels of civic life—from local institutions and communities to local, state and federal policy arenas. COFI has trained and organized thousands of parents in some of the nation's toughest neighborhoods. These leaders, primarily mothers and grandmothers, are winning improvements in their schools and communities, creating their own organizations and programs and changing policies on critical issues that affect families.

**Since 2005, COFI's POWER-PAC has been organizing to stop out-of-school-suspensions resulting in the reduction of thousands of days of such suspensions.** It also created the "Parent to Parent Guide: Restorative Justice in Chicago Public Schools—Stopping the School-to-Prison Pipeline" (included in Toolkits section below).

### **Center for Court Innovation, New York**

The **growing evidence base for how to reduce recidivism recommends** that the justice system:

- 1) Use shorter and more effective screening tools for an offender's risk factors which include experiences of trauma and mental health status;
- 2) Truly tailor interventions to the offender's needs;
- 3) Combine supervision with therapeutic engagement and consistent application of sanctions for noncompliance;
- 4) Focus on procedural fairness as offenders who feel they have a voice and are treated respectfully are more likely to comply with court orders;
- 5) Encourage a high level of interagency collaboration, especially among on-the-ground staff.<sup>28</sup>

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The Center for Court Innovation oversees many community courts and has found immense success in reducing recidivism by using courts to link people with substance abuse intervention, employment training and other services. Its first court, the Midtown Community Court, was launched as a "problem-solving" court 1993 and has been replicated around the world. It is the sole adolescent diversion and human trafficking court in Manhattan. "Seeking to reduce crime and incarceration, it is infused with a mission of administering humane justice and responding to the needs of its surrounding neighborhoods."<sup>29</sup> **It provides wraparound social services onsite to successfully reduce crime and recidivism.**

### **Functional Family Therapy (FFT)**

Functional Family Therapy has been used across the United States and in Norway and involves working with families to motivate positive change in the home, and can reduce recidivism rates and juvenile delinquency at one-sixth the cost of detaining a youth for a month. "FFT is a strength-based model built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development."<sup>30</sup> Using FFT in Louisiana, these "evidence-based programs have been shown to **successfully treat delinquent youth in the community and decrease out of home**

**placement costs between \$1300 and \$5,000 per family per year**, while incarcerating just one youth will cost over \$50,000 per year with the likelihood of poorer outcomes for both the youth & their family.”<sup>31</sup>

### *Multisystemic Therapy for Juvenile Offenders*

Multisystemic Therapy (MST) for Juvenile Offenders is an intervention for juvenile offenders that uses a combination of empirically-based treatments (e.g. cognitive behavior therapy, behavioral parent training, functional family therapy) to address multiple variables (i.e. family, school, peer groups) that have been shown to be factors in juvenile behavior. In addition to providing individual therapy, MST attempts to address some of the systemic issues surrounding the youth, including trauma. Progress towards the youths’ goals of better individual behavior and family oversight of their behavior is carefully monitored, and if goals are not met, the therapist works with the youth, their families, friends, teachers and principals to remove obstacles to the goals' achievement.

Masters-level therapists provide MST at the youth's home and community and are available to the youth and their family 24 hours a day, seven days a week over the course of approximately four months. Each therapist has a small caseload of between one and five families, and spends several hours per week with the family.

Most studies demonstrate MST's success. One randomized controlled trial of 176 serious offenders (age 12-17, averaging four felony arrests) in MO showed 1) after four years, an **88% reduction in the average number of arrests versus the control group**, and that MST recidivists' arrests were for less serious offenses; 2) after 13 years, 54% reduction in the average number of arrests versus the control group and 57% reduction in the average number of days incarcerated as an adult vs the control group. Another randomized controlled trial of 118 substance abusing juvenile offenders showed that after four years, the MST group had 75% fewer official adult convictions for aggressive crimes than the control group. The average cost savings of MST was approximately \$5,800 (in 2007 dollars), making this a potentially cost effective intervention.<sup>32</sup>

### *YMCA of Metro Chicago's Bridging the Divide*

This program was created to help build understanding between youth, law enforcement officials, and other community members. It offers opportunities for meaningful exchange and dialogue through community cafés, peace circles and exchange of photos and stories. Both police officers and community members share their fears, hopes and experiences with the other side in order to build empathy and cooperation.

As a result of this partnership, the YMCA and the Chicago Police Department developed **a toolkit to help improve youth police relationships** which includes:

- i. A story album featuring the voices of both Chicago youth and Chicago Police Officers
- ii. A question deck that offers a flexible curriculum for community conversations
- iii. A poster series that helps expand basic ideas about community safety<sup>33</sup>

# Policy Recommendations

*Policy change at all levels of government and within multiple public agencies, private and public health systems, community organizations, educational systems, social services and philanthropy, can prevent and mitigate the impact of ACEs, trauma and toxic stress to create healthier communities. The following recommendations reflect an understanding of ACEs and trauma which requires multiple levels of policy change. To effectively address ACEs and trauma, we must look at the context in which they occur – within families, communities and society.*

*Small “p” policy changes within local systems and agencies can have an important impact on the people served, but large “P” policy at the federal, state and local levels will build the foundation for preventing and addressing ACEs in a systematic, lasting, comprehensive and upstream approach so that we may ultimately be less reliant on programs which focus on individuals and families who are already experiencing problems (“downstream”) because there will be fewer of them.*

## A Trauma-informed System

Increased attention to the impact of ACEs has led to the development of trauma-informed policies and practices that follow the principles outlined earlier. Because of this, we can see systems are learning how to do better. While the largest benefits would come by preventing the occurrence of ACEs, we also must recognize that ACEs exist and work to ensure our justice systems do not traumatize or retraumatize children and adults further.

These next steps provide a starting point to improving the juvenile and criminal justice systems response to ACEs. These policy recommendations follow the principles discussed above, promoting trauma-informed care in the juvenile and criminal justice systems. The recommendations should serve as a guide, and can assist individuals, departments and institutions in improving their policies and practices to better address the needs of the populations they serve, protecting communities and working toward positive individual outcomes.

### Prevention

- We advocate for safe, self-healing communities where resources are invested in neighborhood residents rather than downstream disciplinary measures. Sustainable communities with high-functioning schools, adequate jobs, affordable childcare, safe places to meet and play and social cohesion are our best strategies to reduce crime and, therefore, the need for costly incarceration.<sup>34</sup>
- Working to create equity in access to healthcare, child care, quality education, housing and basic needs is the first steps to creating safety and mitigating violence. “Trauma is also produced by structural violence, which prevents people and communities from meeting their basic needs.”<sup>35</sup>
- Invest in community capacity to bolster neighborhood strengths. Helping people succeed in their community is less expensive and improves neighborhood cohesion.



## Law Enforcement Contact / Arrest:

- Law enforcement officers (includes police, sheriffs, transit officers, etc.) should receive extensive **training and professional development resources** to develop a strong working knowledge of ACEs and trauma, the prevalence in communities they serve and the implications for their interactions in the community. Law enforcement agencies bear particular obligations to understand, anticipate and prevent trauma in under-resourced communities of color where children, youth and adults are at heightened risk for exposure to traumatic events and extensive policing.
- Law enforcement agencies should develop and implement policies and protocols which ensure respectful, fair and **procedurally just interactions** with all members of the communities they serve, with the goal of preventing trauma in their interactions with the community and strengthening police/community relationships overall.
- Law enforcement agencies should develop policies and protocols for officers **interacting with people exhibiting signs of trauma**. Agencies should equip officers to recognize the signs and symptoms of trauma and utilize evidence-based responses, including crisis de-escalation and crisis responses. Widespread implementation of Crisis Intervention Team training is recommended for police personnel so that people experiencing mental health crises are linked to services rather than being processed through the criminal justice department.
- Law enforcement agencies should develop trauma-informed policies and protocols which **encourage the use of alternatives to arrest and / or prosecution** whenever possible consistent with public safety.
- Law enforcement agencies should **consider and anticipate the impact on children** when parents, siblings or other family members interact with police or are arrested when children are present. Law enforcement officers are also in a unique position to interact with children who witness or experience violence, abuse or harm in their homes or communities. Agencies should develop policy and practice to prevent or minimize that trauma as much as possible.<sup>36</sup>
- Law enforcement agencies and leadership should develop and support **collaboration** between and among criminal

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## Education

Though not a part of the juvenile or criminal justice systems, the education system offers a unique opportunity to address ACEs in a trauma-informed manner that takes into account active symptoms of trauma and keeps youth from entering the juvenile justice system.

**Rather than employing zero-tolerance policies that feed a school-to-prison pipeline, schools should employ restorative practices** in order to address the developmental challenges and behavioral issues that ACEs can cause. Trauma-informed responses can also prevent trauma as a result of a young person's interactions with law enforcement in a school setting. *For more information on this important decision-making point in trauma-informed care, see the Collaborative's Education Policy Brief.*

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justice agencies, behavioral health care providers and agencies and community members in order to develop and sustain a range of community-based resources, services and supports to prevent ACEs and support those who have experienced trauma.

- Law enforcement agencies should develop resources and protocols to **address the trauma experienced by officers in the course of their work**, to ensure officers' well-being and to ensure they can serve the community professionally, humanely, fairly and effectively.
- Relationships between law enforcement and residents, especially youth, should be built to create open dialog and meaningful discourse necessary prevent violence.
- Law enforcement should take the necessary steps to address and eliminate racial bias within the police force.

### *Pretrial Custody (Jail and Juvenile Detention Considerations):*

- **Trauma should be considered in deciding whether a youth or adult will be detained or jailed.** Court personnel—pretrial officers, prosecutors, defenders and judges—should receive training and professional development resources to understand the prevalence and impact of secure confinement on youth or adults who have previously experienced trauma, as well as the inherently traumatic impact of confinement itself on the individual defendant and upon their children and other family members. These considerations should inform efforts to utilize jails or detention only as a last resort to protect public safety or ensure appearance at trial.
- Jail and detention staff should receive extensive training and professional development resources to **develop a strong working knowledge of ACEs and trauma** and their unique implications for youth and adults in detention or jails.
- Sheriffs and court/detention leadership should develop and implement policies and protocols which ensure respectful, fair and **procedurally just interactions** with all people who are jailed or detained and with their families, with the goal of preventing unnecessary trauma.
- Secure facilities should implement evidence-based screening protocols to **identify behavioral health needs**, including—but not limited to—the trauma of people in their care and **utilize evidence-based responses** to those needs.
- Sheriffs and court/detention leadership should develop policies and protocols for staff **interacting with people exhibiting signs of trauma** and equip them to utilize evidence-based responses, including crisis de-escalation.
- Jail and detention leadership should develop and support **collaboration** between and among criminal justice agencies, behavioral health care providers and agencies and community members to develop and sustain a range of resources, services and supports to prevent ACEs and meet the needs of people with trauma symptoms.
- Jail and detention leadership should develop protocols and provide resources to **address the trauma experienced by their staff in the course of their work.**

### *Court Referral / Diversion:*

- **Trauma should be considered in deciding whether a youth or adult will be referred to court for formal adjudication or charging.** Court personnel—pretrial/probation officers and prosecutors in particular—should receive training and professional development resources to understand the impact of impact of trauma on the behavior of individuals considered for prosecution or diversion from the system.
- State’s Attorneys should develop protocols to ensure that **alternatives to formal system involvement** are considered and utilized whenever possible and appropriate, and to ensure that trauma implications are considered appropriately in charging decisions.

### *Trial and Sentencing:*

- Defense attorneys, prosecutors and judges should receive **training and professional development** to develop a strong working knowledge of ACEs and trauma, its prevalence in communities they serve, and the implications for trial and sentencing.
- All courtroom personnel—including defenders, prosecutors, judges, clerks, probation officers and bailiffs/deputies—should be equipped and required to **utilize the principles of procedural justice** in their interactions with defendants, victims, witnesses and all other members of the public.
- Judges should utilize **trauma-informed communication strategies** to interact with people in their courtrooms.
- Defense attorneys should be equipped to **advocate effectively** for clients who have experienced trauma.
- Prosecutors should be equipped and required to **pursue trauma-informed, evidence-based alternatives to jail or prison**, consistent with statute and public safety considerations.
- Judges should be equipped to recognize the impact of trauma on youth and adults involved in the justice system and to **utilize reduced sentencing strategies which have been demonstrated to improve individual outcomes**, enhance public safety, strengthen neighborhoods and prevent unnecessary trauma to individuals, families and communities. Judges, prosecutors and defenders are equipped to determine when trauma is driving the behaviors underlying justice system involvement and to craft sentences, supervision and supports which address these underlying needs.
- Court personnel should have access to supports which **address the vicarious trauma they experience in the course of their work.**

### *Corrections (Adult and Youth Prisons):*

- As with pretrial confinement decisions, **trauma should be considered in deciding whether a youth or adult will be incarcerated.** All court personnel – probation officers, prosecutors, defenders and judges – should receive training and professional development resources to understand the impact of incarceration on individuals who have previously experienced trauma, as well as the inherently traumatic impact of confinement itself. These considerations should inform efforts to utilize imprisonment only as a last resort and for the shortest period permitted by law and consistent with public safety.
- Adolescent and young adult development research should inform efforts to ensure that young people are not held in adult corrections facilities. Corrections systems must develop policy, practice and programs which ensure that, if they are incarcerated, youth and young adults receive **humane and developmentally appropriate** care.
- Justice systems should develop, fund and support a range of **alternatives to secure prison facilities** to ensure delivery of evidence-based, trauma-informed, family-focused services and supports to justice-involved youth and adults.
- Corrections staff should receive extensive **training and professional development resources** to develop a strong working knowledge of ACEs and trauma, and its unique implications for individuals in confinement.
- Corrections leadership should develop and implement policies and protocols which ensure respectful, fair and **procedurally just interactions** with all people who are incarcerated and with their families with the goal of preventing unnecessary trauma.
- Secure facilities should **prepare for visits from loved ones**, including younger siblings and/or children of incarcerated people and attempt to minimize the trauma associated with visiting a prison facility – from staff interactions and helping families accommodate to the physical environment – as much as possible.
- Secure facilities should implement evidence-based screening protocols to **identify behavioral health needs**, including – but not limited – trauma of people in their care and **utilize evidence-based responses** to those needs.
- Corrections leadership should develop policies and protocols for staff **interacting with people exhibiting signs of trauma** and equip them to utilize evidence-based responses, including crisis de-escalation.
- Corrections leadership should develop and support **collaboration** between and among criminal justice agencies, behavioral health care providers and agencies and community members to develop and sustain a range of community-based resources, services and supports to prevent ACEs and meet the needs of people with trauma symptoms.
- Corrections leadership should develop protocols and provide resources to **address the trauma experienced by their staff in the course of their work.**

### *Community Supervision (Probation, Parole and Aftercare):*

- Probation and parole officers should receive **extensive training and professional development** to develop a strong working knowledge of ACEs and trauma, their prevalence among the clients they serve, and the implications for their people on their caseloads.

- Probation and parole leadership should develop and implement policies and protocols which ensure respectful, fair and **procedurally just interactions** with all clients and their families, with the goal of preventing unnecessary trauma and improving individual engagement and outcomes.
- Equipping probation and parole departments to understand and address the influence of trauma on the behavior, well-being and outcomes of clients they serve is critical. Agency leadership should implement evidence-based **screening protocols** to identify trauma histories and symptoms of their clients. Agencies must also develop robust **assessment protocols** to identify trauma *treatment* needs and ensure that those who need them receive high-quality **evidence-based services** which address trauma.
- Probation and parole leadership should develop policies and protocols for staff **interacting with people exhibiting signs of trauma** and equip them to utilize evidence-based responses, including crisis de-escalation.
- Community corrections leadership should develop and support **collaboration** between and among criminal justice agencies, behavioral health care providers and agencies and community members, to develop and sustain a range of community-based resources, services and supports to prevent ACEs and meet the needs of people with trauma symptoms.
- Parole and probation leaders should develop protocols and provide resources to **address the trauma experienced by their staff in the course of their work**.

#### *Service Providers and Community Partners:*

- Providers of community-based services and supports are critical partners in achieving positive outcomes with justice involved youth and adults. Providers should be equipped and required to **utilize trauma-informed strategies in all interactions** with clients referred by or diverted from the juvenile or criminal justice system.
- In collaboration with justice system stakeholders, provider agencies should implement evidence-based **screening protocols** to identify trauma histories and symptoms of their clients. Providers should, as necessary, develop robust **assessment protocols** to identify trauma *treatment* needs and ensure that those who need them receive high-quality **evidence-based services** which address trauma.
- Community partners should support **collaboration** between and among criminal justice agencies, behavioral health care providers and agencies and community members, to develop and sustain a range of community-based resources, services and supports to prevent ACEs and meet the needs of people with trauma symptoms.
- Agency leaders should develop protocols and provide resources to **address the trauma experienced by their staff in the course of their work**.
- Court-Involved Youth must be linked to appropriate, quality schooling. Although policies exist to ensure these youth are welcomed back into schools, there is evidence that youth are prevented from returning.<sup>37</sup>



### *Justice System Accountability:*

- There must be a deep investment in the community to reduce the need for the justice system. People are best-served in a well-resourced community.
- All aspects of the juvenile and criminal justice system must be accountable for utilizing humane, fair and effective strategies for serving all those in contact with those systems – including crime victims, perpetrators, witnesses and community members – and particularly those who have experienced violence, maltreatment and trauma.
- State and local systems must provide data and information which illustrates and demonstrates those strategies and their impact and must commit to improving policy, practice and programming, when needed to achieve positive outcomes for individuals and communities.
- There must be shifts in the system as a whole to embrace trauma-informed care and to divert youth and adults whenever possible.

## **Resources**

*The resources included in this section are particularly relevant for professionals working in the justice sector. Health professionals, teachers, those working in law enforcement and others may also find these resources helpful to their work.*

### ***Community Organizing and Family Issues***

<http://www.cofionline.org/publications/reports/>

### ***Safe and Civil Schools***

<http://www.safeandcivilschools.com/>

### ***Discipline That Restores***

<http://disciplinethatrestores.org/>

### ***Positive Behavioral Interventions and Supports***

<http://www.pbis.org/>

### ***U.S. Department of Education's Office of Special Education Program Technical Assistance Center***

<http://www.cys-la.org/about>

### ***Strategies for Youth – Promising Practices Blog***

<http://strategiesforyouth.org/news-events/promising-practices-blog/>

### ***A Teacher's Guide to Rerouting the Pipeline***

[http://www.indiana.edu/~pbisin/docs/Rerouting\\_the\\_Pipeline.pdf](http://www.indiana.edu/~pbisin/docs/Rerouting_the_Pipeline.pdf)

### ***Center for Court Innovation***

<http://www.courtinnovation.org/>

***YMCA of Metropolitan Chicago – Bridging the Divide program***

<http://www.ymcachicago.org/programs/youth-safety-and-violence-prevention>

***Embrace RJ in Schools***

<http://www.ibarj.org/collaborations.asp>

***Clayton County Cooperative Agreement***

<http://www.aecf.org/m/privy/Deep-End-Resource-Guide-9b-Reducing-Youth-Incarceration-Innovation-Guide-Clayton-Cooperative.pdf>

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- <sup>1</sup> Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245–258. [PubMed]
- <sup>2</sup> SAMHSA-HRSA Center for Integrated Health Solutions. Trauma. (n.d.). Retrieved from <http://www.integration.samhsa.gov/clinical-practice/trauma>
- <sup>3</sup> Kwon, Diana. Poverty Disturbs Children’s Brain Development and Academic Performance. (2015). Retrieved from <https://www.scientificamerican.com/article/poverty-disturbs-children-s-brain-development-and-academic-performance/>
- <sup>4</sup> Na, Ling. Children and Racism: The Long-term Impact on Health. (2012) Retrieved from <http://www.aboutkidshealth.ca/En/News/NewsAndFeatures/Pages/children-racism-long-term-impacts.aspx>
- <sup>5</sup> Subhrajit, Chatterjee. Problems Faced by LGBT People in the Mainstream Society. (2015). Retrieved from [http://www.ijims.com/uploads/cae8049d138e24ed7f5azppd\\_597.pdf](http://www.ijims.com/uploads/cae8049d138e24ed7f5azppd_597.pdf)
- <sup>6</sup> Prevent Child Abuse New York. The Costs of Child Abuse and the Urgent Need for Prevention. (2003). Retrieved from <http://www.preventchildabuse.org/files/6213/0392/2130/costs.pdf>
- <sup>7</sup> Pollock J. (2002). *Women, Prison, and Crime.* 2nd ed. Belmont, Calif: Wadsworth Thomson Learning.
- <sup>8</sup> National Institute of Corrections. Federal Partners Report on Women and Trauma. (2011). Retrieved from <http://nicic.gov/Library/025082>
- <sup>9</sup> Baglivio, Michael T.; Epps, Nathan; Swartz, Kimberly; Sayedul Huq, Mona; and Sheer, Amy. (2014). “The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders”. *Journal of Juvenile Justice* 3:2. Retrieved from <http://www.journalofjuvjustice.org/IOJ10302/IOJ10302.pdf>
- <sup>10</sup> Pew Charitable Trusts. Collateral Costs: Incarceration’s Effect on Economic Mobility. (2010). Retrieved from [http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes\\_assets/2010/CollateralCosts1.pdf.pdf](http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2010/CollateralCosts1.pdf.pdf)
- <sup>11</sup> Mumola, C.J. Washington, D.C.: U.S. Department of Justice. (2000). Incarcerated Parents and their Children. Retrieved from <http://www.ojp.usdoj.gov/bjs/pub/pdf/iptc.pdf>
- <sup>12</sup> Ross, T., Khashu, A., & Wamsley, M. (2004). Hard Data on Hard Times: An Empirical Analysis of Maternal Incarceration, Foster Care and Visitation. Retrieved from [http://www.vera.org/publication\\_pdf/245\\_461.pdf](http://www.vera.org/publication_pdf/245_461.pdf)
- <sup>13</sup> Wiley-Blackwell. ScienceDaily. (2010). Father’s incarceration associated with elevated risks of marijuana and other illegal drug use, study finds. Retrieved from [www.sciencedaily.com/releases/2010/09/100929083516.htm](http://www.sciencedaily.com/releases/2010/09/100929083516.htm)
- <sup>14</sup> Johnson, Rucker. (2008). Ever-Increasing Levels of Parental Incarceration and the Consequences for Children. Retrieved from [http://ist-socrates.berkeley.edu/~ruckerj/RSFbkChapter\\_parentalincarc\\_child.pdf](http://ist-socrates.berkeley.edu/~ruckerj/RSFbkChapter_parentalincarc_child.pdf)
- <sup>15</sup> Street, Paul. History is a Weapon. (2015). Race, Prison, and Poverty: The Race to Incarcerate In the Age of Correctional Keynesianism. Retrieved from <http://www.historyisaweapon.com/defcon1/streeracripov.html/>.
- <sup>16</sup> National Alliance on Mental Illness. Mental Health 2013: An Important Public Health Issue. (2013). Retrieved from <http://www.namigc.org/wp-content/uploads/2013/01/MentalIllnessFactSheet-July-2013.pdf>
- <sup>17</sup> 2 National Alliance on Mental Illness. Mental Health 2013: An Important Public Health Issue. (2013). Retrieved from <http://www.namigc.org/wp-content/uploads/2013/01/MentalIllnessFactSheet-July-2013.pdf>
- <sup>18</sup> Ibid.
- <sup>19</sup> *Eur Arch Psychiatry Clin Neurosci.* 2006 Apr;256(3):174-86. Epub 2005 Nov 29
- <sup>20</sup> Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. (2016). Retrieved from <http://www.cdc.gov/brfss/>
- <sup>21</sup> Child Trends. Adverse Childhood Experiences: National and State-Level Prevalence. (2014). Retrieved from [http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\\_FINAL.pdf](http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf)
- <sup>22</sup> Illinois Department of Public Health. Chronic Disease Prevention and Health Promotion Task Force. Retrieved from <http://www.idph.state.il.us/cdpahptf/>
- <sup>23</sup> Centers for Disease Control and Prevention. . Morbidity and Mortality Weekly Review: Mental Illness Surveillance among Adults in the United States. (2011). Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm>
- <sup>24</sup> Illinois Department of Public Health. Chronic Disease Burden Update. (2014). Retrieved from [http://www.idph.state.il.us/pdf/Chronic\\_Disease\\_Cost\\_Calculator\\_July\\_2014\\_Issue\\_5.pdf](http://www.idph.state.il.us/pdf/Chronic_Disease_Cost_Calculator_July_2014_Issue_5.pdf)
- <sup>25</sup> Illinois General Assembly. Sec. 2310-76. Chronic Disease Prevention and Promotion Task Force. Retrieved from <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=002023100K2310-76>
- <sup>26</sup> Voices for Virginia’s Children. 2016 Early Childhood Education Unified Agenda. Retrieved from <http://vakids.org/wp-content/uploads/2015/09/2016-Early-Childhood-Education-Final.pdf>
- <sup>27</sup> Latimer J, et al. The Effectiveness of Restorative Justice Practices: A Meta-Analysis. (2005). Retrieved from [http://www.antonioacasella.eu/restorative/Latimer\\_2005.pdf](http://www.antonioacasella.eu/restorative/Latimer_2005.pdf)
- <sup>28</sup> Rempel, Michael. Center for Court Innovation. (2014). Evidence-Based Strategies for Working with Offenders. Retrieved from <http://www.courtinnovation.org/sites/default/files/documents/Evid%20Based%20Strategies.pdf>
- <sup>29</sup> Center for Court Innovation. Midtown Community Court. (n.d.) Retrieved from <http://www.courtinnovation.org/project/midtown-community-court>
- <sup>30</sup> Functional Family Therapy. Clinical Model. (n.d.) Retrieved from <http://fftlc.com/about-fft-training/clinical-model.html>

- 
- <sup>31</sup> Functional Family Therapy. Project Outcomes. (n.d.) Retrieved from <http://fftlc.com/about-fft-training/project-outcomes.html>
- <sup>32</sup> Coalition for Evidence-Based Policy. Multisystemic Therapy for Juvenile Offenders. (n.d.) Retrieved from <http://evidencebasedprograms.org/1366-2/multisystemic-therapy-for-juvenile-offenders>
- <sup>33</sup> YMCA of Metropolitan Chicago. Youth Safety and Violence Prevention-Bridging the Divide. (n.d.) Retrieved from <http://www.ymcachicago.org/programs/youth-safety-and-violence-prevention-bridging-the-divide>
- <sup>34</sup> Prevention Institute. Cradle to Community: A Focus on Community Safety. (n.d.) Retrieved from <https://www.preventioninstitute.org/projects/cradle-community-focus-community-safety>
- <sup>35</sup> Prevention Institute. Adverse Community Experiences and Resilience. (n.d.) Retrieved from <https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience%20Executive%20Summary.pdf>
- <sup>36</sup> Strategies for Youth Connecting Cops & Kids. First, Do No Harm: Model Practices for Law Enforcement Agencies When Arresting Parents in the Presence of Children. (2012). Retrieved from [http://strategiesforyouth.org/sfysite/wp-content/uploads/2012/09/First\\_Do\\_No\\_Harm\\_Report.pdf](http://strategiesforyouth.org/sfysite/wp-content/uploads/2012/09/First_Do_No_Harm_Report.pdf)
- <sup>37</sup> Chapin Hall Center for Children at the University of Chicago. Education Chicago's Court-Involved Youth: Mission and Policy in Conflict. (2005). Retrieved from [http://www.chapinhall.org/sites/default/files/old\\_reports/209.pdf](http://www.chapinhall.org/sites/default/files/old_reports/209.pdf)