Many youth involved with the juvenile justice system have been exposed to trauma and also struggle in school. Yet, success in school may help to mitigate the effects of trauma exposure and reduce the likelihood of engaging in high-risk behaviors. Building on the research connecting trauma and learning, this article draws out lessons learned from three initiatives in which public systems attempt to assess trauma and meet both the behavioral health and academic needs of students. Promoting a shared view of child development and an understanding of the impact of trauma on that developmental trajectory is an important step toward implementing an effective, coordinated system of care for high-risk youth.

Youth with high-risk behaviors present a challenge to educational and juvenile justice systems. Behaviors such as fighting, running away, cutting, or substance abuse are some of the more overt challenges, but inability to pay attention, overreacting to slights, and poor self-regulation skills can be equally problematic. Although they have different mandates, schools, child welfare, mental health and substance abuse agencies often deal with youth who present with the same difficult high-risk behaviors. Many of these youth have poor educational outcomes, and it can be difficult to disentangle whether the emotional and behavioral problems contribute to or stem from academic difficulties as theories support both hypotheses (Altshuler, 1997; Ayasse, 1995; Stein, 1997).

Juvenile courts have not been consistent in how they deal with acting-out youth (Griffin, Germain, & Wilkerson, 2012). Under the United States Constitution, states are given parental powers (parens patriae) to care for such
vulnerable citizens such as children. This is a basis for child protection courts. States are also given police powers to protect their citizens from dangerous individuals. This is a basis for criminal courts. The dilemma arises when a citizen is both vulnerable and dangerous. Does the state punish or rehabilitate such a young person? The U.S. Supreme Court recognizes both as legitimate goals when dealing with criminals, but leaves the decision up to legislatures and public policy.

The public has vacillated on the question of punishment versus rehabilitation. Although juvenile courts were originally created so that acting-out youth were not treated like criminal adults, juvenile laws were later modified to allow automatic transfers to adult court, for example. More recently, however, in 2005 (Roper v. Simmons, 2005) and 2010 (Graham v. Florida, 2010) juvenile justice decisions, the U.S. Supreme Court has acknowledged new findings in adolescent development in holding youth less culpable than adults. These findings focused on normal child and adolescent development and applied to all youth.

Though not yet cited by the Supreme Court, a new body of research is developing regarding experiences that disrupt this normal development. This research, which focuses on child trauma, includes both privately funded studies, such as the initial Adverse Childhood Experiences Studies (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998) and publicly funded research, such as the projects of the National Child Traumatic Stress Network. Child trauma, “the emotionally painful or distressful experience of an event by a child that results in lasting mental and physical effects” (National Institute of Mental Health, cited in U.S. Department of Health and Human Services, 2005), can disrupt a child’s normal development and lead to physical, emotional, cognitive, learning and social problems. It can lead to earlier death. Behavioral manifestations of child trauma can include fighting, running away, cutting, substance abuse, inability to pay attention, overreacting to slights and poor self-regulation skills.

Findings from this growing body of research are being applied in the public child-serving sector as trauma-informed programs are introduced into educational, juvenile justice, child welfare, mental health and substance abuse programs. Each of these programs can help inform the other child-serving sectors and, in fact, the most effective approach will likely involve coordinating care for the difficult, high-risk youth that are served by multiple agencies.

A majority of high-risk youth served by public agencies has experienced trauma, and many of those youth may experience academic difficulties secondary to that trauma. The goal of this article is to illuminate the ways in which trauma impacts children across systems—education, child welfare
and juvenile justice—and to underscore the importance of both a trauma-informed perspective and a collaborative approach in grappling with the challenges that these children present. In the remainder of this section, we highlight some research findings and key issues pertaining to trauma and the youth served by public institutions. In the next section, we draw on three evaluations of federally funded projects to discuss the experiences of professionals working with traumatized youth in the education and child welfare system. These qualitative evaluations were conducted at various points in the implementation of the initiatives, and the quotations provided here are intended to foster dialogue about the need for and challenges in fostering cross-system collaboration and providing trauma-informed assessments and services. In the final section, we conclude with a discussion of the value of developing a shared perspective across child-serving systems and institutions about the impact of trauma on children’s development and well-being.

**TRAUMA, LEARNING AND EDUCATIONAL EXPERIENCES OF YOUTH SERVED BY PUBLIC SYSTEMS**

Though prevalence rates of child trauma for system-involved youth vary with the definition of “trauma” being used, recent research suggests those rates are high. For example, 97 percent of youth taken into state custody by the child welfare system in Illinois for abuse or neglect experienced a traumatic event, and 25 percent had an identifiable trauma symptom (Griffin, Martinovich, Gawron, & Lyons, 2009). Prevalence of trauma within the juvenile justice system is also high. Studies suggest that at least 75 percent of youth in the juvenile justice system have experienced traumatic victimization (Abram, Teplin, Longworth, McClelland, & Dulcan, 2004; Cauffman, Feldman, Waterman, & Steiner, 1998), and as many as 50 percent may have some post-traumatic stress symptoms (for reviews of trauma and PTSD prevalence rates among youth in juvenile justice, see Arroyo, 2001; Ford, Chapman, Hawke, & Albert, 2007; Griffin & Studzinski, 2010; Hennessy, Ford, Mahoney, Ko, & Siegfried, 2004). Exposure to trauma may lead to risk taking, acting out, breaking rules and other behaviors that bring youth into the juvenile justice system and, absent appropriate interventions, trauma symptoms may worsen as a result of experiences while in the juvenile justice (Ford et al., 2007) or other child-serving systems.

The life experiences of children involved with juvenile justice and child welfare systems represent a critical context for understanding their school
experiences and educational progress. The impact of trauma on brain development can include compromising the cognitive abilities and skills acquisition that are key to school performance. Children affected by trauma may struggle with language, concentration, understanding, and responding to classroom instruction, problem solving, abstractions, participation in group work, classroom transitions, forming relationships, regulating emotions and organizing material sequentially (Cole, O’Brien, Gadd, Ristuccia, Wallace, & Gregory, 2005). Research consistently demonstrates a link between trauma and cognitive functioning, including sustained attention, memory, executive functioning, and verbal abilities, and cognitive impairment puts children at risk for school disengagement and academic failure (Overstreet & Mathews, 2011).

Just as trauma may impair cognitive functioning, it may also lead to difficulties with social and behavioral functioning that manifest as often-misunderstood behavioral problems in the classroom. Students may display behaviors that are impulsive, aggressive, or defiant. They may withdraw in the classroom, become frustrated and despondent when they encounter academic difficulties and struggle in relationships with school personnel or peers (see Cole et al., 2005). Such behavioral difficulties may result in harsh disciplinary practices, involvement of the justice system, or school dropout—particularly as schools struggle to accurately assess and identify trauma and the associated symptoms. Depending on the setting, behaviors of children who have experienced trauma may not be recognized as distinct from those of children with other developmental delays or mental health conditions (National Child Traumatic Stress Network Schools Committee, 2008).

**EVALUATION FINDINGS**

In this section, we draw on three evaluations of programs in which public systems are attempting to assess trauma and meet both the behavioral health and academic needs of students. The first—a trauma-informed, comprehensive assessment program—helps the public child welfare system to accurately determine the circumstances and needs of the children in its care in order to provide the most appropriate services. The other two initiatives were implemented through schools as part of the public school district’s efforts to provide behavioral and mental health services to students in schools in high-poverty, at-risk communities.
**Comprehensive Assessments: Understanding Connections between Trauma and Educational Struggles**

Traumatic experiences, family struggles and a child’s school experiences are intertwined. These connections are illustrated in case records from a study of the Illinois Department of Children and Family Services’ Integrated Assessment Program (Smithgall, Jarpe-Ratner, & Walker, 2010). The following excerpts from these assessments show how the life experiences of students can distract their attention from learning and contribute to behavioral problems in school settings.

[Child] exhibits difficulty with interpersonal relationships. She described being unable to get along with her teachers and feeling like they were blaming her for things which she did not do. She reported frequent worries about her safety and that of her siblings, and these worries were intrusive, distracting her from her schoolwork.

[Child] reported that she had a verbal altercation with a couple of young women that attend her school. [Child] reacted to something one of the girls said that reminded her of the abuse she had experienced with [father of sibling]. [Child] had a difficult time calming herself down and told the girls she would “kill them.”

[Child] would run away from home after incidents of physical punishments and the last time he ran away...he lived in a cardboard box under a viaduct for over a month.... [Child] has been absent 78 days for the last completed semester. … [Child] did not attend school because he feared that the school would contact the police and he would be returned home... [Child] was suspended from school for breaking in to school, apparently to sleep while on run from home.

Adult and institutional responses to children's behavior can impact the extent to which a child develops the ability to cope with traumatic experiences; therefore, creating trauma-informed school systems is vital to helping students develop adaptive behaviors and supporting their academic progress.
Although focused on their educational experiences and status in school, the integrated assessments were conducted by child welfare caseworkers, and the evaluators could not determine from the records whether sufficient information about the child and family circumstances was provided to school professionals to allow them to place the behaviors in context and to understand learning and behavioral issues from a trauma-informed perspective. Conducting trauma-informed assessments in public agencies is an important first step. Collaborating across systems to ensure that all of the youth’s needs are met is an essential next step.

**Implementing a Three-Tiered Approach to School-Based Mental Health Services**

In 2007 and 2008, Chicago Public Schools launched two separate grant-funded initiatives that were designed to provide a set of social, emotional, and behavioral supports for students. The initiatives used a three-tier framework of universal supports:

- Tier 1. Social-emotional learning curricula and school-wide expectations
- Tier 2. Early intervention school-based services, such as small group counseling
- Tier 3. Intensive services that necessitated individual counseling or referrals to outside agencies with special expertise.

A set of evidence-based programs, including Second Step, Anger Coping and Cognitive Behavioral Interventions for Trauma in Schools (CBITS) were identified for use at Tiers 1 and 2, and implementation of the framework included teacher referrals and a team problem-solving process for students in Tiers 2 and 3. These initiatives incorporated several of the criteria Overstreet and Mathews (2011) list as being critical for a public health framework for school-based mental health services.

The following excerpts from interviews with school-based counselors and administrators provide insights into implementation as they worked to launch a coordinated school-based system to address the social emotional, behavioral and mental health needs of the students they served. These interviews were conducted as part of the evaluation for each initiative (Walker, 2010; Walker & Cusick, 2011).
Seeing Anger Rather than the Effects of Trauma

One theme that emerged from the evaluations was the need for a paradigm shift within the schools—from a focus on students’ anger to a focus on the trauma students may have experienced that may have caused that anger. Anger is often expressed in observable behaviors, while the psychological trauma underlying an expression of anger is not. As evidenced by the comment below, a school administrator perceived a student as angry when he or she overreacted to a minor incident.

I think I have a lot [of] students who are just mentally unstable. Angry….they don’t know how to handle issues. … It’s always me against everybody else … Like, I have a lot of volatile kids who if you take their pencil they’re screaming and yelling, “Somebody stole my pencil.” …it rolled off on the floor. I picked it up. I don’t know who it belonged to; … I have a lot of very angry children. [School administrator]

As Griffin and Studzinski (2010) note, however, it is important to understand that a traumatized child may exhibit reactions seemingly out of proportion to the situation or may misperceive cues as threatening, particularly if coming from authority figures. Viewed from a trauma-informed perspective, the student’s response may have actually reflected feelings of being unsafe or even threatened. At least one school-based counselor felt that the tendency to perceive students as being angry was relatively common among school personnel.

A lot of times students who have gone through trauma, their teachers aren’t always aware of it, or if they are aware of it, they minimize it and don’t think it’s a big deal and they just think, “Oh, this kid’s just really angry.” So we get tons of referrals for anger, but sometimes anger’s just the symptom that’s coming out from the actual trauma. So it’s a little challenging. [School counselor]

The counselor’s perception was consistent with the pattern that emerged in the referrals for school-based services. The number of students referred for anger management programs was three times the number of referrals for the evidenced-based trauma intervention available for students in Tier 2.
Providing Universal Supports

Creating a school environment with clear behavioral expectations, supportive relationships and established routines can help enhance a student’s sense of safety. In 2005, Massachusetts Advocates for Children released Helping Traumatized Children Learn, in which they present a flexible framework for creating trauma-sensitive school environments (see Cole et al., 2005). Wolpow, Johnson, Hertel, and Kincaid (2009) build on this framework as well as that of the National Childhood Traumatic Stress Network Attachment, Self-Regulation and Competency (ARC) model, offering principles and strategies for instruction that further help schools create an environment of respect and compassion to support learning.

A compassionate or trauma-sensitive learning environment—in addition to enhancing a student’s sense of safety—lays the foundation for other school-based services. One of the school-based counselors reflected on the connection she saw between universal supports at her school and the group-based work she was trying to do with students who needed a more targeted approach.

I cannot do my job the way I do my job if I do not have that universal support in place. I really couldn’t. I’d be ineffective as a counselor. In groups, kids would be all over the place. Something as simple as taking them from the classroom to my office could be a disaster ... Kids come into my group prepared. They already have that universal foundation. They have the language. They understand the concepts. We’re just reinforcing a lot of what they’re doing in the classroom, but just in smaller groups.

Trauma-informed school environments benefit not only the children for whom exposure to trauma is identified as an immediate concern but also those whose trauma is not identified, and classmates who may be impacted by the sharing of experiences or behavioral responses of their trauma affected peers.

Working with Families

Challenging family circumstances may be one reason children are traumatized or otherwise affected by trauma, and some parents may need support in coping with and responding to their children’s behaviors. One of the school-
based counselors talked about telling a mother that it is “not okay” for her son to be “punching holes in the walls at home” or acting very aggressively toward her. “You need to be safe and you need to feel safe and those are not normal okay behaviors that should happen at home.” She provides referrals for both the parent and student in such a case.

Although the family must often play a role in the response to their traumatized children’s behavior, schools generally do not have the expertise or capacity to engage hard-to-reach families. Schools often struggle with balancing the needs of one high-risk student and the needs of other students affected by his or her behaviors in the classroom.

We have, for some of the students, kind of tracked their behavior, and we know that there is a concern. One parent who says, yes, my child has been diagnosed with something, but I don’t give the child the medicine because I don’t want to medicate him because he acts a certain way when he’s medicated…. We’ve had no choice in some instances to give [them student] an out-of-school suspension, and the behavior continues. We talked to the grandparents, and the grandparents are saying they’re limited in the help that the parent will receive from them, so that’s an issue. So unfortunately because mom is not cooperative, the only thing we can deal with is out-of-school suspension as a means of trying to help the student because you have to help the student, but you have to protect the other students as well. [School administrator]

Families in crisis and may not seek out or voluntarily engage in school or community-based programs. Moreover, there may be few, if any, school-based programs designed to serve or intervene with hard-to-reach families. School outreach to families tends to reflect the universal purposes and capacities that are characteristic of education in general. On the other hand, juvenile justice, child welfare, and substance abuse and mental health agencies often work with hard-to-reach or involuntary clients and their families. This underscores the need for—and potential benefits of—collaborative discussion between the education system and other public systems about how best to avoid exclusionary practices and support the family in meeting students nonacademic needs and keeping them engaged in school.
DISCUSSION

Promoting a shared view of child development and an understanding of the impact of trauma on children's developmental trajectory is an important step toward implementing an effective, coordinated system of care for high-risk youth. High-risk youth served by public agencies have both academic and nonacademic needs that are intertwined. We can neither expect public agency caseworkers to educate youth nor educators to be therapists or social workers; cross-system collaboration is essential. Each system may develop its own trauma-informed assessment and service models; however, discussion among key stakeholders is important in achieving consensus regarding common concerns and intervention priorities.

As noted earlier, public sector child serving systems have struggled to deal with youth who act out. Some systems focus more on public safety and punishment while others focus on rehabilitation and support. Traditionally, the court system has focused more on public safety while schools have focused more on support. However, this is not always the case. Some schools focus more on public safety and punishment with policies such as zero tolerance. Some juvenile courts focus on becoming more trauma informed (Buffington, Dierkhising, & Marsh, 2010).

The education and juvenile justice systems overlap at multiple points. Arguably, coordinating their approach to acting out youth would be more beneficial to the youth and the systems that serve them. One critical point of overlap is when schools decide to refer an acting-out young person to the juvenile justice system. Another point centers on how youth are educated within the juvenile justice system. A third critical point of overlap concerns how youth are transitioned back into educational settings from juvenile justice. Each of these decisions dramatically affects the life of the youth.

A trauma-informed approach on the part of both the educational and juvenile justice settings could address not only issues of safety and risk behaviors but also issues of family and protective factors. For youth in juvenile detention or child welfare placements, the family is a large part of the environment a child may transition back to after return and/or exit. Family involvement is believed to be correlated with successful transition from correctional settings and reduced recidivism (Brock, Burrell, & Tulipano, 2006). A recent survey by the Center for Juvenile Justice Reform (2009) revealed family engagement to be both one of the most important and most difficult-to-address operational issues facing juvenile justice systems. For youth with mental health problems, family involvement may be critically important across all stages of the justice system, as families can
provide information necessary for the safety and stability of the youth and a supportive family may lessen a youth’s anxiety and reinforce needed treatment (Osher & Hunt, 2002). The same is likely to be true when addressing trauma-specific needs. To the extent that treatment for trauma directly involves family members, engaging a child’s family or others in his/her social environment will be important to the effectiveness of treatment (Saxe, Ellis, Fogler, & Navalta, 2012). As juvenile justice systems increasingly recognize both the importance of family and the need to address trauma, how to involve and engage families in trauma-focused assessment and treatment will become all the more critical to juvenile justice practice.

Research also suggests that the development of children’s strengths—relationship permanence, education, family support, talents and interests—may be a key factor in mitigating the effects of trauma exposure and reducing the likelihood the child will engage in high-risk behaviors (Griffin et al., 2009). Schools can provide youth with stable, caring adult relationships and the opportunity to experience success and mastery of both academic content and social relationships.

There is a growing body of literature addressing the application of child trauma concepts to the field of juvenile justice (Maschi, Bradley, & Morgen, 2008; Mahoney, Ford, Ko, & Siegfried, 2004) and education (Perry, 2009). The efforts of the National Childhood Traumatic Stress Network and recent federal grants issued by the Administration on Children and Families will hopefully continue to spur knowledge development regarding the impact of trauma and the use of trauma assessments and interventions in public systems. Given the significant impact of trauma on learning and educational experiences, the field will benefit from further work examining how public agency assessments can inform educational interventions and how educational assessments can inform public agency interventions.

REFERENCES


Responding to Students Affected by Trauma

Cheryl Smithgall, Ph.D., is a Research Fellow at Chapin Hall. Her work spans the areas of child welfare, education, and children’s mental health, incorporating the perspectives of both social service systems and family systems. Her early work at Chapin Hall was with the National Evaluation of Family Preservation and Reunification Services. She has since led several projects examining educational issues for children involved with the child welfare system and mental health service utilization among children in child welfare placements or kinship care families. She has also conducted and contributed to several evaluations of community schools and school-service provider collaborations. Dr. Smithgall is currently leading a 5-year evaluation of the Illinois Department of Children and Family Services Integrated Assessment program. Dr. Smithgall has taught as a part-time lecturer at the School of Social Service Administration, including courses on data analysis and policy management, research methods, and human behavior and the social environment. She holds an M.A. in psychology from the State University of New York at Buffalo and an M.A. and a Ph.D. from the School of Social Service Administration at the University of Chicago. Prior to coming to Chapin Hall, Dr. Smithgall was a child protective caseworker in Portland, Maine.

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