

Justice Brief: ACEs and the Juvenile and Criminal Justice Systems

The Illinois
ACEs Response
Collaborative

Health & Medicine
POLICY RESEARCH GROUP

Executive Summary

This brief provides an overview of the relationship between adverse childhood experiences (ACEs) of abuse, neglect and family dysfunction before age 18 and subsequent involvement with the juvenile and criminal justice systems; describes the need for better prevention and intervention efforts; and offers policy recommendations for systems to adopt trauma-informed practices that can break the cycles of involvement.

Introduction

The CDC's 1989 Adverse Childhood Experiences Study demonstrated a striking link between childhood trauma and the chronic diseases and socio-emotional problems people develop as adults.¹ The ACE study measured 10 types of trauma, each of which counts as one point in an individual's ACE score. The higher a person's ACE score, the more likely they are to develop poor health behaviors and outcomes according to the study. These outcomes include heart disease, lung cancer, diabetes, many autoimmune diseases, depression, violence, drug abuse, being a victim of violence, and suicide. Furthermore, risk behaviors correlating with ACEs in parents often become ACEs for the next generation.^{2,3,4} The original definition of an ACE has been expanded since the original study to include other types of trauma such as being a victim of extreme discrimination (racism, homophobia), a victim or witness to community violence or war, being a refugee or experiencing severe social deprivation including poverty, hunger and homelessness.⁵

Prevalence of ACEs

Experiencing 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. Racial disparities in justice involvement increase involvement for many with high childhood adversity. For some, involvement with the justice system is a source of trauma or re-traumatization in itself.

- Compared to youth in the general population, juvenile-justice involved youth have roughly three times more ACEs.⁶
- 77%-90% of incarcerated women have extensive histories of emotional, physical and sexual abuse.⁷
- Approximately 90% of juvenile detainees reported having experienced at least one traumatic event and 75% reported having been exposed to severe victimization.⁸

Incarceration erodes work skills and social networks, and alters employer perceptions which leads to emotional and household instability, which can then create ACEs for children in these families.

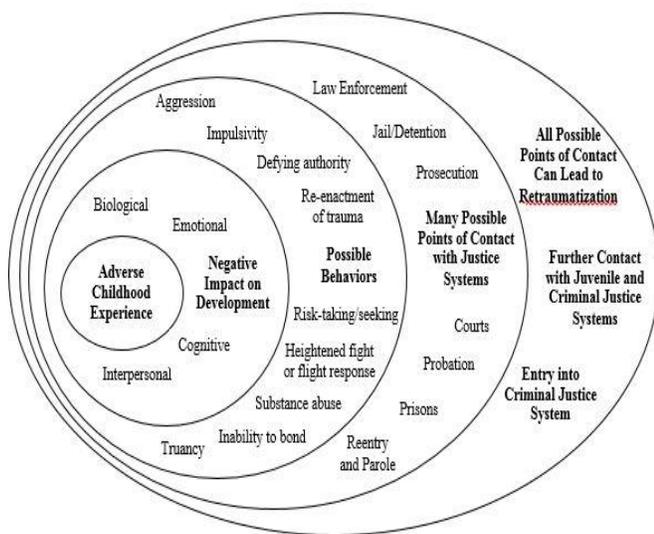
- 1 in 28 children have parents in prison—up from 1 in 125 in 1985.⁹
- Children of incarcerated fathers exhibit a greater likelihood of engaging in risky health behaviors¹⁰ and are six times as likely to be expelled or suspended from school.¹¹

The cycle of ACEs and justice involvement presents an extreme costs to society.

- In 2010, it cost \$1.7 billion to incarcerate an average daily population of 45,551 in Illinois.¹²

- The per-inmate cost at Cook County Jail is \$52,195 per year.¹³
- The per-inmate cost at Cook County Juvenile Temporary Detention Center is \$600 per day or \$219,000 per year.¹⁴
- The Illinois prison population has grown by more than 60% since 1990.¹⁵

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).

Policy Recommendations

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 “upstream” approach. The following recommendations reflect an understanding of ACEs and trauma which requires multiple levels of policy change since effectively addressing ACEs requires working within all the contexts in which they occur: families, communities and society.

Policy Recommendations at a Glance

Justice systems must seek to be procedurally fair.

All staff in all systems must understand the impact of ACEs and must cooperate and collaborate on solutions.

Evidence-based screening for ACEs should be in place at each step of an individual’s involvement with the justice system, and staff should respond in trauma-informed ways to address and prevent further trauma and criminal system involvement.

Systems must address the trauma faced by their own staff in the course of their work.

System-Wide Recommendations

Every stage of involvement with the justice systems presents opportunities to respond in a trauma-informed manner. Such responses should follow several principles:

- Understanding that individuals chronically exposed to trauma are often hyper-vigilant and can be easily triggered into a defensive or aggressive response.
- All personnel involved in the justice system (police, attorneys, judges, corrections officers, probation and parole staff, etc.) should receive extensive training in ACEs and the implications for their impact on individuals and communities they serve.
- Identification of individuals with ACEs at each point of their involvement with the justice system, prevention of further trauma by responding in a way that reduces exposure to traumatic reminders and equips individuals to cope with traumatic stress reactions, and ensuring trauma is not driving further involvement with justice systems.
- At each point in the system, implementation of evidence-based screening protocols to identify behavioral health needs; delivery of behavioral health services to address active trauma symptoms; development of policies and protocols for staff interacting with people exhibiting signs of trauma and equip them to utilize evidence-based responses including crisis de-escalation.
- Ensure respectful, fair and procedurally just interactions with all those jailed or detained.

- Address the trauma experienced by staff in the course of their work.
- Shift the system as a whole to embrace trauma-informed care and to divert individuals away from confinement whenever possible, using it as a last resort to ensure public safety or court appearance.
- Develop and support collaboration between systems.

Law Enforcement Contact/Arrest

- Implement Crisis Intervention Team training widely.
- Encourage alternatives to arrest and/or prosecution.
- Anticipate the impact on children when family members interact with police.¹⁶
- Build relationships between law enforcement and residents, especially youth.
- Take steps to eliminate racial bias within the police force.

Referral/Diversion

- State’s Attorneys should develop protocols to utilize alternatives to formal justice system involvement when possible and appropriate.
- Consider trauma in deciding whether a person will be referred to court for formal adjudication or charging.

Trial/Sentencing

- Judges should utilize trauma-informed communication strategies in their courtrooms.
- Defense attorneys should be equipped to advocate effectively for clients who have experienced trauma.
- Prosecutors should pursue trauma-informed, evidence-based alternatives to jail or prison when possible.
- Judges should utilize reduced sentencing strategies which improve individual and community outcomes.

Corrections

- Corrections systems must develop policy and practice which ensure that youth receive humane

and developmentally appropriate care; young people should not be held in adult facilities.

- Secure facilities should prepare for visits from loved ones including young people and minimize the associated trauma.

Community Supervision (Probation, Parole, Aftercare)

- Equip staff to understand and address the influence of trauma on their clients; ensure trauma treatment needs are identified and addressed.

Service Providers and Community Partners

- These partners are critical in achieving positive outcomes for justice-involved individuals; providers should utilize trauma-informed strategies in all interactions with clients, and ensure trauma treatment needs are identified and addressed.
- Court-Involved Youth must be linked to appropriate, quality schooling. Although policies exist to ensure these youth are welcomed back into schools, evidence suggests that youth are prevented from returning.¹⁷

Justice System Accountability

- All aspects of the justice system must be accountable for utilizing humane, fair and effective strategies.
- State and local systems must provide information illustrating their impact and must commit to improving policy and practice to achieve positive outcomes for individuals and communities.
- Acknowledge and eliminate racial bias in the justice system.
- Incorporate the voice of those who interact with the justice system to create the policies that can improve this system’s response.

About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters. Learn more at www.hmprg.org.

About the Illinois ACEs Response Collaborative

Established in 2011, the [Illinois ACEs Response Collaborative](http://www.illinoisaces.org) (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and 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 preventing their transmission to the next generation.

This policy brief and the work of the Collaborative is made possible by the Illinois Children’s Healthcare Foundation and the Health Federation of Philadelphia. For more information, contact us at 312.372.4292 or info@hmprg.org, or visit hmprg.org.

Endnotes

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