



Returning to Trauma: A Close Look at Youth Reentry

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Early Juvenile Justice System

- Until the early 19th century in the United States, children as young as 7 years old could be tried in criminal court and, if convicted, sentenced to prison or even to death.
- The first juvenile court in the United States, authorized by the Illinois Juvenile Court Act of 1899, was founded in 1899 in Chicago. The act gave the court jurisdiction over neglected, dependent, and delinquent children under age 16.
- The focus of the court was rehabilitation rather than punishment.

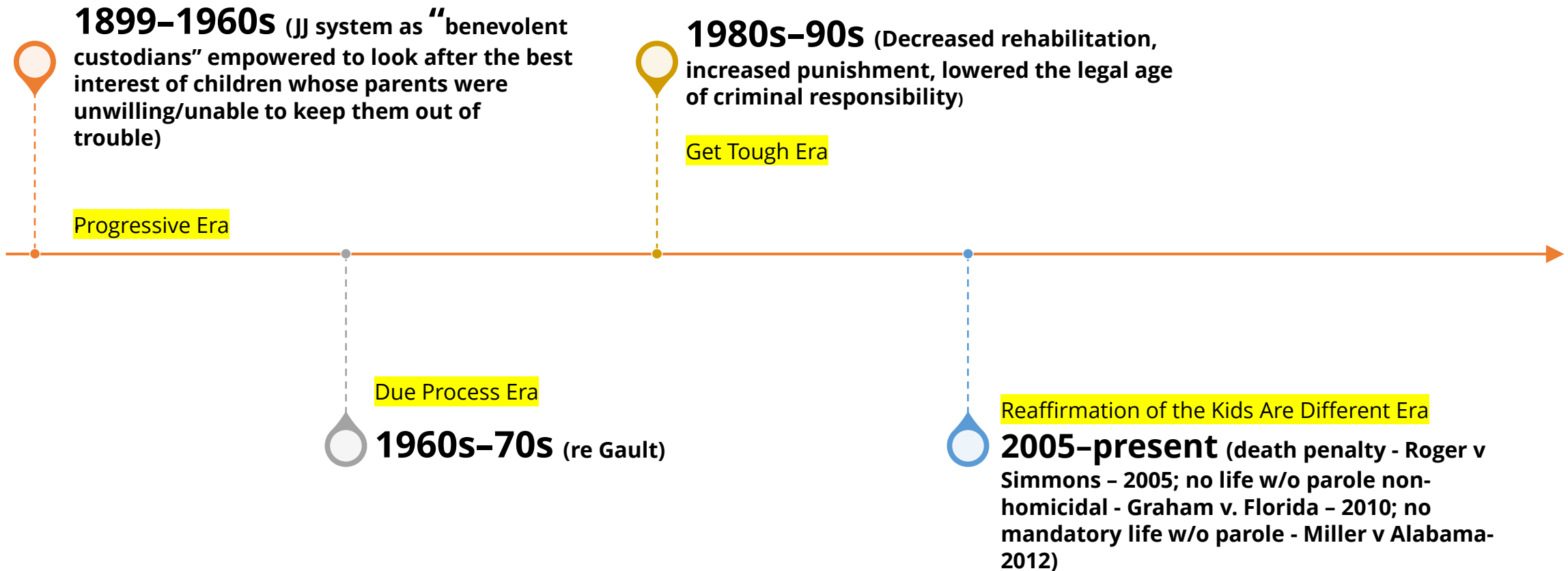


Current Juvenile Justice System

The development of the US Juvenile Justice system is a response to youth who commit crimes and is split between two desires - the focus on prevention, intervention and rehabilitation and the goal of punishment to care for the public's safety.



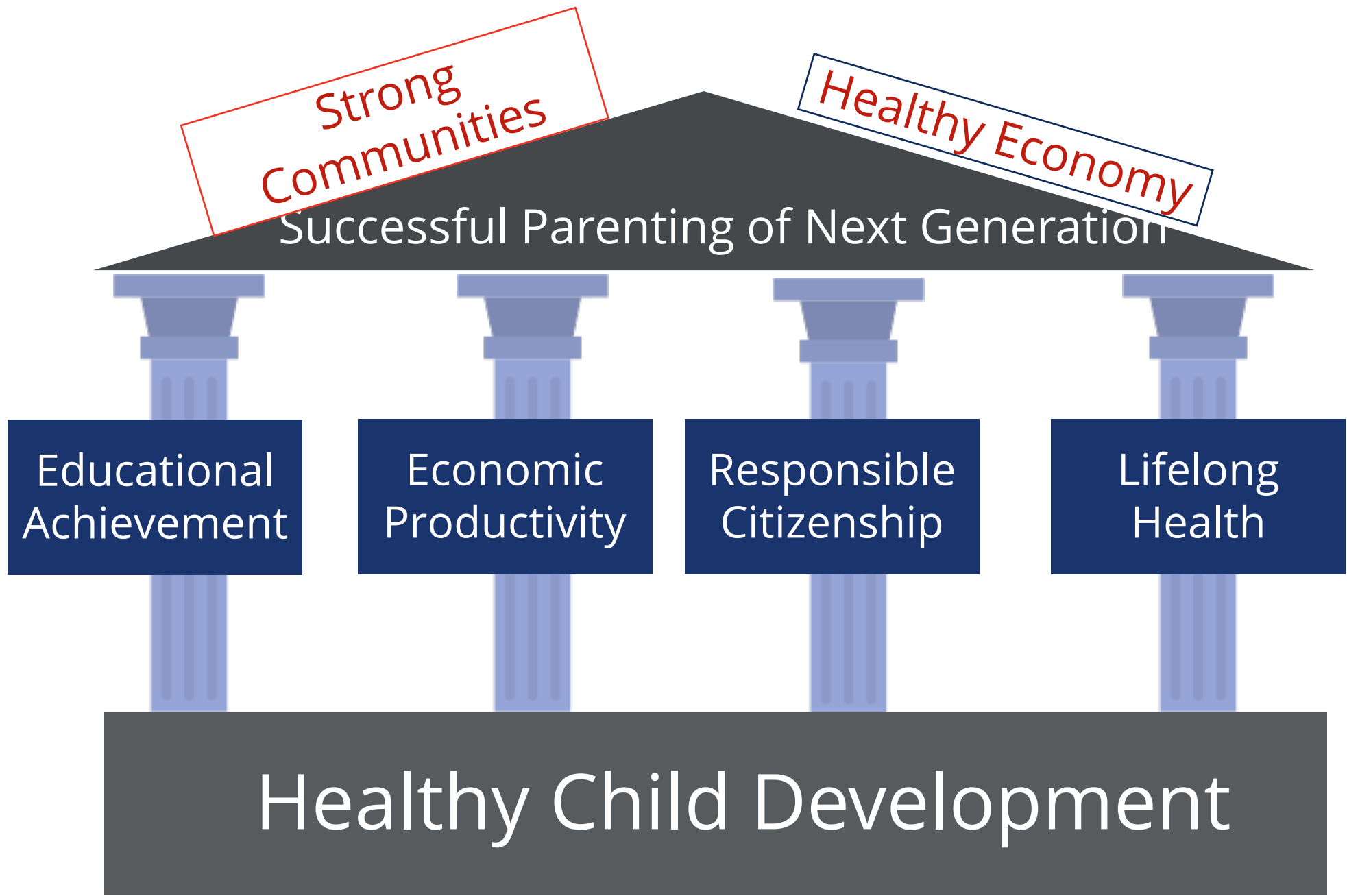
Major Historical Periods in United States Juvenile Justice System



Healthy Child Development

What does normal child development with *no* juvenile justice or Social Determinants of Health (SDoH) risk factors (poverty, racism, education and employment opportunities, etc.) Look like?





What It Looks Like When We Treat Youth as “Juveniles” and Don’t Address Their Trauma or Mental Illness...



Our Juvenile Justice system continues to...



- Utilize correctional settings for youth offenders that follow a classic congregate institutional model - concentrating large number of youth in highly regimented, penitentiary-like institutions
- See youth as “little adults” without fully recognizing that they are not fully developed (lacking moral and cognitive capacities) and exposed to significant risk factors without needed protective factors in society (i.e., family, home, community)



There's trauma all around us!

On Becoming Trauma Informed



"I'm right there in the room, and no one even acknowledges me."

Before age 18...

ACE: ADVERSE CHILDHOOD EXPERIENCES

LIVED WITH ANYONE WHO WAS...

a problem drinker or alcoholic



LIVED WITH ANYONE WHO USED...

illegal street drugs or who abused prescription medications



LIVED WITH ANYONE WHO WAS...

depressed, mentally ill, or suicidal



LIVED WITH ANYONE WHO...

served time or was sentenced to serve time in a prison, jail, or other correctional facility



HAD PARENTS OR ADULTS IN YOUR HOME WHO OFTEN...

slapped, hit, kicked, punched or beat each other up



HAD PARENTS OR ADULTS IN YOUR HOME WHO OFTEN...

hit, beat, kicked, or physically hurt you in any way before you were age 18



HAD A PARENT OR ADULT IN YOUR HOME WHO OFTEN...

swore at you, insulted you, or put you down



HAD PARENTS WHO WERE...

separated or divorced



HAD ANYONE AT LEAST 5 YEARS OLDER THAN YOU OR AN ADULT WHO OFTEN...

touched you sexually



HAD ANYONE AT LEAST 5 YEARS OLDER THAN YOU OR AN ADULT WHO OFTEN...

tried to make you touch sexually



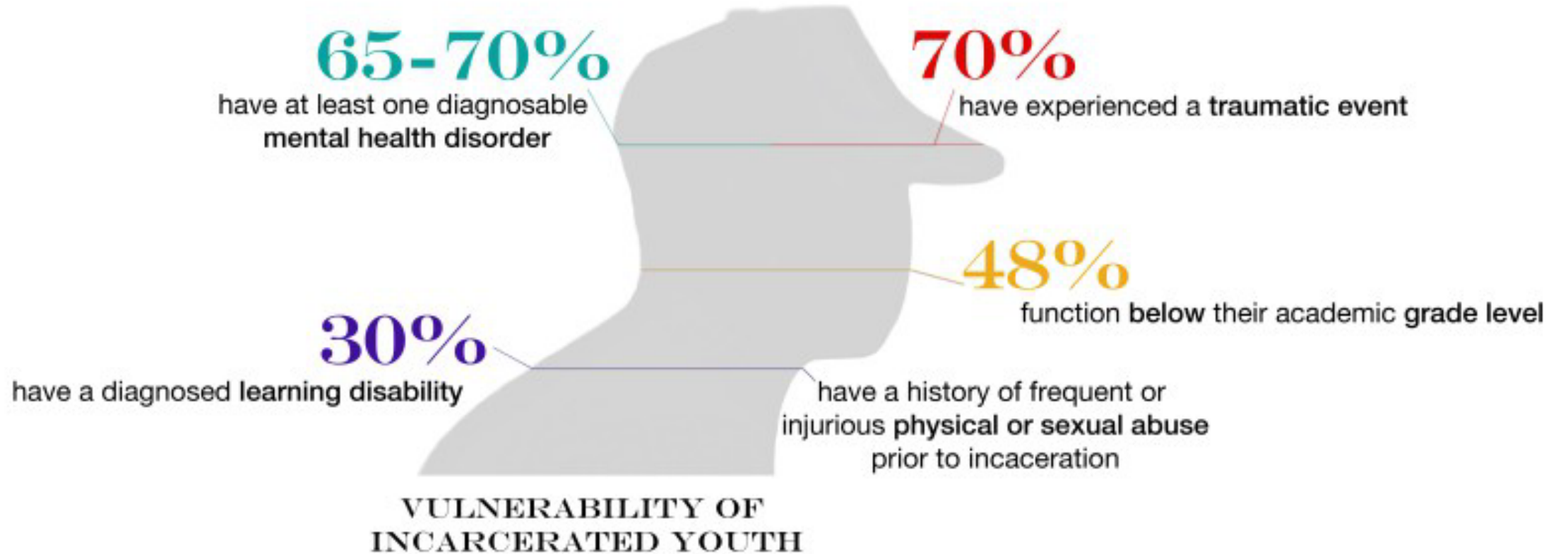
HAD ANYONE AT LEAST 5 YEARS OLDER THAN YOU OR AN ADULT WHO OFTEN...

forced you to have sex



To learn more, visit www.sccease.org

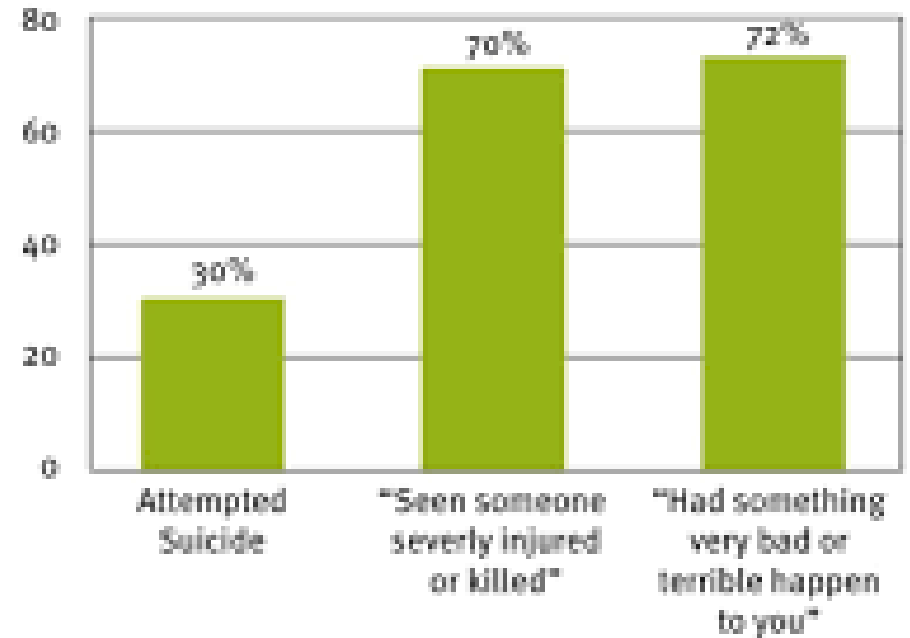
Vulnerability Of Incarcerated Youth



More Statistics...

- 30% Attempted Suicide
- 70% Seen someone severely injured or killed
- 72% Reported that they've had something very bad or terrible happen to them.

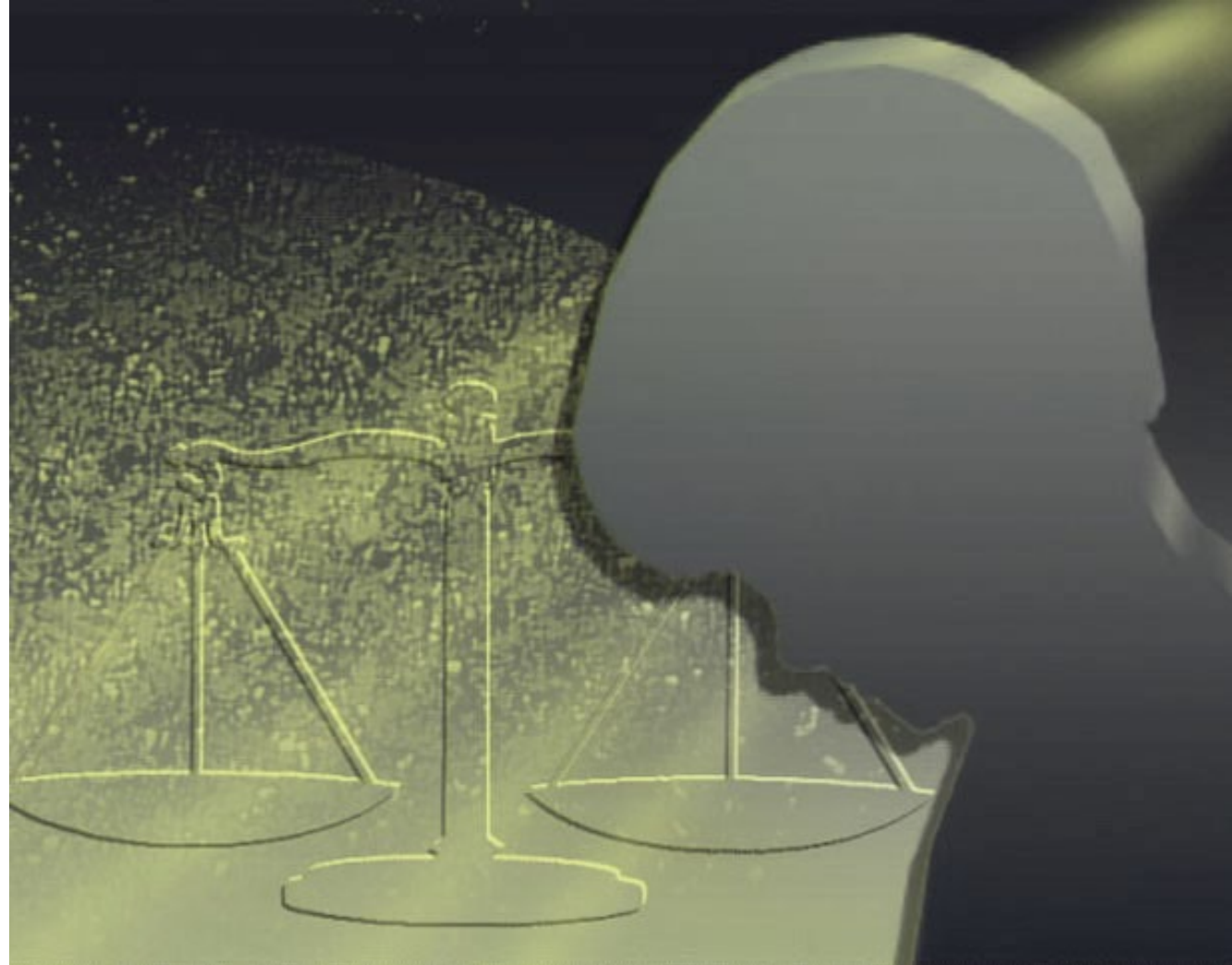
**TRAUMATIC PASTS OF CONFINED YOUTH:
PERCENTAGE OF YOUTH IN JUVENILE
CORRECTIONAL FACILITIES WHO HAVE EVER...**



Source: Online data analysis of the Survey of Youth in Residential Placement, U.S. Office of Juvenile Justice and Delinquency Prevention

Trauma and Juvenile Justice

- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59% (Widom, CS, 1995).
- 70–92% of incarcerated girls reported sexual, physical, or severe emotional abuse in childhood (DOC, 1998; Chesney & Shelden, 1992).

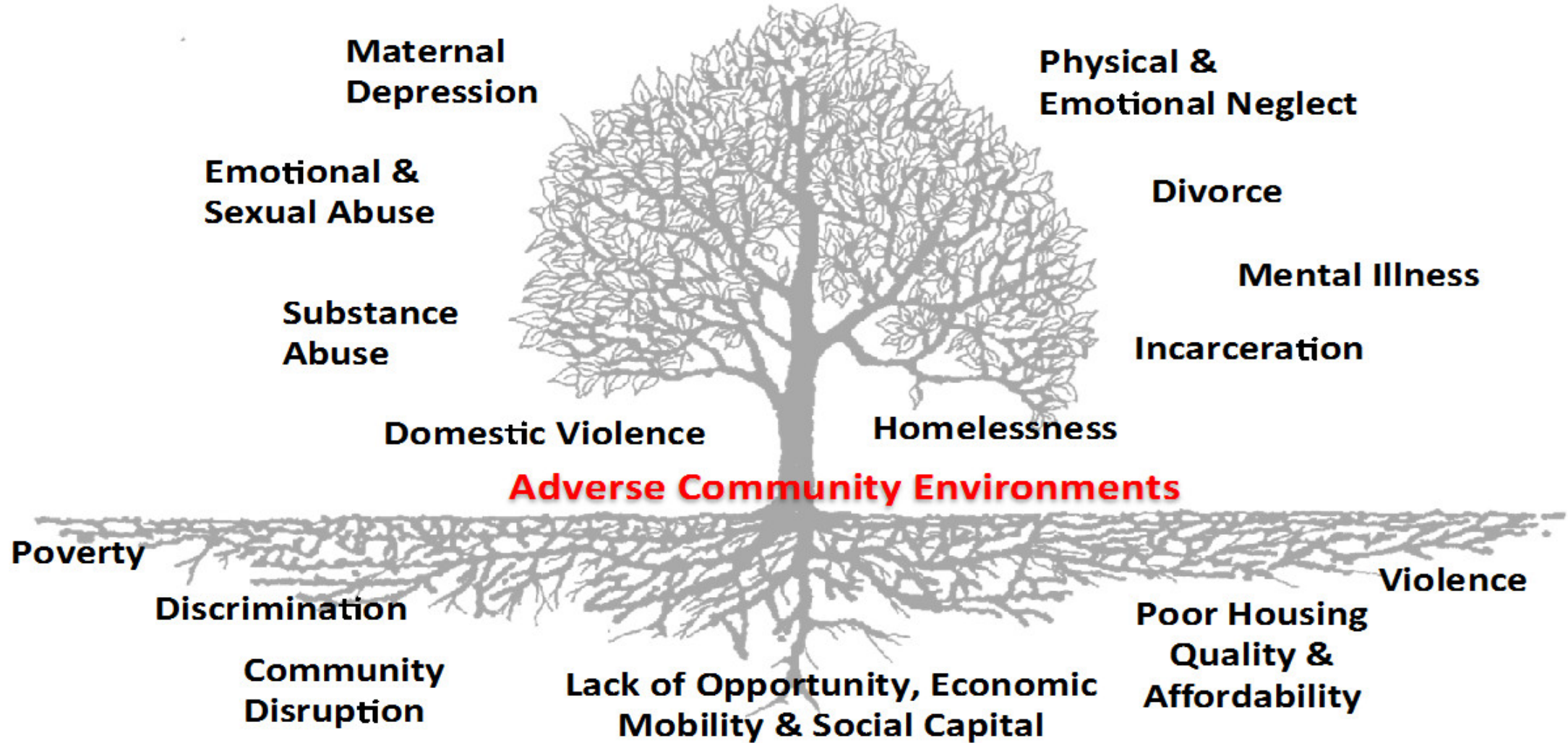




How Does Trauma affect Juvenile Delinquency?

- 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).

Adverse Childhood Experiences



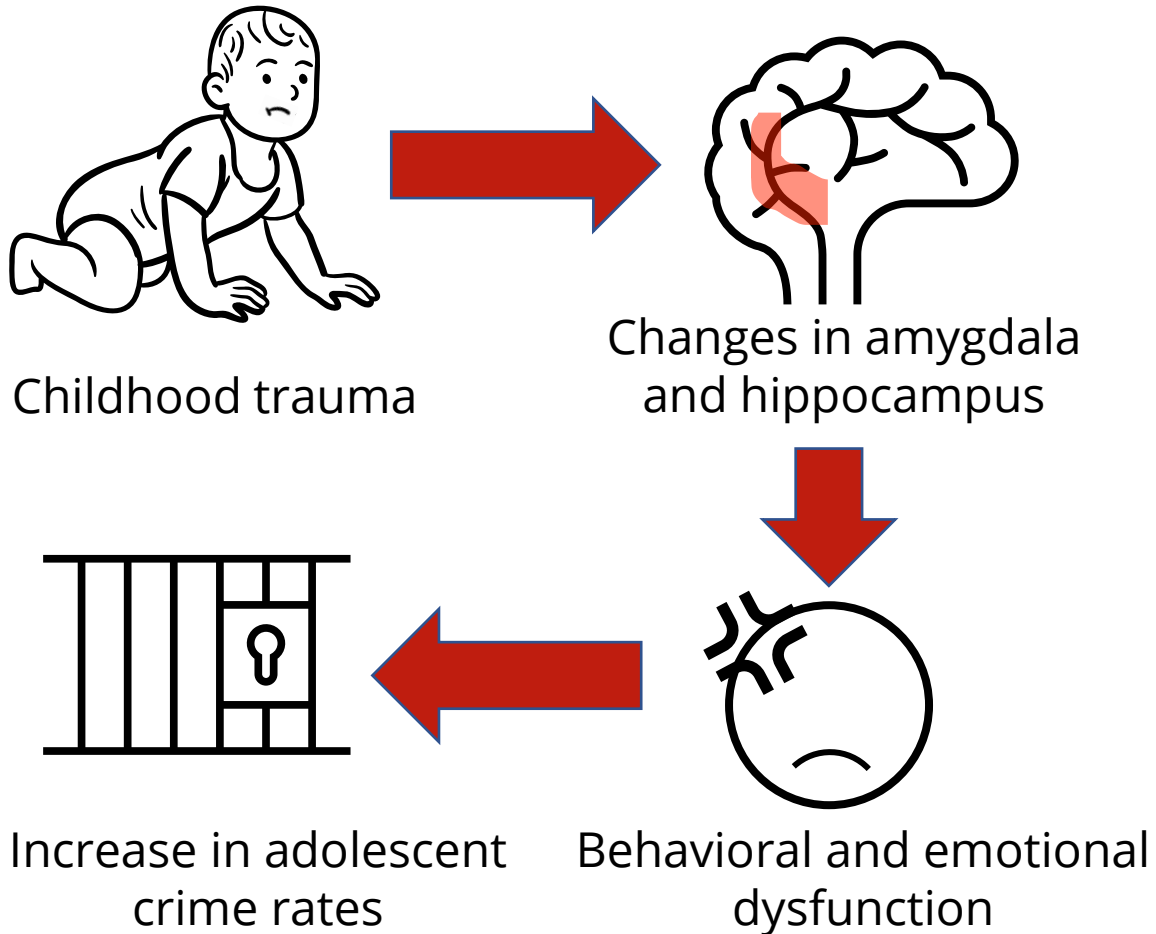
Ellis W. & Dietz W. BCR Framework. *Academic Peds* (2017).



Adolescent Crime in Memphis



Adolescent Crime



Childhood trauma harms brain development

Exposure to violence creates an environment where violence is the norm

Juvenile Detention: The Aftermath

A Northwestern Medicine study finds mental disorders persist **15** years after youth leave juvenile facilities. Researchers have been interviewing a randomly selected sample of 1,800 youth since the mid-1990s. *Northwestern University*



Youth detained as juveniles with untreated psychiatric disorders struggle **long-term** with mental health and life stability.



Behavior and substance abuse issues were the **most common** disorders.



Men were over **3x more** likely than women to have persisting psychiatric disorders.



Mental health struggles **add to** the existing racial, ethnic, and economic disparities as well as academic challenges, making a successful transition to adulthood **harder to attain**.



What happens when youth leave a detention center?



Youth Reentry Barriers

- • Employment
- • Education
- • Housing
- • Family/Mental Health
- • Length of incarceration
- • Transportation
- • Psychosocial development of the youth



Let's analyze real cases...



- 18 year old M/B released after 18 month sentenced.
- Did not obtain diploma or HiSet while in detention
- Does not have legal documentation needed for employment (State ID, Birth Certificate, Social Security Card
- Returned to poverty
- Parent provides home but not food, transportation, or any other support.
- Parent will not assist in obtaining legal documentation.
- Gang Affiliation



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Case #2



- 16 year old M/B released after 24 month sentence
- Parent has no transportation and unemployed due to car accident
- Family having financial hardship
- School district assigned youth to alternative school not in his neighborhood but there is a school he could attend less than 0.25 miles of his home.
- Youth has no school uniforms and needs new clothing.
- School district will not allow student to register without legal documentation (birth certificate, proof of residency)
- Youth was born out of state. Parent currently does not have the means to pay for birth certificate.
- Youth previously attended same school district before he was sentenced.
- School district has instructed parent to commute 32 miles to an office not on bus line to provide documentation.
- Home has no furniture.



What can we do?

- Become trauma-informed
- Make community connections
- Collaborate to assist in eliminating systemic barriers
- Re-imagine juvenile justice



Strong Communities Raise Strong Kids



MST views the youth as embedded within multiple interconnected systems



We Can Create Positive Childhood Experiences



Strengthen families' financial stability

- Paid time off
- Child tax credits
- Flexible and consistent work schedules



Promote social norms that protect against violence

- Positive parenting practices
- Prevention efforts involving men and boys



Help kids have a good start

- Early learning programs
- Affordable preschool and childcare programs



Teach healthy relationship skills

- Conflict resolution
- Negative feeling management
- Pressure from peers
- Healthy non-violent dating relationships



Connect youth with activities and caring adults

- School or community mentoring programs
- After-school activities



Intervene to lessen immediate and long-term harms

- ACEs education
- Therapy
- Family-centered treatment for substance abuse

Transforming How We Treat Youth Offenders

Transforming how we treat youth offenders in the evolving system of care to address mental illness and trauma in children and adolescents:

As adults we must learn to reframe our language.



Re-imagining Juvenile Justice

“Re-imagining Juvenile Justice” will require us to challenge the public view and sensibilities, the pressure for more “tough on crime” measures for adolescents, and the deconstruction of the policies and practices rolled out to punish young adolescents harshly as a deterrent.



Re-imagining Juvenile Justice

"It's not what's wrong with you, it's what happened to you!"

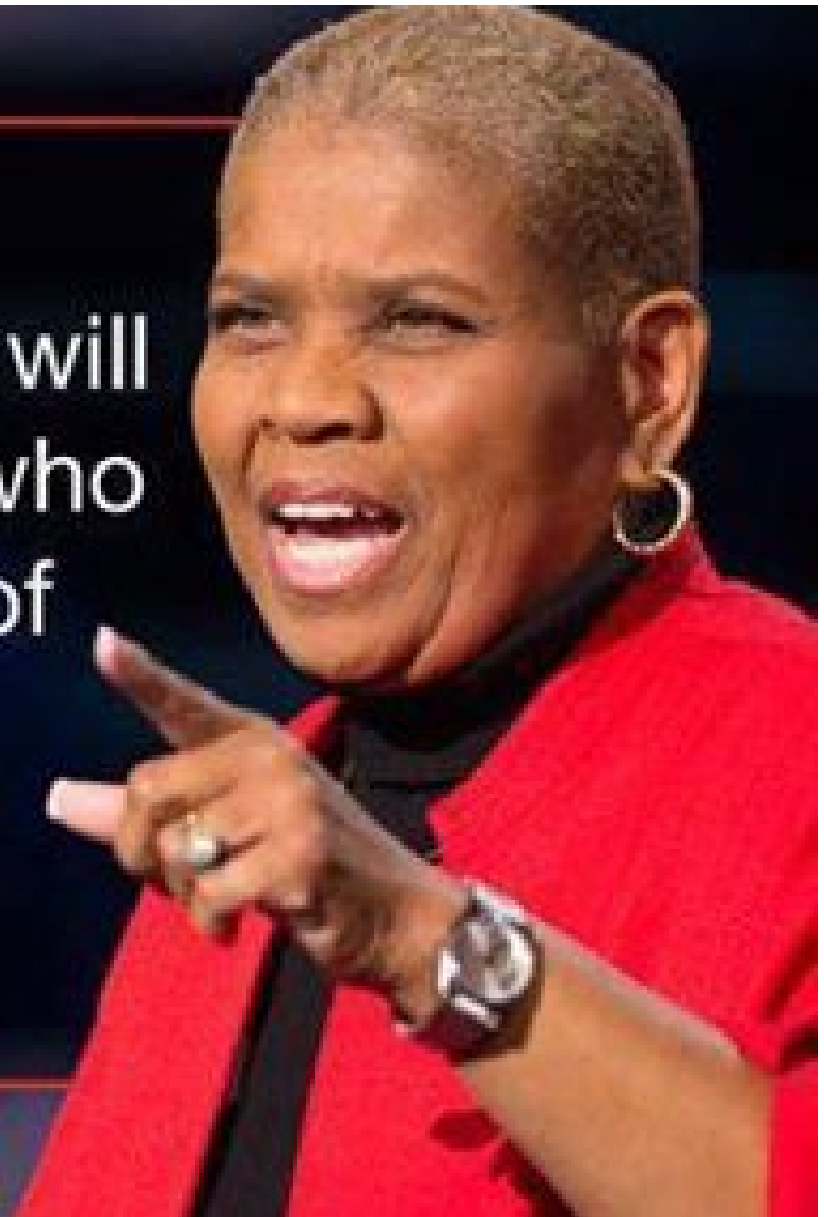
"What if instead of relying on children to be more resilient, we created a world that is less traumatic?"

"Trauma is not an excuse but an explanation to help systems create more effective responses for our children."



"Every child deserves a champion: an adult who will never give up on them, who understands the power of connection and insists they become the best they can possibly be."

- Rita Pierson, Educator





**It is easier to build
strong children than
to repair broken men.
- Frederick Douglass**



How CYAW Re-imagines Juvenile Justice

Maintain	Maintain youth at home with family/caregiver and natural community supports when they do not pose a significant risk to public safety - police precinct liaisons, school-based truancy meetings, etc.
Engage	Engage families in all aspects of their child's case
Provide	Provide safe and humane treatment to youth in the care of the system
Identify	Identify policies and practices that disadvantage youth of color and make changes to address the disproportionate impact in the system
Use	Use data to guide treatment and interventions at all points along the juvenile justice continuum

Program Name	Goals	Partners	Eligibility
BSB (Building Strong Brains)	Connect students to trauma-informed services and supports	MSCS, community providers	Grades 1-6, at risk for >10 unexcused absences
GIFFTS (Gang Intervention Focusing on Families and Trauma Supports)	Coordinate gang intervention and prevention services; identify risk and protective factors in communities	MSCS, Juvenile Court, community gang intervention groups, juvenile court, CBOs	Up to 18 at risk for gang involvement
ICCW (integrated Care for Child Wellness)	Coordinate referrals for youth with chronic illnesses needing community supports and traumatic injuries to reduce impact of trauma or violence	MLBH, MSCS, juvenile court, community providers, CBOs	Up to 18 with chronic medical condition or traumatic injury
IMPACT (South Memphis Gang Intervention Model to Prevent Adverse Child Trauma)	Reduce gang involvement by addressing risky behaviors to learn coping skills that contribute to more positive lifestyles	Trauma-informed community, CBOs	Up to 18 yo, at risk for gang involvement
SCN (Shelby Connects Network)	Coordinate community-based services/supports using wraparound approach to serve youth with serious mental health needs and their families	MH providers, MSCS, family support specialists, natural community support CBOs	Up to 21 with MH/trauma diagnosis
TCCY (UTHSC Youth Re-entry Program)	Improve outcomes for youth following release from a juvenile residential facility	DCS Corrective, Juvenile Court, CBOs	10-17 years old in custody

Center for Youth Advocacy and Well-Being



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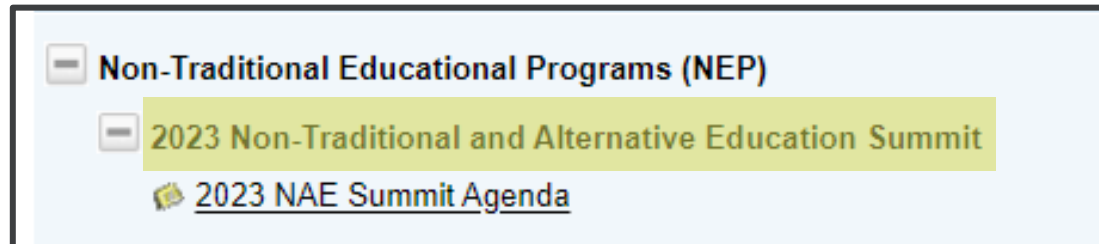


(901) 448-4200

The screenshot shows the website for the Center for Youth Advocacy and Well-Being at The University of Tennessee Health Science Center. The header includes the university logo, navigation buttons for 'APPLY' and 'GIVE', a search bar, and a menu icon. The main navigation bar lists 'CENTER FOR YOUTH ADVOCACY AND WELL-BEING', 'COMMUNITY ENGAGEMENT', 'CHILDREN'S MENTAL HEALTH ACCEPTANCE', and 'ARCHIVED PROGRAMS'. The page title is 'Center for Youth Advocacy and Well-Being'. The introductory text states: 'The goal of the Center for Youth Advocacy and Well-Being is to raise awareness for better mental health services in the community for young people and their families, and to coordinate delivery of those services to ensure the community's youth have a chance to succeed.' Below this is a 'Meet the Director' section featuring a portrait of Altha J. Stewart, MD, and a detailed biography. The 'Programs' section includes a note: 'If you are requesting assistance from any of our programs, please click here to Request for Assistance. If you would like to contact us by phone, please give us a call at 901.448.4200.' A list of programs is provided in a table-like format:

UTHSC Building Strong Brains TN ACEs Initiative (BSB)	UTHSC Building Strong Brains TN ACEs Initiative (BSB) connects Shelby County Schools (SCS) students at-risk for chronic absenteeism, according to SCS guidelines, to services and supports through trauma informed partners in their community. The program serves all grades, with a focus on grades 1-6, for students at risk for more than 10 unexcused absences.
Gang Intervention Focusing on Families and Trauma Supports (GIFFTS)	
Integrated Care for Child Wellness (ICCW)	
South Memphis Gang Intervention Model to Prevent Adverse Child Trauma (IMPACT)	
Shelby Connects Network (SCN)	

- All breakout session presentations may be accessed by going to ePlan.tn.gov and clicking on “TDOE Resources” along the left menu options. On the TDOE Resources page, scroll down to Non-Traditional Educational Programs (NEP), click on the + icon, and then select 2023 Non-Traditional and Alternative Education Summit to find all presentations by session title.
- ***Note: A login is not required on ePlan to access TDOE Resources.***



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