The year 2014 will likely be remembered in United States for its anguished national protests and heated debates over two grand jury decisions not to indict the police officers responsible for the deaths of two unarmed black men, Michael Brown and Eric Garner. Nor will people forget the death of 12-year-old Ramir Rice, killed by police when they mistook a toy pistol for the real thing, or the two New York City policemen, Rafael Ramos and Wenjian Lui, slain while on duty.

The violence continues in 2015; on Thursday, March 15, an attempt was made to murder two police officers on duty in Ferguson, Missouri. Distrust of the criminal justice system has risen, and police departments nationwide face a complex road as they struggle to mend relationships with their communities and ensure that their officers feel safe and supported. Public health professionals and advocates are in a unique position to help create a “trauma-informed” justice system that would address the needs of communities and the police.

The Cycle of Trauma in Criminal Justice

Trauma can have pervasive and long lasting effects on communities and individuals, and has become a public health and safety concern. In addition to its pervasiveness, we also know that the impact of trauma can be self-perpetuating, especially in criminal justice settings. It has been shown that trauma exposure and involvement in the criminal justice system are not mutually exclusive; research indicates that both youth and adult offenders have high levels of trauma exposure. Pettus-Davis\(^1\) estimates that between 68% and 95% of male prisoners report experiencing at least one traumatic event\(^2,3\). This trend holds for juvenile offenders who describe higher levels of trauma exposure than the general population\(^4\). In a study conducted by Abram and colleagues in 2004 on 898 children in a juvenile detention center in Cook County Illinois, 92.5% of participants reported experiencing 1 or more traumatic experiences, and an astonishing 56.6% having experienced 6 or more events\(^4\). Participants who reported traumatic experiences indicated that they had “seen or heard someone get hurt very badly or killed,” or had been “threatened with a weapon” more than any other traumatic experiences.\(^5\)

### ABOUT THIS SERIES

The Fourth Annual Social Determinants of Health Symposium, “Healing Together: Community-Level Trauma – Its Causes, Consequences and Solutions,” will be held on April 20, 2015. This symposium will bring together professionals, community leaders and experts to discuss efforts to support Baltimore in becoming a “trauma-informed” city. In preparation for this conference the Johns Hopkins Urban Health Institute has developed a series of briefs on trauma-informed care.

Briefs to be published prior to the symposium include:

- Brief 1: Introduction to “Trauma-Informed” Care: Important Components and Key Resources
- Brief 2: Creating a Trauma-Informed Criminal Justice System: Success Stories, Challenges and Potential Solutions
- Brief 3: Trauma-Informed Schools
- Brief 4: Trauma-Informed Health Services

To register for the symposium - please visit www.urbanhealth.jhu.edu/SDH2015
Second, research confirms that interactions in criminal justice settings are themselves stressful. For example, proactive policing has led to negative mental health consequences for young Black and Latino males in NYC. Results from a survey conducted by Geller et al indicated that the number of times young men in NYC were stopped by police was directly related to the level of their anxiety. More stops meant significantly higher anxiety. Being apprehended by police is a stressful life experience for young males and a stressor that young men of color experience in disproportionate numbers to the rest of the population.

Coupled with data on neighborhood demographics reported in Brief 1, these findings suggest that individuals living in ethnically diverse, poor neighborhoods are both more likely to have been exposed to community-level trauma, and are also more likely to be involved in the criminal justice system. Understanding the role that trauma plays in the justice cycle can perhaps minimize the pattern of re-traumatization.

**Vicarious Traumatization of Service Workers**

Just as community members are exposed to trauma, so too are the service workers employed in the criminal justice setting. This includes police officers, probation officers, case-managers, and judges. The work environment for police officers and first responders by nature is strenuous and demanding, and often individuals are exposed to dangerous, distressing and traumatic events. According to the National Law Enforcement Officers Memorial Fund (NLEOMF), in 2014 126 officers were killed in the line of duty, which was a 24% percent increase from 2013.7 Firearms-related incidents were the leading cause of death among these officers, claiming 50 officers in 2014. Not surprisingly, perhaps, a study of PTSD in police officers in four urban police departments in NYC found that work environment had a strong association with PTSD symptoms and that work environment mediated the relationship between critical incident exposure and PTSD.8

Vicarious traumatization is not limited to first responders. In a "round table" discussion with juvenile and family court judges conducted by the National Child Traumatic Stress Network (NCTSN), judges reported that they felt the need to keep their feelings to themselves due to political distrust, and that this for some had consequences on their emotional wellbeing.9

Of these judges, 64.3% reported that documents describing the effects of trauma both immediately and over the long-term would be helpful for their work.9

“If people are exposed to danger repeatedly, their bodies become unusually sensitive so that even minor threats can trigger this sequence of physical, emotional, and cognitive responses. We can do nothing to control this reaction — it is a biological, build-in response, a protective device that only goes wrong if we are exposed to too much danger and too little protection.”

*Bloom, 2006, p. 3.*10
When Community-Level Trauma Converges with Vicarious Traumatization of Service Workers

In highly stressful, potentially violent situations, a history of repeated exposure to trauma can become a recipe for disaster for both civilians and criminal justice workers. To address these problems, trauma-informed justice systems have the ability to facilitate capacity building through appropriate supports for both individuals who live in the communities and individuals who work in the criminal justice system.

A List of Practical Recommendations for Developing a “Trauma-Informed” Justice System

Given what we know about the cyclical nature of trauma and the justice system, there are things that can be done to improve the overall climate to promote emotional wellbeing, trust and better mental health. Some recommendations include:

- Crisis intervention training for police departments, training for first responders and all involved.
- Adequate trauma screening upon arrest. Screening for traumatic exposures/trauma history when apprehended.
  - Childhood Adversity Screening [www.cdc.gov/ace/](http://www.cdc.gov/ace/)
  - Traumatic Stress Symptoms UCLA PTSD Reaction Index [www.nctsnet.org](http://www.nctsnet.org)
  - GAINS-SS [www.gaincc.org](http://www.gaincc.org)
- Prevention of further traumatization within the justice system through appropriate care within the system. For example, staff within detention facilities should be educated on trauma and its potential effects on children.
- Collaboration across systems. Trauma exposure should be considered when determining correct placement, and individual referral to different services, not just in first involvement with the justice system.
- Adequate and appropriate services for individuals apprehended by the criminal justice system.
- Support systems for all service workers. In particular, training should be offered on vicarious traumatization and work place stress reduction. Staff should have the resources to deal with their own trauma histories as well so that they can perform their job duties successfully.
- Increased public awareness about the role that trauma plays in the criminal justice system.

Successful Models Nationwide

Efforts across the United States are emerging to improve service within the justice system. The following is not intended to be an exhaustive list; it simply highlights some examples of organizations that are working toward becoming trauma-informed.

- Cops, Kids and Domestic Violence (NCTSN). First responder training for police responses to domestic

REFERENCES


- **The Trauma-Informed Care Initiative** at the Women's Community Correctional Center of Hawaii is a model of trauma-informed care for incarcerated women. Read about their approach here: http://www.nasmhpd.org/docs/NCTIC/7014_hawaiian_trauma_brief_2013.pdf

- **Risking Connections Training** is a skills-building program that focuses on promoting healing through relationships, for clients who have had trauma exposure, while providing training on appropriate self-care for service providers. Please visit http://riskingconnection.com for more information. This model could be adapted for service providers within the justice system.

### CHALLENGES AND SOLUTIONS — QUESTIONS TO PONDER

The following issues present challenges to creating a trauma-informed justice system. The symposium is intended to serve as a catalyst for considering these challenges and beginning to explore potential solutions:

- **Staff resistance to change.**
- **Lack of collaboration across departments within justice system.** Despite having a trauma-informed first responder, if a child or adult is then referred to a non-trauma-informed placement, will the benefits continue?
- **Philosophical barriers and the difficulty in balancing institutional goals.** For example, police departments might be so focused on dealing with an immediate crisis that they fail to consider the potential of their actions for creating trauma.
- **System-level challenges and lack of financial resources to implement better training.**
- **Little empirical research that demonstrates the positive effects of trauma-informed care.**
- **Difficulties in identifying reasons behind behaviors.** The same behavior, which represents defiance in one individual, may express defeat and defensiveness in another. Which behaviors are actually trauma-related/reactive/coping/biologically-based and which are blatant defiance?