Pathways from Traumatic Child Victimization to Delinquency: Implications for Juvenile and Permanency Court Proceedings and Decisions

BY JULIAN D. FORD, JOHN CHAPMAN, JUDGE MICHAEL MACK, GERALDINE PEARSON

ABSTRACT

Research studies and observations by mental health and judicial professionals suggest that childhood traumatic victimization may contribute to the development of juvenile delinquency. Based on this evidence, we describe a chronological pathway that runs from: (a) early childhood victimization, to (b) escalating dysregulation of emotion and social information processing ("survival coping," which takes the form of depression, anxiety, social isolation, peer rejection, and conflicted relationships), to (c) severe and persistent problems with oppositional-defiance and overt or covert aggression compounded by post-traumatic reactivity and hypervigilance ("victim coping"). A case vignette is provided, and implications for judicial review and decisions are discussed.

Traumatic victimization, which may involve physical abuse, domestic violence, or neglect, occurs all too often in the lives of children (Boney-McCoy & Finkelhor, 1995; Costello, Erklani, Fairbank, & Angold, 2003). Victimized children may suffer major biological alterations and behavioral, psychological, social, educational, and vocational problems (De Bellis, 2001). Moreover, traumatic victimization may be a factor in the development of persistent juvenile delinquency (Dodge, Pettit, Bates, & Valente, 1995). Although not every delinquent youth has been victimized, clinical (Cauffman, Feldman, Waterman, & Steiner, 1998) and epidemiological (Abram et al., 2004) studies indicate that at least three in four youths in the juvenile justice system have been exposed to victimization. Many of these children also are, or have been, involved in the family court system due to maltreatment (Barth, 1996). Therefore, it is important for juvenile and permanency court judges to know how traumatic victimization adversely affects children biologically and psychologically, how it may contribute to delinquency, and what they and other professionals can do to help these youths.

The importance of these matters to the law cannot

Julian D. Ford, Ph.D., is an Associate Professor of Psychiatry and Director of the Behavioral Health Services Research Division at the University of Connecticut School of Medicine. He served as the Director of the Center for Trauma Response, Recovery, and Preparedness, Director of Research and Assessment for the Yale/University of Connecticut Center for Violent Child Trauma, and Co-Chair of the National Child Traumatic Stress Network Juvenile Justice Work Group.
John Chapman, Psy.D., is the Clinical Superintendent for the State of Connecticut, Judicial Branch's Court Support Services Division and has worked for more than 15 years as a clinical provider, administrator, and researcher in juvenile justice. He manages health care for several nationally accredited juvenile detention programs in Connecticut, and has developed an evidence-based behavioral health screening and risk detection system for these programs.
Judge Michael Mack, J.D., served many years on the bench in juvenile and family court prior to becoming Chief Juvenile Court Judge. He is currently Deputy Chief Court Administrator for the State of Connecticut's Judicial Branch with responsibility for, and oversight of, all state court operations.
Geraldine Pearson, Ph.D., APRN, is an advanced practice psychiatric nursing professional, Assistant Professor of Psychiatry at the University of Connecticut School of Medicine, and Director of the Emily J Consent Decree-mandated HomeCare program for youths in the juvenile justice system with mental health needs. She has worked for more than 20 years as a clinician, administrator, and researcher in children's mental health and juvenile justice programs in Connecticut.

be overstated. Delinquency may have different causes and remedies depending upon the factors affecting youthful offenders and their motives. The delinquent behavior of a youth who is attempting to protect herself or himself from further victimization or who is reacting to reminders of past traumatic experiences may be no less dangerous or problematic than that of a youth who is callously indifferent to the law or the harm inflicted on people. Yet, the sanctions and services that can best modify this behavior may be very different in these two cases. In order to ensure fair application of procedure throughout the juvenile justice system, authorities representing the legal system have a responsibility to society and to youths and their families to base their judgments on a full understanding of the role that trauma and victimization can play in youths' actions and in their reform.

Psychological Trauma and Juvenile Delinquency

Delinquency takes many forms, including defiance of authority, violence, impulsive behavior, drug use or selling, stealing, property damage, status offenses, and probation violation. Three key types of psychological and behavioral problems are involved in delinquency, including problems with: (1) maintaining attention and managing impulsive or hyperactive behavior, (2) pervasive indifference, negativity, or outright hostility toward others, and (3) aggressive violations of social rules, norms, or laws via cruel or criminal behavior (Lahey Waldman, & McBurnett, 1999). Any of these behaviors can put youths in harm's way, directly by eliciting aggression or rejection from other people and indirectly via other related risky behaviors (e.g., substance abuse, unsafe driving, gambling). Over time, delinquency may become a "life-course-persistent" lifestyle of deviance and criminality that involves both causing and experiencing repeated traumas (Moffitt, 1993).

Psychological trauma involves events that confront a person with the reality or immediate possibility of death, serious physical injury, or a physical violation (e.g., rape or incest). During or soon after trauma, the person experiences a biological and psychological shock that leads to intense emotional reactions such as fear, rage, confusion, or agitation, or to becoming mentally and emotionally shut-down. Many events may be psychologically traumatic, but this article will focus on one particular type: victimization. Victimization involves being threatened or harmed intentionally by a caregiver or other trusted person (e.g., sexual, physical, or emotional abuse), witnessing caregivers or significant others being intentionally harmed (e.g., domestic violence), or neglect, separation from, or abandonment by trusted adults or youths. Victimization is widespread among youths: Half of all children or adolescents in the community (Boney-McCoy & Finkelhor, 1995; Costello et al., 2003; Cuffe et al., 1998) and two-thirds in psychiatric or juvenile justice samples (Abram et al., 2004; Ford et al., 2000) have been seriously victimized.

In addition, several studies suggest that traumatic victimization is associated with the behavior problems involved in delinquency (Cauffman et al., 1998; Ford et al., 2000; Lynskey & Fergusson, 1997; Steiner, Garcia, & Matthews, 1997). Ford and colleagues (2000) found that children in psychiatric treatment for severe problems with oppositional behavior were more likely to have been victimized and more impaired socially and emotionally by traumatic stress reactions than children who had problems with anxiety, depression, inattention, or hyperactivity. Traumatic stress reactions occurred for children of both genders, of all ages from childhood to adolescence, across the range of family socioeconomic levels from poor to upper middle income, and in families that had mild as well as severe levels of parent-child conflict. All of the children in the study had experienced many types of trauma that were not the result of abuse or other forms of intentional harm (e.g., accidents, injuries, illnesses, deaths). However, victimization trauma was the one type of trauma that was particularly associated with oppositional behavior.

Traumatic victimization is unlikely to be the sole cause of delinquency. Genetic influences affecting each individual's basic temperament and approach to life are a major factor in problem behaviors associated with delinquency (Jaffee, Caspi, Moffitt, & Taylor, 2004; Lahey et al., 1999) and also contribute to vulnerability to traumatic stress reactions (Koenen et al., 2003). Family problems with mental illness, drug abuse, or severe parent-child conflict also may contribute to delinquency (Lahey et al., 1999) and may lead to victimization (Boney-McCoy & Finkelhor, 1996; Chaffin, Kelleher, & Hollenberg, 1996). Living with severe family problems also may teach children that abuse, neglect, and domestic violence are

normal, acceptable, or even desirable. Such modeling and reinforcement of victimization can lead children to imitate or tolerate victimization in family, peer, and community relationships (Cauffman et al., 1998; Chaffin et al., 1996; Steiner et al., 1997). Delinquency also may place youths at risk for becoming victimized in adolescence and in adulthood (Koenen et al., 2005).

While not assuming that traumatic victimization causes delinquency or that delinquency causes trauma (Dodge, Lochman, Harnish, Bates, & Pettit, 1997), a first practical implication of these research and clinical findings for judges is that no court order for either delinquency or permanency is complete without consideration of the role that traumatic victimization may have played in the young person's development and current life. (See the box on page 16 for a concise summary of the article's practical recommendations for judges.) A trauma history assessment is similar to but also different from a psychological or psychiatric evaluation. The goal is to identify formative experiences and ways of coping that developed as a result of suffering trauma, not to determine mental health diagnoses or issues. Those who do trauma history assessments should have social work or mental health training, specific expertise in evaluating trauma and post-traumatic stress reactions, and access to licensed professionals for consultation as needed. The National Child Traumatic Stress Network website (www.nctsnet.org) provides an overview of several standardized interview protocols and questionnaires that have been developed for conducting a systematic and sensitive trauma history assessment with youths involved in the child protection or juvenile justice systems.

A trauma history assessment may be included in a mental health evaluation, but the purpose is different from that of identifying psychiatric diagnoses. Trauma history assessments inform the court about how a youth has learned to cope self-protectively as a result of being victimized (if this is the case). The goal of a trauma history assessment is to enable judges to make orders that address the youth's needs for safety and give them help in learning ways of dealing with life that are not merely a repetition of how he or she learned to survive being victimized.[1]

How Does Delinquency Develop?

Beginning before birth, different (but overlapping) developmental pathways lead to the three aspects of delinquency noted previously (Girourard et al., 1998; Nagin & Tremblay, 1999; Speltz, McClellan, DeKlyen, & Jones, 1999). Each pathway is determined by the combined influence of genetics, family, school, and community environments, and the child's psychological capacities (Girouard et al., 1998; Jaffee et al., 2004; Lahey et al., 1999; Slutske et al., 1998). Inattentive, impulsive, and defiant youths who experience severe family conflict, social isolation, school failure, and anxiety or mood disorders not surprisingly are most vulnerable to delinquency.

Patterson (1993) has described a "cascade of impairment" that leads first from problems with inattentiveness, impulsiveness, and negativity in early childhood to feeling rejected or demoralized by people's negative or avoidant reactions. Over time, the child may escalate into aggression and defiance, as well as affiliating with peers and engaging in activities that encourage delinquency. Parents, peers, and teachers are likely to feel progressively more frustrated and hopeless, leading to reduced positive social contacts and supervision, and an escalation of "out-of-control" acts. Patterson (1993) identified boys who had, by grade three or four, "failed in two important tasks, peer relations and academic skills" (p. 916). Over the next five years of childhood and early adolescence, these boys often progressed through the following stages of deterioration: (a) anger, withdrawal, and depression; (b) joining "deviant" peer groups; (c) "wandering" with no monitoring by adults and little or no regard for family or school rules or curfews; (d) substance use; (e) truancy; and ultimately, (f) a police record and the beginning of potentially lifelong trouble with the law. By age 13, they were viewed by their families, schools, and communities as incorrigible. They were both "architects" and "victims" of a pathway toward delinquency (Patterson, 1993) that begins with attention problems, impulsivity, and negativity and can escalate into chronic "aggressive delinquency" in adolescence (Moffitt, 1993).

Lahey et al. (1999) concluded that delinquency is the result of a bad fit between a child's inborn tempera-

[1] Resources for judges who want to get trauma history assessments by qualified professionals are available online through the NCTSN at www.nctsnet.org.

Addressing the Impact of Traumatic Victimization on Youths: Practical Recommendations

1. Require a thorough social history assessment of each youth's potential traumatic experiences and their impact on behavior problems regardless of whether a mental health evaluation is ordered.

2. Insist that evaluators consider whether a youth is motivated primarily to protect self or others from being further victimized versus by a desire to callously use, control, and victimize others.

3. Court orders should get youths (and parents) to programs that teach skills for managing emotions (including, but not limited to, anger) and thinking clearly (such as effective problem solving). These are particularly crucial skills for victimized youths, but also are relevant for most youths and families involved in the juvenile justice and child protection and permanency systems.

4. Court-ordered evaluations should address not only the evident behavioral, psychiatric, and learning problems, but also the youth's intellectual, emotional, and social strengths and how these have been adapted to cope with past or ongoing traumatic victimization.

5. Family involvement in rehabilitation and counseling programs is essential not only to bring to bear the positive influence of the family but also to help youths and families deal constructively with feelings of disillusionment and betrayal that are particularly likely to occur after a traumatic event.

6. Youths entering, or on the verge of entering, the juvenile justice system need services that help them manage their emotions and think clearly before they become trapped in delinquency as a result of learning to cope as a victim or victimizer.

7. Ordering services and placements that specifically teach and track emotion regulation and information processing skills can increase competency and address the due process rights of youths whose competency or ability to benefit from services otherwise will be in question.

8. Court orders should consider how to provide girls and boys with safe places to experience and develop the skills necessary to fully participate in healthy nonvictimizing relationships.

ment and his or her parents' temperaments, emotional or psychiatric problems, and behavioral capacities, lifestyle, and parenting styles. Temperamentally negative, uncaring, and avoidant children tend to be difficult to get along with. However, if parents are able to help the child to redirect negativity and avoidance toward more prosocial forms of assertion, and to develop empathy for and interest in others, these temperamental traits need not develop into delinquency. On the other hand, if parents themselves are temperamentally oppositional, uncaring, or avoidant, they may not be able to respond well to their child's temperament. Such parents are likely to role model antisocial, aggressive, addictive, or avoidant ways of dealing with people, responsibilities, and stress. Because of strong genetic influences, temperamentally oppositional, uncaring, and avoidant children are particularly likely to have parents with similar temperaments (Lahey et al., 1999). When this occurs, a child's temperament may bring out "the worst" in the parent, and vice versa, leading to the vicious cycle of harsh, neglectful, hostile, defiant, and aggressive behavior on the part of both the child and the parents (Patterson, 1993).

Traumatic Victimization as a Potential Key Contributing Factor to Delinquency

However, even a temperamentally cooperative and sociable child may become delinquent, and many temperamentally vulnerable children who live with troubled or neglectful parents and associate with delinquent peers do not develop problems with delinquency. What makes the difference? It may be that children who are not genetically or environmentally "destined" to become delinquents but are traumatically victimized can be pushed into delinquency as a way to survive the trauma. Traumatic victimization, as we shall see, teaches children to use often drastic means to cope and survive, which may include delinquency. It also is possible that children who are "set up" inadvertently to become delinquent by their genes and family and community environments may escape this fate if they are not victimized. An unfortunate genetic inheritance or being exposed to antisocial behavior in the family or peer group are severe problems, but they do not necessarily lead to or constitute traumatic victimization.

The second practical implication of our review, therefore, is that judges need to know what makes trauma traumatic and harsh events victimizing, in order to not assume that all delinquent youths are trauma survivors or victims. Children differ in their resilience (Compas, Connor, & Wadsworth, 1997), but what primarily determines whether adverse life experiences are victimizing is not how well the child copes but whether the child has the opportunity to preserve a sense of personal integrity and control in the midst of those experiences. When a child's self-respect and sense of control is stripped away—especially if this is done on purpose by trusted persons—this is traumatic victimization. The result of victimization is a child who is likely to resort to "survival coping" —taking any means necessary to just get by, while feeling damaged, hopeless, distrusting, and empty inside. Survival coping may appear callous and defiant, but it often is a cry for help.

Victimized children first struggle valiantly to survive, and do not inevitably assume the identity of a victim (Chaffin, Wherry, & Dykman, 1997). Over time, survival coping is mentally, emotionally, and physically exhausting. Chronic survival coping can lead even a highly resilient child to feel trapped by what Ford (2002) describes as: "an inescapable 'life sentence'—a kind of prison, torture, or even a living death—rather than a temporary dilemma to be survived until a 'normal' life resumes" (p. 43). The youth comes to define himself or herself as a permanently trapped victim, and to see desperate attempts to ward off danger as necessary no matter the cost.

Paradoxically, it is this ability to persevere with defiance that makes the difference between a traumatized delinquent and a true sociopath. If a judge can distinguish one youth's desperate attempts to redress injustice and regain control from a second youth's callous and hostile use of control to exact revenge or inflict suffering, this distinction points toward rehabilitation from victimization for the first, versus strenuous management of sociopathic criminality for the second.

Emotion Regulation and Information Processing: Paths to Delinquency or Rehabilitation

When exposed to coercion, cruelty, violence, neglect, or rejection, a child may cope by resorting to indifference, defiance of rules and authority, or aggression as self-protective counter-reactions. The child may feel so terrified, alone, and powerless in the face of victimization that the best way she or he can find to cope may take the form of anger, defiance, callousness, or aggression. In these cases, risk taking, breaking rules, fighting back, and hurting peers, authority figures, or vulnerable others (e.g., younger children, animals) reflect a shift from survival coping to victim coping. Such reactive and defensive attempts to overcome or resist helplessness and isolation caused by victimization are motivated by a desire to regain the ability to feel safe and in control. Under ideal circumstances, every youth would have a family and community that assured his or her safety and encouraged the development of a healthy sense of personal control. However, this often is not the case, particularly for youths who grow up in the adverse contexts that we know contribute to delinquency. Where can these children and adolescents turn to find safety and a meaningful sense of personal control in their lives? Often it is to one adult or older youth who shows an interest in and is protective of the boy or girl (Lahey et al., 1999). While the exact ingredients that make this relationship so powerfully positive are still being discovered, we sug-

gest that a key feature of these relationships is that they teach the youth—largely by the example set by the other person—ways to:

1. Regulate emotional states, especially extreme emotions such as terror, rage, confusion, despondency (Cauffman et al., 1998; Patterson, 1993; Weiss, Susser, & Catron, 1998), and
2. Process information by thinking clearly and making choices based on prior learning and likely outcomes (Dodge et al., 1997; Lahey et al., 1999; Pennington & Ozonof, 1996; Weiss et al., 1998).

In contrast, for delinquent youths, emotions may seem unmanageable or absent, and thinking tends to be reactive, rigid, impulsive, and defiant. This in turn leads to distorted views of self, peers, and relationships (e.g., low self-worth, anticipating frustration or harm) and difficulty solving ordinary social problems (Dodge et al., 1997). Ford (2002) concluded that delinquent youths' "impairments in emotion and social information processing … closely parallel the emotional and cognitive dilemmas and deficiencies of children who have suffered traumatic victimization" (p. 39). Each child's experience of victimization is unique, but traumatized youths often experience overwhelming disturbing emotions or virtually no emotion at all (Ford, 2002).

Victimized youths tend to have difficulty with mental concentration and problem solving mainly when faced with hostility (Pollak, Vardi, Bechner, & Curtin, 2005). For a victimized youth, what might seem ordinary and safe to someone else may be riddled with potential threats based upon their past experience of being exploited or harmed in the same or similar circumstances. If such a youth seems preoccupied with inner thoughts, he or she may actually be thinking very actively about how to identify and neutralize dangers that only he or she knows. What may seem to be a deficit in thinking may be a preoccupation with solving survival problems that requires extreme clarity and creativity but which are invisible to people who have not experienced traumatic victimization. What may seem like angry defiance may be self-protective assertions of an unwillingness to be further victimized. What may seem to be very limited ability to engage in prosocial behavior may be an adaptive form of prioritizing in which survival trumps being kind, gentle, cooperative, or courteous.

Thus, in order to survive both physical and emotional danger, rather than developing a flexible, curious, and open-minded style of optimistically engaging in and making sense of life experiences, a victimized youth may adopt "victim coping" as a way of life: a closed, rigid, and pessimistic way of feeling and thinking dominated by generalized distrust, avoidance, and overt or covert resistance (Dodge et al., 1995; Lynskey & Fergusson, 1997; Trickett, 1998). While most survivors of childhood victimization are not abusive as adults, victims may become perpetrators (Widom, 1999). Men who batter their partners, for example, are more likely than nonabusive men to have experienced paternal rejection, physical abuse, and an absence of maternal warmth (Dutton, Starzomski, & Ryan, 1996). These men often describe feeling like victims in current and past relationships, even as they victimize vulnerable others (Dutton et al., 1996).

These findings suggest that court-ordered sanctions and services that address emotional dysregulation and survival- or victim-based information processing can play a vital role in helping children recover from traumatic victimization and also in reducing the likelihood of recidivism and escalating danger to society by youthful offenders. Consistent with the legal concepts of restorative justice (the reintegration of offenders into the community by helping them to recognize and repair the harm they have done; Bazemore, Zaslaw, & Riester, 2005) and zero tolerance (the emphasis upon personal responsibility and societal safety; Ferguson & Williams, 2002; Secker et al., 2004), delinquent youths who experience dysregulated emotions and survival- or victim-based information processing will best be able to become responsible citizens if they are assisted in gaining the capacity to manage their emotions and think clearly.

Case Example

Janelle, a 14-year-old African American female, was placed in juvenile detention after repeatedly running away from home. Physically and sexually abused by her stepfather from age 7 to 11 years old, she became sexually promiscuous, joined a street gang, and regularly stole from and assaulted other girls and adults, including her mother and teachers. Janelle told her probation officer that her stepfather was due to leave prison sometime in the coming year, and she expected her mother

to take him back into the home. To Janelle, this meant that she would have to leave home or kill him because she was not willing to be abused again. She didn't want to hurt him for revenge, but saw no reason to believe he would stop abusing her unless she took drastic action to escape or to eliminate him as a threat. She said, "If he was after me when I was just a girl, he'll really come after me now."

Although Janelle was hypervigilant and guarded about talking, her child welfare worker gradually and sensitively talked with Janelle to get a trauma history over a period of eight months. With careful encouragement and coaching, Janelle was able to share fears about being abused again and the loss and rejection she felt due to her mother's taking sides with her stepfather. Janelle acknowledged that she also needed to control her feelings of rage and aggressive behavior, which she was willing to do now that she believed that her plight and her search for safety were being taken seriously. When she next went before the juvenile court, Janelle said, "I'm not crazy, but when I feel trapped I can start thinking and acting crazy, and I don't want that to happen any more and ruin my life." The judge ordered, and Janelle willingly accepted, a voluntary long-term group home placement in a program specifically designed to help girls recover from abuse and to develop ways of coping that reflected their strengths rather than their ability to break the rules. Janelle continued to battle with low self-esteem, hostility, hopelessness, and thoughts of suicide, but she learned to catch herself in those "dysregulated" states and re-group by doing quiet activities or making positive contact with a peer or adult. As a result, Janelle became a role model for peers and younger girls.

Pathways to Healthy Emotion Regulation and Effective Information Processing

This case study highlights the practical issues that we have discussed and several more that we will now consider. Janelle's social worker was better able to communicate key facts to the judge after she had conducted a sensitive and thorough trauma history. The social worker did not rely solely upon existing records, but also listened to Janelle and drew out her story gradually, showing respect for Janelle's point of view. The social worker considered Janelle's intense rage and harmful actions in light of Janelle's history, and identified a different pattern of behavior and motivation that reflected Janelle's values and determination to protect herself and prevent further harm. Neither the social worker nor the judge accepted or excused Janelle's damaging and threatening statements or actions, but they focused on how she could be helped to better manage her emotions and capitalize upon her unrecognized but noteworthy intelligence, rather than seeking to primarily confine or punish her.

A practical question raised by our focus on traumatic victimization and Janelle's case is: What kinds of programs or services actually help such youths to regulate their emotions and think clearly? Residential and community-based mental health, substance abuse, special education, and vocational and recreational programs may address these goals, but typically not as a primary focus or outcome. Instead, these programs and providers tend to make the assumption that delinquent youths have the capacity to regulate emotions and think clearly but that they simply are not sufficiently motivated or have not been challenged to "try hard enough" in these areas. Some assume that delinquent youths are too callous and hostile to be able to manage their emotions and think responsibly, and therefore that these youths must be trained to follow the law and punished for not doing so.

The scientific and clinical literature on trauma (Ford, 2002), delinquency (Lahey et al, 1999), and brain development (De Bellis, 2001) paints a different picture. Dodge and colleagues (1995) found that abuse, and not family or genetic factors, was the primary reason why children and youths who had problems with hostility and aggression had difficulty in managing their emotions without becoming overwhelmed, impulsive, or shut-down, and in thinking through problems without relying upon aggression as a substitute for a solution. The emotion regulation and social information processing problems documented by Dodge and colleagues (1995) exemplify "victim coping" and fit the profile of resentful and resigned coping that has been found to be characteristic of severely abused children (Chaffin et al., 1997) and aggressive children (Zelli et al., 1999). Dodge et al. (1997) also found that youths with the most severe behavior problems who also had been physically abused showed clear signs of the behavior problems early in

childhood, and seemed to be reacting in an attempt to fight back against either being blamed or rejected or feeling alone and powerless. Other youths with severe behavior problems who had not been physically abused tended to show the first signs of problem behavior later in childhood or adolescence and to be more proactive than reactive in committing pre-meditated aggression or crimes. Thus, traumatically victimized delinquent youths may be neither callously indifferent nor actively motivated to harm others or violate the law. They may instead be trapped in a vicious cycle of fear, powerlessness, hopelessness, confusion, reactive behavior, and further victimization. These children and youths may have deficits in innate intelligence that make them less able to cope with being victimized than other children who have greater inborn intellectual capacities, but they also may be highly intelligent and using their intellectual skills to survive.

Therefore, another practical implication for judges is that court-ordered evaluations and services should address not only evident behavioral, psychiatric, and learning problems (e.g., defiance of the law, disregard of people, depression, substance use, deficits in attention and impulse control, school performance), but also should assess and enhance the youth's skills for emotion regulation and social information processing.[2] This is a crucial first step to rehabilitation. On the other hand, if a careful evaluation determines that trauma and victimization have not played a major role in a given youth's life, or if the youth's primary adaptation has been to systematically and callously victimize others, the judge can order more restrictive programs knowing clearly that the role of traumatic victimization has been ruled out or is secondary to sociopathy.

Emotion Regulation and Information Processing: A Family Matter

Lynch and Cicchetti (1998) found that abused children were more likely than other children to think of their nonabusive mothers as unavailable, untrustworthy, unloving, or unreliable. Thus, abuse can lead to a profound sense of betrayal that can develop into a defiantly negative attitude toward a primary caregiver, and to the belief that relationships can never be trusted because they always involve betrayal. To compound the problem, victimized children often learn to associate feeling emotion with a sense of trauma and victimization. Pollak, Cicchetti, and Klorman (1998) concluded that abused children often learn to be profoundly distrustful of, and resistant to, their own emotions. For example, where a nonabused child may interpret feelings of distress as transient anger or frustration that are nothing to be ashamed of and that will get better, an abused child might feel overwhelmed by intolerable rage, hatred, or suicidality (Ford, 2002). Delinquency also often begins with two other pernicious "d's": depression or demoralization (Biederman, Mick, & Faraone, 1998). Delinquent youths may be trapped in a battle with their own reactive emotions and fear the harm that unbridled emotions seem to cause. The battle often begins and almost always is played out with the adults to whom the youth looks as caregivers. This dilemma has two practical implications.

The first implication is that family involvement is essential not only to bring to bear the positive influence of the family in supporting and supervising the youth, but also to help youths and families deal constructively with feeling abandoned or betrayed if traumatic victimization has occurred. We have found that teaching families as well as youths the skill set for emotion regulation and clear thinking facilitates helpful family involvement, especially when victimization has been an issue.[3]

Teaching Emotion Regulation and Information Processing as a Form of Delinquency Prevention

The second implication is that youths entering, or on the verge of entering, the juvenile justice system need services that help them manage their emotions and think clearly before they become trapped in delinquency and dependent upon victim coping. Judges can be an invaluable source of early detection of victimized children before their behavior is so severe and chronic that they have caused serious harm and been labeled as incorrigible. Many of the youths whom judges see in a first arrest or in dependency hearings are not yet "acting out" to a degree that draws legal attention, but are shutting down and going underground emotionally in

2 Several protocols for teaching traumatized youths these skills are available through the NCTSN (www.nctsnet.org).
3 Our skill set for emotion regulation and information processing is described online at www.ptsdfreedom.org.

order to survive highly stressful and often traumatic life circumstances. These youths need a clear message that their behavior must change, and those who have been traumatically victimized also need help in gaining emotion regulation and social information processing skills in order to choose a better path.

When youths understand how their traumatic experiences have created a bias in their brains and bodies toward seeking to survive and avoiding victimization, they often feel motivated (and for the first time, hopeful) to learn how to use their brains and care for their bodies in ways that build not only self-esteem but also the ability to determine for themselves when and how to react to stressors. Many victimized delinquent youths have adopted societal biases that portray them as controlled by an inborn "badness" which they are powerless to change. The paradigm shift to viewing delinquency and victimization as involving correctable problems with emotion regulation and information processing offers new hope and direction. Optimally, placements and services will provide youths with activities and feedback that highlight how emotions and clear thinking are necessary to not only survive but also to thrive. This requires interventions that help youths recognize and understand the validity of intense and painful emotions that are the result of past victimization. Such interventions do not encourage extreme emotional reactivity (e.g., explosive reactions or numbed-out "shutting down"). Instead they teach youths to identify emotions in a timely, safe, and thoughtful manner (e.g., in supportive private discussions with a trusted adult or peer), so that emotions become both manageable and a source of helpful information rather than yet another source of victimization.

Importance of Considering Emotion Regulation and Information Processing in Judicial Decisions

A related implication is that, even if a child's exact trauma history is not known or is in dispute, including services that enhance emotion regulation and social information processing can have a positive impact both on competency and due process. Competency issues can be raised by the prosecutor, defense attorney, or the court for defendants younger than 12 who have a diagnosis of mental illness or mental retardation, borderline intellectual functioning or learning disabilities, or who have been observed to show deficits in memory, attention, or interpretation of reality (Grisso, 1998). Compliance with authority, ability to understand risks, and future development tend to be impaired in younger children to the point of similarity with seriously mentally ill adults (Grisso et al., 2003). Due process for such youths requires attention to these competency deficits in court proceedings and in court-ordered services or placements (Mitchell, 1996).

A youth who does not have an evident psychiatric disorder or profound learning or intellectual deficits may nevertheless be impaired by the kinds of emotion dysregulation and social information processing problems that result from victimization—and due process may require that court orders and proceedings address these less evident but equally detrimental threats to competency in younger defendants and sources of compromised self-management in older youths. This is an important point for future research in light of the U.S. Supreme Court decision in *Dusky v. United States* (1960), which set competence as a functional test and one that can be impacted by mental illness or immaturity. A later decision, *McKeiver v. Pennsylvania* (1971), contrasted due process requirements in adult proceedings with the less rigid standards in juvenile courts (Grisso et al., 2003). Competence in youths may not be an "all or nothing" construct, but may require a degree of ability to think abstractly, to communicate with counsel, and understand the proceedings (Zapf & Roesch, 2005). If emotion dysregulation and information processing problems compromise these features of competence, those skills will need to be enhanced in order to render some youths truly competent.

There is wide variability in judicial judgments. In an analysis of bail release orders it was clear that both legal and extra-legal factors are considered by judges in decision making, and that training can have an impact on judicial choice (Dhami, 2005). Judges both need and can greatly benefit from emerging scientific and clinical knowledge about causes of delinquency and promising interventions that are being developed. With this knowledge, judges' orders can be not only rehabilitative and beneficial for community safety, but also can contribute to violence and crime prevention on a broader level (Federal Advisory Committee on Juvenile Justice, 2005;

Sherman et al., 1998). Violence reduction is a promising goal requiring cross-system involvement, including the courts (Greenwood, 1996; Wilson, Lipsey & Derzon, 2003). A range of programs that have emotion regulation and information processing as a common denominator have shown promise for youth violence prevention (National Mental Health Association, 2004).

What About Girls?

We used the example of Janelle rather than a delinquent boy because, despite the fact that fewer girls than boys are identified as delinquent, girls increasingly are being detained for delinquency and are equally vulnerable to traumatic victimization (Abram et al., 2004; Cauffman et al., 1998; Steiner et al., 1997). Consistent with socioculturally based differences in sex role socialization, girls are more likely than boys to admit to anxiety or depression (Compas et al., 1997). Girls whose temperament or problematic early relationship experiences place them at risk for delinquency (Lahey et al., 1999) may react primarily inwardly with anxiety, depression, bodily distress, or social isolation (Feiring, Taska, & Lewis, 1998). Although girls sometimes act out in the more stereotypically male form of overt defiance or aggression (Cauffman et al., 1998), they often suppress overt aggression (McFadyen-Ketchum, Bates, Dodge, & Pettit, 1996). Both depression and overt aggression can be serious problems for delinquent girls, and the combination can be highly dangerous and explosive. Suppression of aggression may interfere with a girl's development of assertive social competence (Fagot & Leve, 1998), potentially leading to both "internalized" problems with anxiety, depression, or eating disorders and "acting out" in the form of hostility, rage, and extreme violence.

Delinquent or acting-out girls are at high risk for: (a) self-devaluation (Fagot & Leve, 1998); (b) anxiety and depression (Lipman, Bennett, Racine, Mazumdar, & Offord, 1998); (c) suicidality (Wannan & Fombonne, 1998); (d) conflict in family and school due to rule-breaking, truancy, and curfew violations (Zoccollilo, Tremblay, & Vitaro, 1996); (e) substance abuse (Brown, Gleghorn, Schuckit, Myers, & Mott, 1996); and (f) adult criminality, addiction, violent relationships, and psychiatric disorders (Pajer, 1998). Thus, a negative cascade may apply to girls as well as to boys.

Moreover, delinquency may take a more "covert" or "internalized" form for some boys as well as for girls. Nagin & Tremblay (1999) found that many boys went from having problems with aggression to "overt delinquency" (e.g., physical violence), but boys who were non-aggressively defiant developed problems with "covert delinquency" (e.g., stealing, vandalism).

A practical implication for judges is that both delinquent boys and girls may need help in developing ways of dealing with relationships that are responsibly assertive, and this is especially important for many girls who end up in juvenile court because they have learned covert ways to protect themselves from traumatic victimization that violate the law or social conventions. For example, Janelle's avoidant, violent, substance-abusing, and sexually promiscuous behavior gave her a sense of invulnerability that helped her cope with feeling terrified and helpless in relation to her abusive stepfather and neglectful mother. She did not actually enjoy violence or sex on these terms, but she felt she had to use whatever means she had available to protect herself not only from boys and men but also from the hostility and rejection she faced from her mother and feared from other girls. In the residential program, Janelle had the chance to safely get to know other girls in a non-competitive manner (although she often found herself falling back on habitual ways of hurting or intimidating other girls when stressed), and this enabled her to view relationships and sexuality in a more secure manner and as a way to be safe and happy rather than as a way to use herself or others.

Conclusion

In recent years, courts across the country have drifted from a rehabilitative model to a more punitive model. Yet, even while this shift occurs, courts are implementing new ideas and strategies to manage delinquency and protect children from maltreatment by forming partnerships with mental health providers or court clinics that can extend mental health services to youths and families without requiring judges to be social workers (Grudzinskas, Clayfield, Roy-Bujnowski, Fisher & Richardson, 2005; Mitchell, 1996). With the evidence of widespread trauma among incarcerated youths (Abram et al., 2004), courts may soon begin to extend these innovations by giving stronger consideration to the role

of trauma in delinquency and permanency decisions.

Ultimately, the shared goal of scientists, clinicians, and judicial professionals is to develop a scientific and humane basis for matching each youth with the least costly and most helpful disposition and services (Steadman, Redlich, Griffin, Petrila, & Monohan, 2005). We have a long way to go before the harm done by traumatic victimization is eradicated or even widely ameliorated. Although nationally the levels of reported incidents of violent victimization were reduced by as much as 20% between 1994 and 1997, youths remain at higher risk than any other age group (Rand, 1998). For example, in 1996 the rate of homicides annually was almost four times higher for youths than that for adults (15 versus 4 per 100,000; Bilchik, 1999). The obvious manifestations, such as gang violence and school shootings, highlight the terrible damage that traumatic victimization can cause in the lives of children, and the terror and loss with which their families and communities must grapple. These tragedies challenge us all both to prevent victimization, and to identify, protect, and treat survivors of victimization rather than inadvertently sentencing them to more victimization.

Recognizing that traumatic victimization may contribute to delinquency opens up new options for judicial review and disposition that constructively address (and do not excuse or overlook) the harm done by violent or deviant behavior. Each delinquent youth—whether victimized or not—who receives help in regulating emotions and processing social information is one more person who has the opportunity to not merely survive victimization, but to be restored to the full status of a member of society. Such a person has and gives to others a genuine sense of hope that victimization and delinquency are not dead-ends but instead challenges along life's pathway that can be overcome.

AUTHORS' ADDRESSES:

Julian D. Ford, Ph.D.
Department of Psychiatry, MC1410
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030

John Chapman, Psy.D.
State of Connecticut Judicial Branch
Court Support Services Division
936 Silas Deane Hwy.
Wethersfield, CT 06109

Judge Michael Mack
Supreme Court Building
231 Capitol Avenue
Hartford, CT 06106

Geraldine Pearson, Ph.D., APRN
Department of Psychiatry
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030

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