

**Kansas Judicial Branch
Office of Judicial Administration
Training Series: Impact of Child Toxic Stress
on the Juvenile Justice System**



Session #1
November 30, 2022
Presented by Mary Kelly Persyn, J.D., Ph.D.

Agenda for today: Basics of Child Trauma and Juvenile Justice System Involvement

Part I (10:00-10:50 am)

1. What do the terms child trauma, childhood adversity, Adverse Childhood Experiences, and toxic stress mean? How do these forms of adversity affect children and youth in the long term?
2. What is the Adverse Childhood Experiences study and what does it show?
3. How are Adverse Childhood Experiences correlated to juvenile justice system involvement?

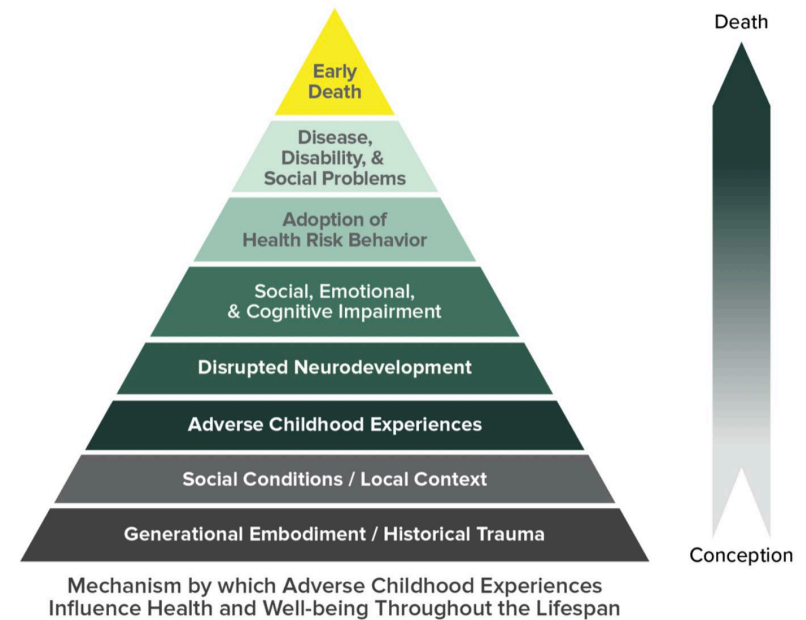
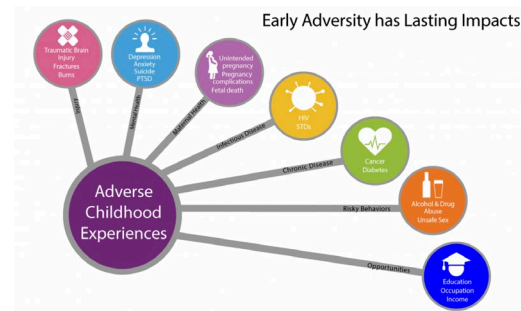
BREAK (10:50-11:00)

Part II (11:00-11:50 am)

4. What are the main pathways into the juvenile justice system, and how are they connected to childhood toxic stress?
5. What are some recent important developments in the administration of juvenile justice in Kansas?
6. What are “crossover youth” and how are they impacted by childhood toxic stress? What is Kansas currently doing to improve the care of crossover youth?

Learning outcomes

1. Participants will understand the CDC-Kaiser ACEs study, including what ACEs are and how they function as population-level indicators.
2. Participants will understand why children who have suffered the impacts of toxic stress are at higher risk of juvenile justice system involvement.
3. Participants will learn about the prevalence of ACEs in justice system-involved youth in Kansas.



Part I: What is child trauma?

Adverse childhood experiences, childhood toxic stress, child trauma, and how adversity can impact youth



Part I Quiz

1. Screening for Adverse Childhood Experiences (ACEs) as a marker for trauma can be a good way to diagnose or predict which individual children and youth suffer from toxic stress. True/False
2. Which of the following are examples of potentially traumatic experiences that could cause a child or teen to suffer toxic stress? Multiple choices are possible.
 - A. Microaggressions from racism, sexism, or homo/transphobia
 - B. Food insecurity
 - C. Incarcerated family member
 - D. Exposure to gang violence
 - E. Foster care
 - F. Juvenile justice system involvement

Child traumatic stress/child trauma

Children who suffer from child traumatic stress:

Have been exposed to one or more traumas and develop reactions that persist and affect their daily lives after the events have ended.

Traumatic reactions can include a variety of responses, such as:

- intense and ongoing emotional upset, depressive symptoms or anxiety,
- behavioral changes,
- difficulties with self-regulation,
- problems relating to others or forming attachments,
- attention and academic difficulties,
- nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pains.

[National Child Traumatic Stress Network](#) (NCTSN), a program funded by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services and jointly coordinated by UCLA and Duke University.

Childhood adversity

“Childhood adversity” is a broad term.

Common examples include: child abuse and neglect; domestic violence; bullying; serious accidents and injuries; bullying; discrimination; extreme poverty; community violence.

These events can have serious consequences, especially if:

- They occur early in life, and/or
- They are chronic and/or severe, and/or
- They accumulate over time

It's possible that lifelong problems could result, but not at all inevitable.

Children can recover and be well when they have the right supports.

The most important one? A warm, sensitive, responsive adult caregiver.

Toxic stress



Adverse Childhood Experiences

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems
- mental health problems
- instability due to parental separation or household members being in jail or prison

Centers for Disease Control and Prevention, Violence Prevention Fast Facts, <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

Key differences between child trauma and Adverse Childhood Experiences

1. An ACEs score has little value on an individual level and prospectively; ACEs scores are retrospective and population-based. They are a public health measure and tool.
2. The original 10 ACEs only sample possible sources of child trauma and toxic stress. They indicate how widespread adversity is, but do not come close to encompassing it.
3. ACEs are a rough measure because the survey only counts experience types, not frequency or intensity. The concept of toxic stress is more useful, but less quantifiable.

Researchers continue to study toxic stress and its sources. Some studies add adversity types that were not included in the original CDC-Kaiser study. More on that later in today's session.

Putting it together: why is this issue important to your practice?



The CDC-Kaiser ACEs Study

Key findings:

ACEs are prevalent

When unbuffered and untreated, exposure to ACEs has both short and long term negative effects on physical and mental health

Examples: asthma; alcoholism and other substance abuse; depression; drug use; smoking; suicide; premature death

All told, 7 of the 10 leading causes of death in the United States have been linked to ACEs exposures

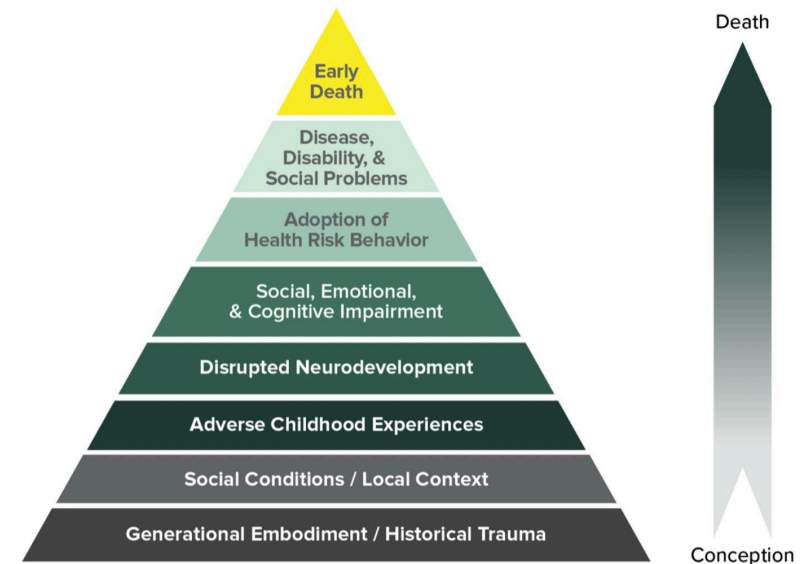
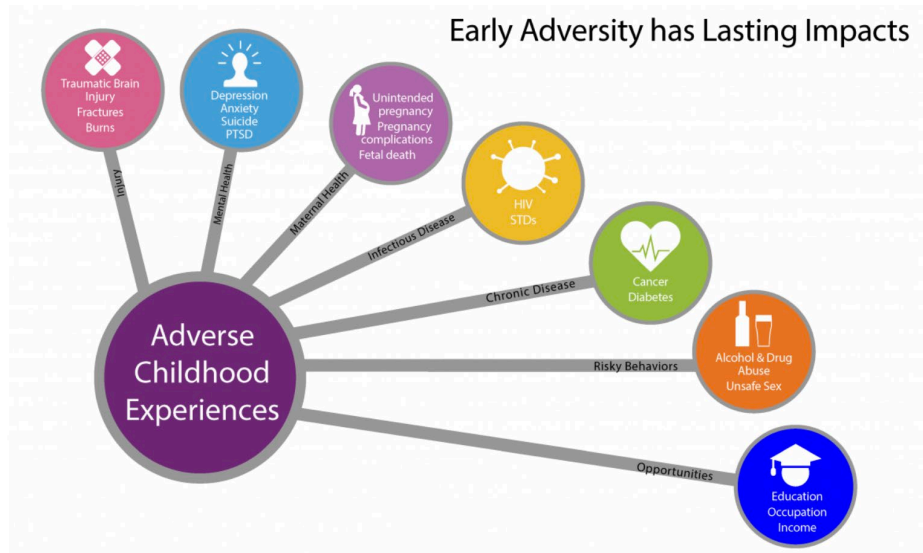


Centers for Disease Control and Prevention, About the CDC-Kaiser ACE Study,
<https://www.cdc.gov/violenceprevention/aces/about.html>.

Prevalence of ACEs in original study

ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect ³	16.7%	12.4%	14.8%
Physical Neglect ³	9.2%	10.7%	9.9%

Two conceptualizations



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Expanding the Model: Philadelphia ACEs Project

WHAT IS THE PHILADELPHIA EXPANDED ACE STUDY?

During the initial convenings of the Philadelphia ACE Project, members wondered if living in an urban area might bring particular stresses not covered in the original ACE study, which focused primarily on household adversities. In 2012 and 2013, members came together to develop the Philadelphia Expanded ACE Study to better understand the impact of community-level adversities. In conjunction with the Public Health Management Corporation's Household Health Survey, researchers surveyed 1,784 adult participants in Philadelphia about the original ACEs and five additional community-level stressors that are more specific to living in an urban environment.

Philadelphia's demographic makeup looks significantly different than the original study, in which the majority of participants were white, college-educated, and middle-income. In Philadelphia, where roughly a quarter of residents live in poverty, researchers found that almost **seven in ten adults had experienced one ACE and one in five had experienced four or more.**

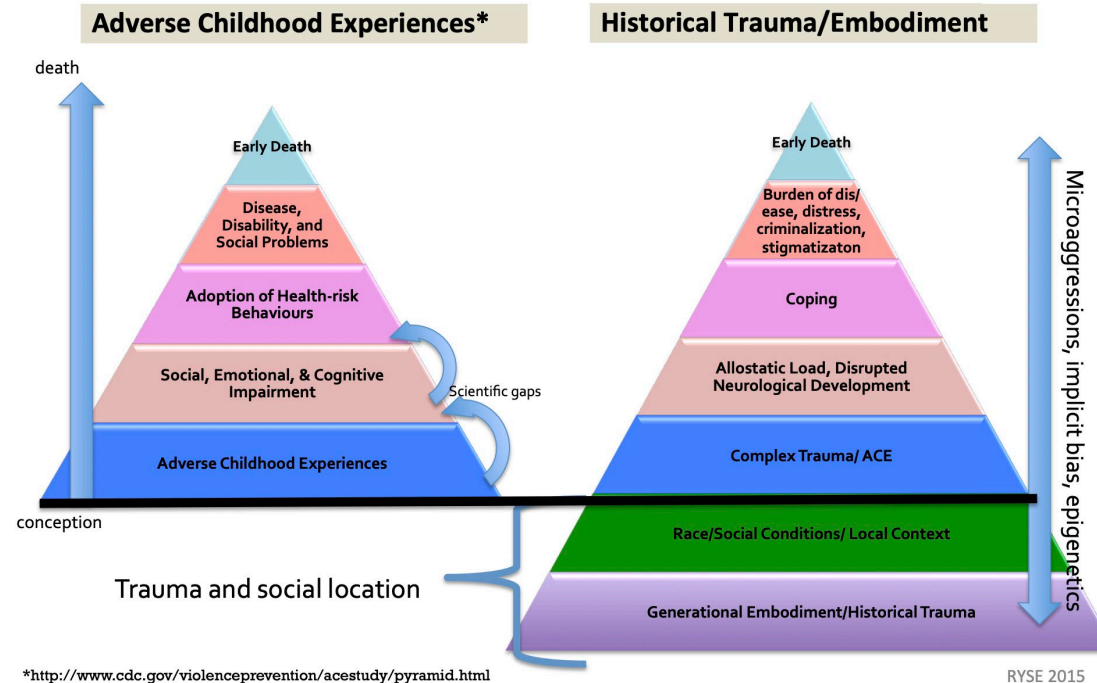
The community-level indicators included witnessing violence, living in foster care, bullying, experiencing racism or discrimination, and feeling unsafe in your neighborhood. Researchers found that almost **40 percent of Philadelphians had experienced four or more of these expanded, community-level ACEs.**



The Philadelphia ACE Project, <https://www.philadelphiaaces.org/>.

Expanding the Model: The RYSE ACEs Triangle

Trauma and Social Location



Part I Quiz (reprise)

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 - A. Microaggressions from racism, sexism, or homo/transphobia
 - B. Food insecurity
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 - E. Foster care
 - F. Juvenile justice system involvement

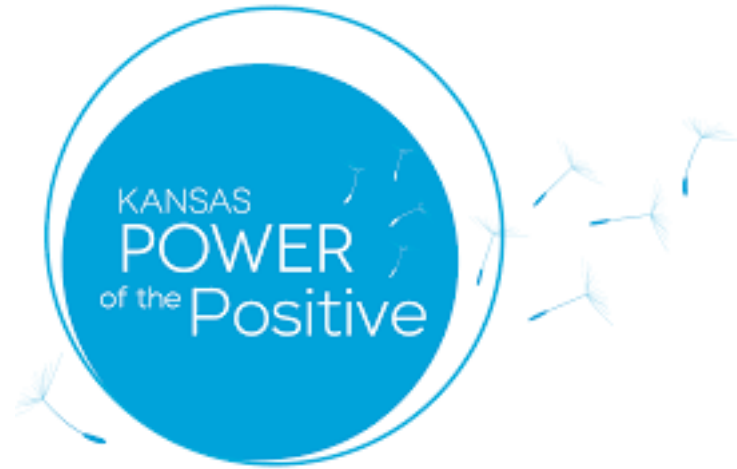
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Session #1 - Part 2
November 30, 2022
Presented by Mary Kelly Persyn, J.D., Ph.D.

Part II: How is the Kansas juvenile justice system impacted by child trauma?

How trauma affects juvenile justice system-involved children and youth and what Kansas is doing to help



Part II Quiz

1. Family violence is the form of child maltreatment that is most strongly associated with a youth's involvement in the juvenile justice system. True/False
2. Juvenile justice system reform in Kansas (SB 367) has significantly reduced the racial disparities in the population of juvenile justice system-involved youth. True/False

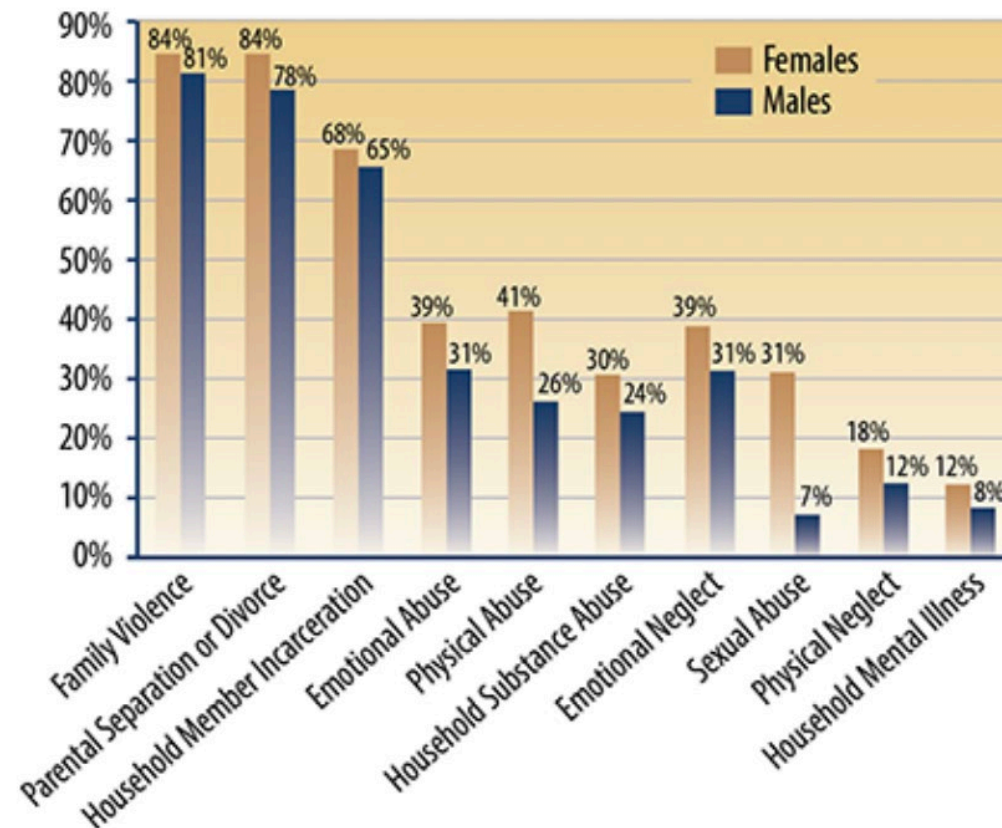
Childhood adversity and juvenile justice system involvement



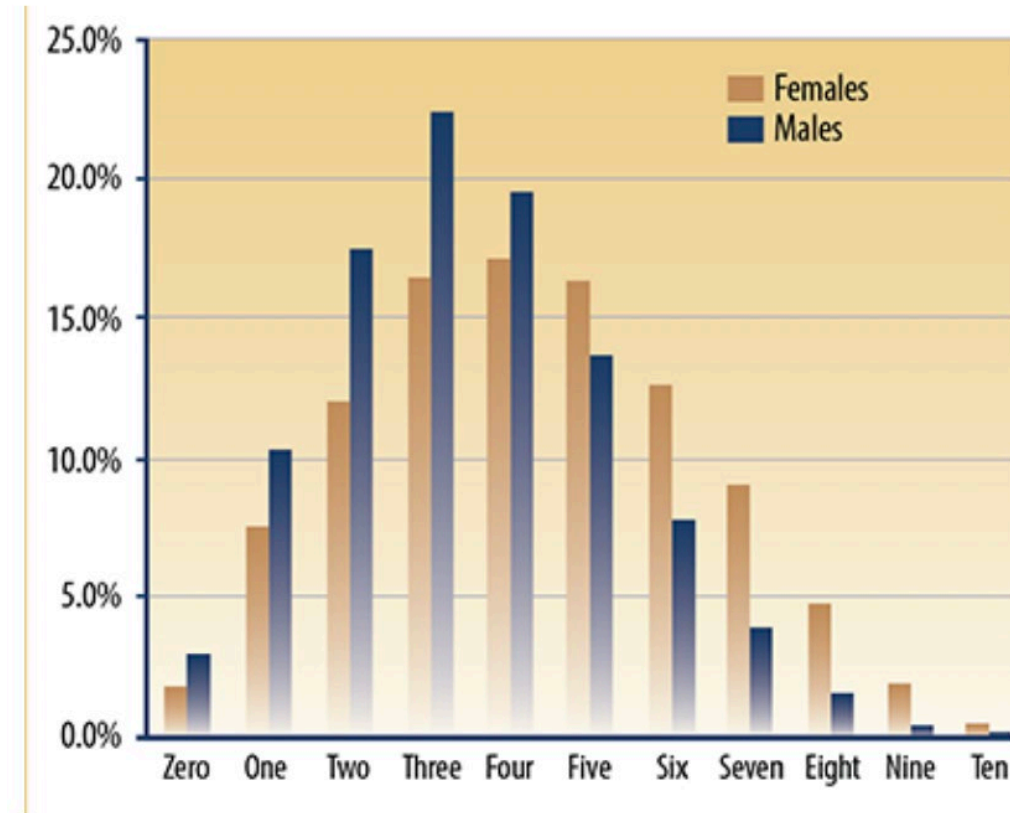
Credit: Tennessee Commission on Children and Youth

How strongly are ACEs associated with juvenile justice system involvement?

Figure 1. Prevalence of ACE Indicators by Gender.

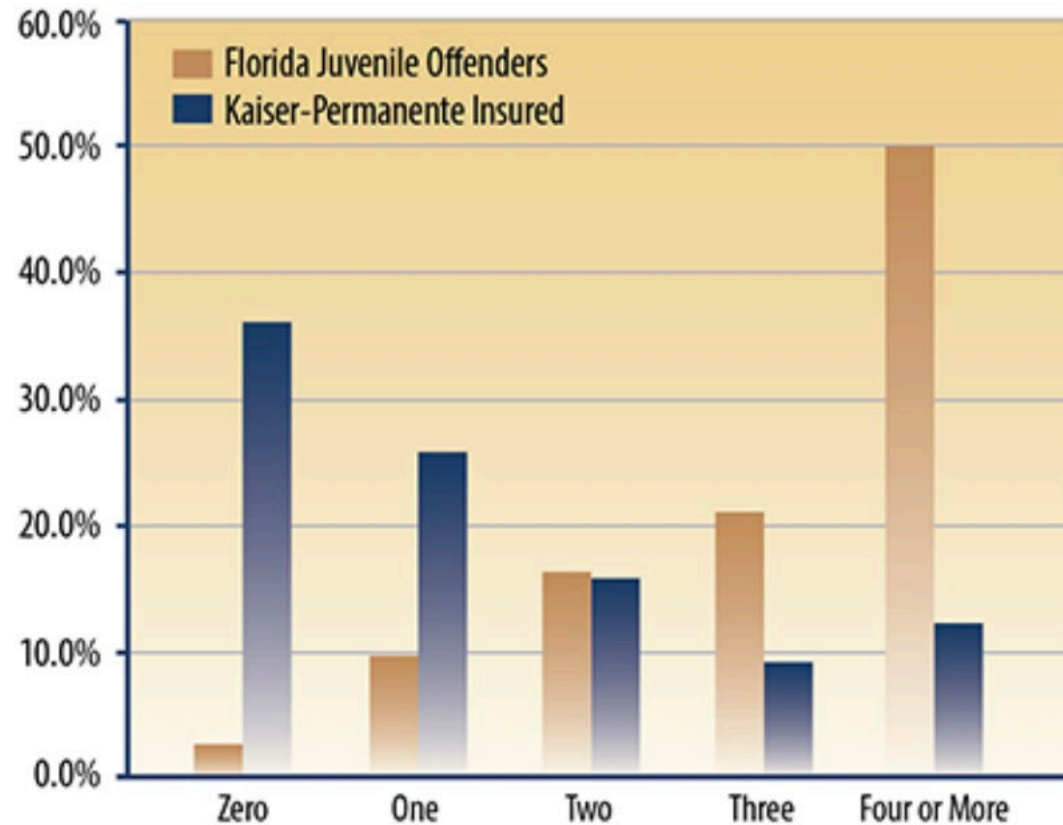


Correlation of reported ACEs scores with juvenile justice system involvement



Credit: Michael T. Baglivio et al., The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders, J. of Juvenile Justice (OJJDP) (2014)

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Parental incarceration is especially impactful

On any given day, the United States incarcerates two million people, more than any other country.

On average, one of every fourteen American children has experienced the incarceration of a parent. The rates are higher for Black, Indigenous, Latine, and other people of color and for children living in poverty.

Over one-half of Native youth and over one-third of Black, Latine, and multiracial youth who lived in rural communities had experienced parental incarceration.

Among children who have experienced parental incarceration, rates of ACEs are three to five times higher than children who have not experienced it.

Parental incarceration is also an ACE.

Incarcerated parents are at risk of losing parental rights.

Luke Muentner, PhD, MSW, et al., Parental Incarceration Among Youth. *Pediatrics* 150 (6) (Dec. 2022).<https://doi.org/10.1542/peds.2022-056703>.

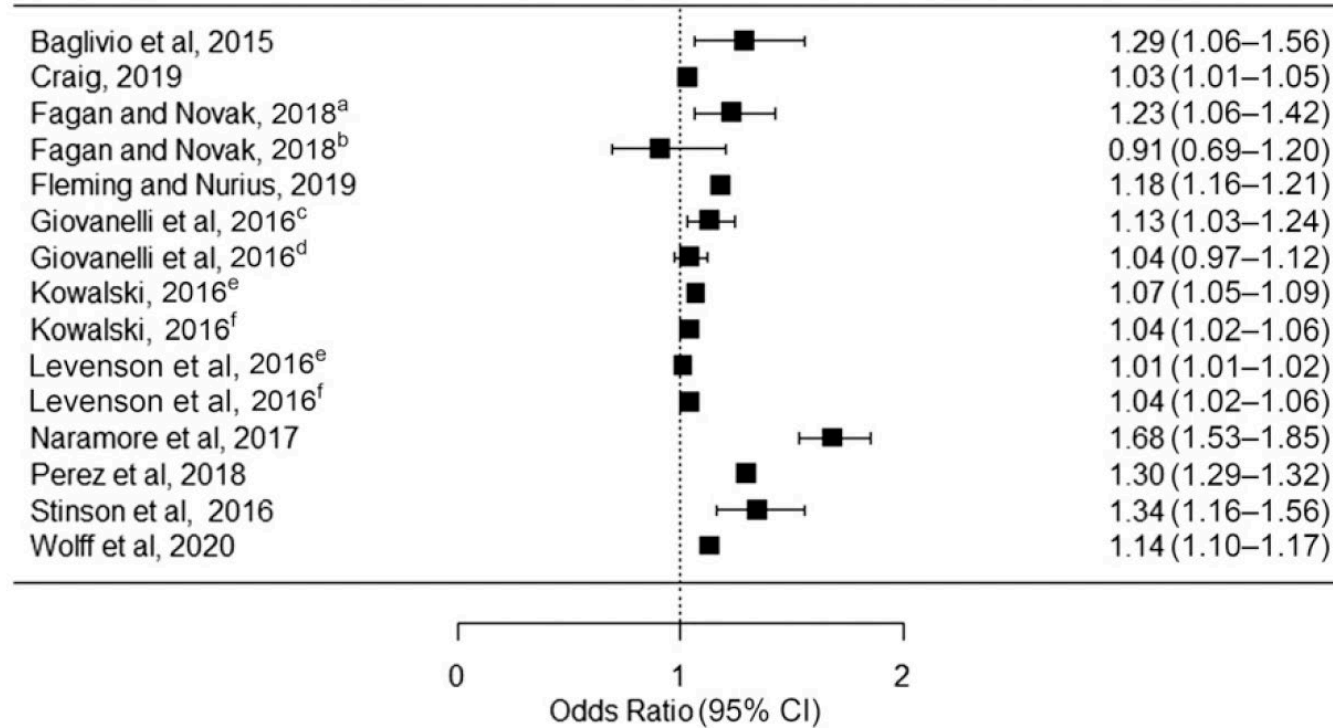
Results from a comprehensive study of ACEs and system involvement

“Adding to the existing literature about the impact of ACEs on health and health behaviors across the life course, our findings indicate that targeting ACEs may have positive impacts on individual and community health through the reduction of contact with the justice system, particularly in adolescence and young adulthood.”

Hurt children and youth hurt others:

- 25% - 30% of incarcerated youth meet the criteria for PTSD
- Childhood maltreatment doubles (and more) the risk of self-reported criminal activity; graded relationship between number of traumatic exposures and criminality later in life
- Contact with the justice system is both an indicator and a predictor of poor individual and community well-being

“Overall, we find epidemiological evidence to support the hypothesis that ACE score is positively and significantly associated with the risk of juvenile justice system contact.”

**FIGURE 2**

Forest plot, estimated aORs, and 95% confidence intervals (CIs) of the association between each 1-point increase in ACE scores and overall justice system contact. ^a Black participants. ^b White participants. ^c Outcome: juvenile arrest. ^d Outcome: adult felony charge. ^e Male participant. ^f Female participant.

Are ACEs associated with increased risk of recidivism?

- Several studies have now shown the association of higher ACEs with higher risk of recidivism and higher risk of violent crime recidivism. Heirigs et al. (Justice Policy Journal, Spring 2020) (collecting studies).
- Because juvenile incarceration is itself a traumatic experience—and a serious one—this is significant food for thought.



Stepping back

- Is there anything here that surprises you?
- What do you think are the most important implications for your practice?



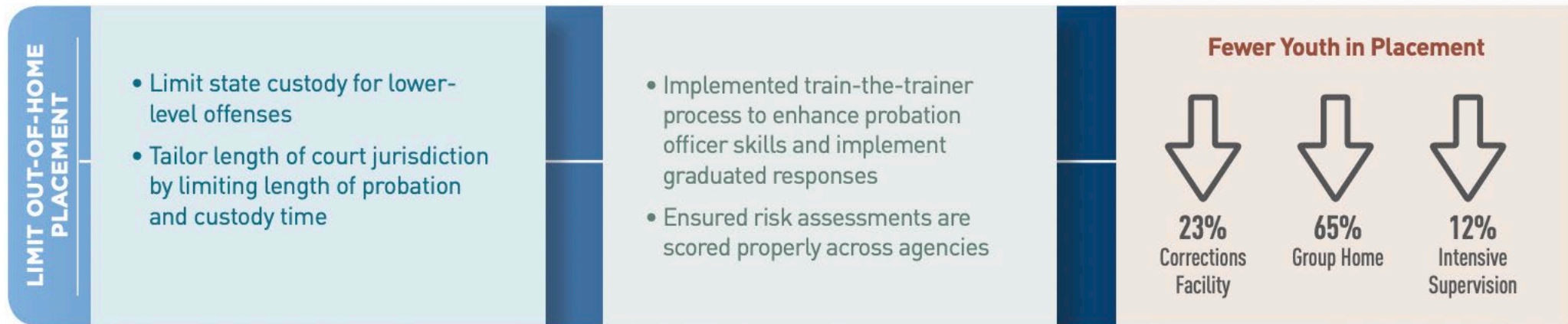
The response in Kansas: SB 367



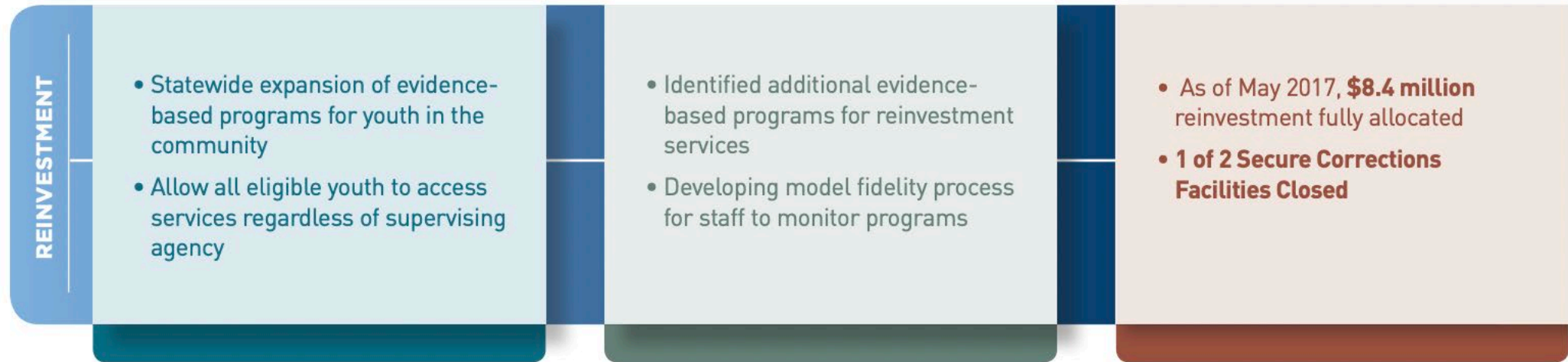
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The response in Kansas: SB 367

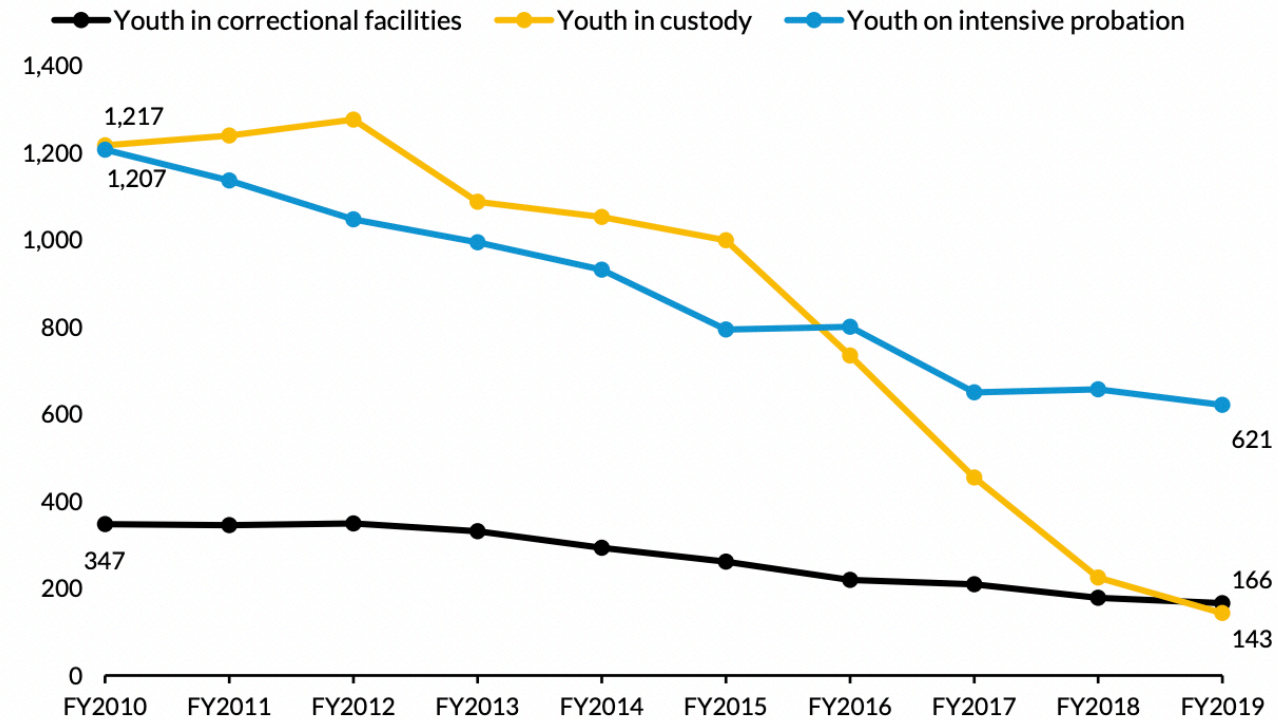


The response in Kansas: SB 367



Youth Incarceration in Kansas, FY 2010-19

Number of youth



URBAN INSTITUTE

Source: KDOC (2019).

Notes: FY = fiscal year. The "youth in custody" population includes out-of-home placements, foster care, home treatment, psychiatric residential treatment centers, Youth Residential Center II facilities, and AWOL designations; it does not include youth in JCFs.

SB 367 impact: crossover youth

The Kansas Crossover State Policy Team operational definition of “crossover youth”: A young person age 10 or older with any level of concurrent involvement with the child welfare and juvenile justice system.

- Involvement in the juvenile justice system includes: court ordered community supervision, and Immediate Intervention Programs (IIP).
- Involvement in the child welfare system includes: out of home placement, as assigned investigation of alleged abuse or neglect with a youth person name as alleged perpetrator, and/or participation in voluntary/preventive services that are open for services.

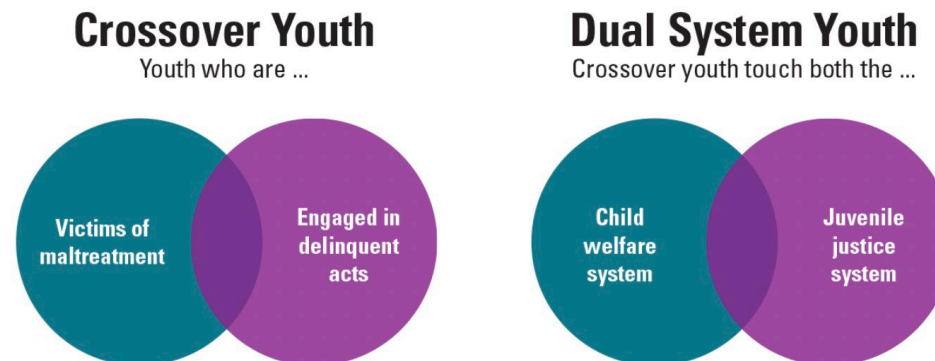


Exhibit 1. Distinguishing Key Terms
Source: Denise C. Herz, “Key Findings from the OJJDP Dual System Youth Design Study,” presentation to the Federal Interagency Working Group on Child Abuse and Neglect, Washington, DC, July 2019.

SB 367 impact: crossover youth

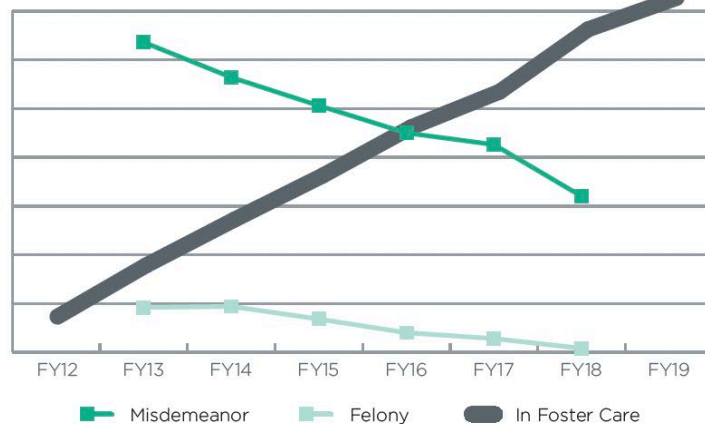
THE PROBLEM

Senate Bill 367 has contributed to the 46% increase in children in foster care.

A near-record number of Kansas children are in foster care (7,610 youth as of April 30). That's about 2,500 more children in 7 years. While Senate Bill 367 was intended to shift juveniles from detention to treatment and led directly to a 63% drop in youth confinement,ⁱ resources were never shifted to treatment or child

welfare. The Kansas Community Corrections Association said “some low-risk juveniles are transferring to the child welfare system (Department for Children and Families) instead of the community care mandated by SB 367 due to the lack of treatment options.”ⁱⁱ There are available funds that should be reinvested in prevention and treatment,ⁱⁱⁱ and child welfare stakeholders should be included in the planning process.

As Juvenile Detention Decreases, Foster Care Increases



Disparities persist

Kansas Disproportionately Incarcerates Youth of Color

Fifty-three percent of youth incarcerated in Kansas are Black, Latino, American Indian, or Asian. Moreover, Black youth are disproportionately represented at every point in the state's juvenile justice system. In 2018, compared with white youth, Black youth in Kansas were

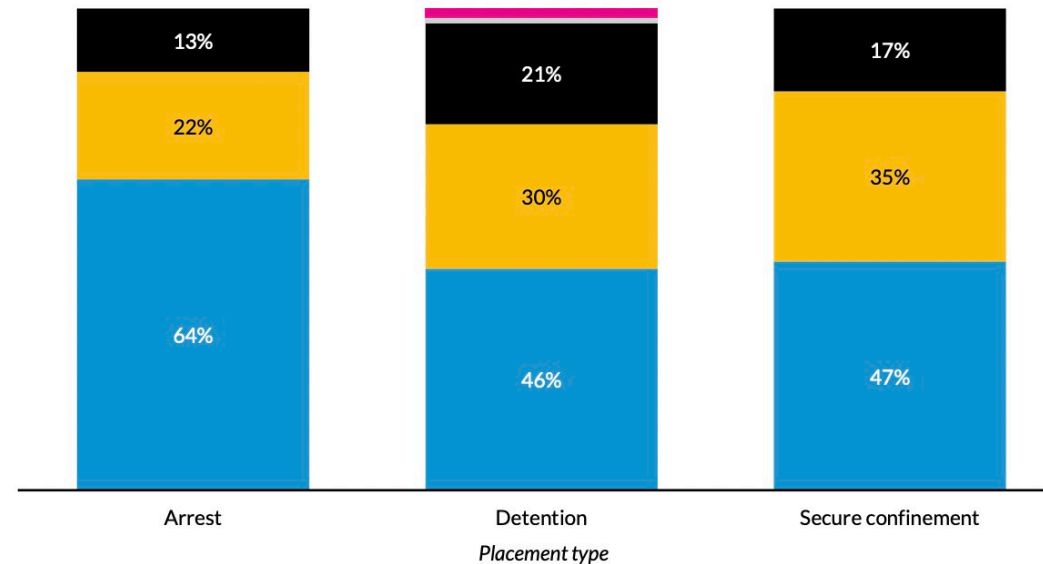
- 3.0 times more likely to be arrested,
- 5.6 times more likely to be detained, and
- 7.3 times more likely to be in secure confinement.⁹

Disparities persist

Racial/Ethnic Disparities across Kansas's Juvenile Justice System, FY 2018

Shares of youth

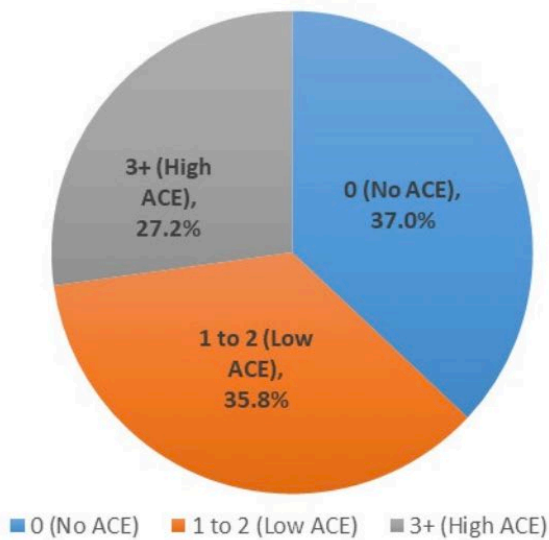
■ White ■ Black ■ Latino ■ Asian ■ American Indian



The response in Kansas: Power of the Positive

Many Kansans Report ACEs

Percent of no, low and high ACE among Kansas adults aged 18 years and older, KS BRFSS 2019-2020.



K-PoP estimates the impact of preventing ACEs:

Healthy Childhoods Have Benefits Throughout Life

What could happen if we prevent ACEs?

- 44% reduction in the number of adults with depression
- 33% reduction in the number of adults who smoke
- 24-27% reduction in the number of adults with respiratory problems such as asthma and COPD
- 16% reduction in the number of adults with kidney disease
- 15% reduction in the number of adults who are unemployed
- Fewer cases of depression, heart disease, and obesity (1)

Part II Quiz

1. Family violence is the form of child maltreatment that is most strongly associated with a youth's involvement in the juvenile justice system. True/False
2. Juvenile justice system reform in Kansas (SB 367) has significantly reduced the racial disparities in the population of juvenile justice system-involved youth. True/False

What to expect in Session #2

Child Toxic Stress and Racial Identity/Discrimination

February 24, 2023, Noon-12:50 pm

Now that we've reviewed the basics of child trauma and juvenile justice system involvement, we'll discuss the traumatic impact of racial discrimination on children and youth. These impacts stem from interpersonal, systemic, institutional, historical, and cultural discrimination and racism. The session will review the racial and ethnic disparities that persist in the Kansas juvenile justice system and consider the role that racism and discrimination play.

Session #3 – 5 in 2023

Child Toxic Stress and LGBTQ Identity/Discrimination

May 26, 2023, Noon-12:50 pm

Child Toxic Stress and the Foster Care System

September 22, 2023, Noon-12:50 pm

Systemic Considerations: A Trauma-Informed Approach to Child Welfare and Juvenile Justice

November 16, 2023, Noon-12:50 pm

Registration, evaluation, and reporting

- OJA Trial Court Services will send you an email with links to registration for the 2023 webinars, an evaluation for today's webinar, and the juvenile justice training protocol.
 - Please complete the evaluation. Results will be used to inform future webinars.
 - Attorneys and judges - please report your attendance for this webinar to comply with the training protocol established pursuant to K.S.A. 20-318a.

