

Trauma-Responsive Care for Youths in Correctional Facilities

Position Statement

NCCHC supports implementation of trauma-responsive care (TRC) initiatives within the juvenile justice system in the interest of improved health, safety, and satisfaction for all youths and staff. All correctional facilities and auxiliary entities serving youths should adopt a comprehensive approach to developing and maintaining a TRC model that includes the following considerations and actions:

1. Use of “universal precautions”
 - a. Correctional staff acknowledge the inherent trauma associated with correctional confinement and take steps to mitigate further trauma by adopting trauma-informed policies.
 - b. All youths are approached with the assumption that they may be a trauma survivor.
 - c. Cultural competence, sensitivity, and responsiveness are standard in every interaction^{1,2}.
2. Formation of guide teams
 - a. A guide team¹, also known as a steering committee, is dedicated to implementing and maintaining trauma-responsive policies. It incorporates the following components:
 - Diversity of team members
 - Active involvement and long-term commitment to trauma-responsive care from organizational leaders
 - Expertise in trauma provided by trained clinicians or other experts
 - Inclusion of residents/clients from the target population
 - Regularly scheduled meetings
 - Dissemination of information about trauma and trauma-responsive care throughout the facility/organization
3. Provision of mentoring, evidence-based training, and staff support¹
 - a. Educate staff in trauma-responsive philosophy.
 - Trauma-sensitive language
 - Nonthreatening communication
 - Talking before touching (especially in pat downs, searches, etc.), including during medical interventions
 - Impacts of traumatic stress on behaviors
 - Use of strengths-based approaches to care
 - Seeking to understand
 - Group exercises and simulation experiences

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- b. Promote interprofessional collaboration.
 - c. Encourage staff participation and utilize feedback.
 - d. Combat compassion fatigue, burnout, secondary post-traumatic stress disorder, and vicarious trauma¹.
 - Encourage self-care.
 - Provide support and resources.
4. Clinical interventions
- a. Projected length of stay must be considered when determining interventions in order to avoid possible harm of delving into deeply traumatic areas when the youth's stay will be short.
 - b. Youths have access to appropriate, evidence-based care for acute, chronic, and complex trauma in a timely manner.
5. Culture and policy changes
- a. Revise policies to offer choice and collaboration whenever possible.
 - b. Promote a strengths-based environment.
 - c. Encourage positive communication between staff and residents.
 - Avoid superior or punitive statements.
 - Encourage humanizing and respectful language.
 - d. Redesign signage to eliminate negative or threatening language, e.g., "Hope starts here" rather than "Denial ends here."
 - e. Promote calming and comfortable environments.
 - Alter architecture and design to foster inviting spaces.
 - Consider noise level.
 - Maintain physical safety.
 - Create and respect privacy whenever possible^{1,2}
 - f. Utilize family and/or community supports when appropriate.

Discussion

The National Commission on Correctional Health Care strives to promote safety and rehabilitation for youths in the juvenile justice system. Numerous studies have demonstrated that youths in juvenile detention centers are 30% to 65% more likely to have been exposed to childhood trauma than the average adolescent³ and four times as likely to have experienced four or more traumatic events⁴. Therefore, it is vitally important for their treatment to be conducive to psychological and emotional healing.

Youths in custody have frequently experienced community violence, domestic violence, violent victimization, neglect, sexual abuse, emotional abuse, and traumatic loss^{2,3}, and many have developed, or are at greatly increased risk for developing PTSD and other complications such as emotional, behavioral, and cognitive problems. The consequences of such trauma in youths are severe, having been linked to academic failure,

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substance use disorders, juvenile recidivism, adult criminal justice system involvement, violent crime, and suicidal behavior^{5,6}.

Trauma-informed care (TIC) is defined as “a strength-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, and emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to build a sense of control and empowerment”⁷. Trauma-informed systems provide a framework that has been shown to contribute to improved client outcomes and decreased staff burnout in a wide variety of settings^{5,8}. However, TIC falls short in terms of actionable change.

Consequently, trauma-responsive care, which involves an organizational commitment in the form of concrete policy and procedure changes, has emerged as the most beneficial framework for providing treatment to traumatized individuals^{1,2}. TRC builds upon the guiding principles of the trauma-informed approach and consists of five core values: safety, trustworthiness, choice, collaboration, and empowerment^{1,8}. The embodiment of these values shifts the paradigm from “What is wrong with them?” to “What happened to them?” and creates an environment aimed at rehabilitation rather than punishment^{1,2}.

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References

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