

TESTIMONY OF Julian D. Ford, Ph.D

**BEFORE THE COMMITTEE ON JUDICIARY
IN OPPOSITION TO H.B. NO. 6386 AN ACT DELAYING IMPLEMENTATION OF
LEGISLATION RAISING THE AGE OF JUVENILE JURISDICTION
AND IN SUPPORT OF EXPANSION OF FAMILY SUPPORT CENTERS**

MARCH 4, 2009

I am an Associate Professor in the Department of Psychiatry at the University of Connecticut School of Medicine. My area of research and clinical work is posttraumatic stress disorder, helping to develop, test, and disseminate prevention and treatment programs for children, adolescents, and adults who have experienced violence, abuse, disasters, war, and other life altering threats.

I have developed a program of services to assist youth who are involved in the juvenile justice system in recovering from the effects of traumatic experiences in collaboration with the State of Connecticut Court Support Services Division over the past five years. I have seen how many of the boys and girls in trouble with the law, or heading for trouble, are survivors of violence, abuse, and other traumas who are trying to protect themselves from further harm because they don't know any other way to cope with fear and loss other than to wall themselves off behind an outward attitude of anger, defiance, and aggression. Their actions are not acceptable but they need help in making their lives safer and in mastering anxiety that drives them to defend themselves without understanding that there is a better way to responsibly gain control and find genuine hope and achievement in their lives. My UConn colleagues and Dr. John Chapman of CSSD and I have written a White Paper for the National Center for Mental Health and Juvenile Justice (www.ncmhjj.org) that is a national blueprint for states to recognize and address the adverse effects of trauma in the lives of youth in the juvenile justice system.

I Oppose Delay of the "Raise the Age" Implementation and Support the Expansion of the Family Support Centers for the Following Reasons:

1. Services provided by Family Support Centers reach traumatized youth and families who otherwise would not receive assistance with serious social, behavioral, and family problems.

My colleagues and I also were able to work first hand with the staff of every Family Support Center in Connecticut in 2008, helping them to begin to use our trauma education program in order to provide the youth and families they serve with an understanding of how traumatic stress exacerbates anger, conflict, substance use, and school and family problems – and practical skills that the youths and families can use to take control of their stress reactions so that they can make and keep responsible choices. We learned about the critically important services that FSCs provide to these youths and families, including the remarkably timely first contact within 3 hours of referral, 24-hour crisis intervention and respite beds, case management, family mediation, educational advocacy, and psychoeducational and cognitive-behavioral support and therapy such as the trauma program that we helped them to implement. We saw how youth and families could get critically needed help without encountering the many barriers and the

stigma that too often in the past prevented them from seeking or accepting help. The youth served by FSCs stand a far greater chance of staying out of trouble with the law and becoming involved in healthy family and peer relationships, as well as staying in school and succeeding, than if they and their families cannot get the support, education, and life skills they need because they have no place to go for help. There is no community in Connecticut that does not need or would not benefit greatly from having the unique resources provided a FSC. For many of these youths and families this is not just a matter of getting out of trouble or avoiding further legal trouble, it is a matter of life and death.

2. 16 and 17 year olds who are involved in the juvenile justice system often have been traumatized and as a result are likely to develop costly lifelong problems unless they and their families receive developmentally appropriate services for which the adult correctional system is not designed.

The Raise the Age Initiative is crucial to the continuation and expansion of FSCs because FSCs are one of, if not *the*, best ways to ensure that the increasingly complex needs of 16 and 17 year old status offenders are addressed in a cost-effective manner before these older youth become deeply mired in the vicious cycles of criminal involvement, school failure, and traumatic violence. Youth of all ages, but especially the 16 and 17 year olds who are on the verge of adulthood, need and respond best to precisely the kind of youth- and family-friendly support provided by FSCs—before they become lost permanently to, and create untold costs and burden for, their society and their families. With only 39 of Connecticut's municipalities receiving FSC services from the four existing FSCs, there is an urgent need to add an additional six FSCs to serve the remaining 122 Connecticut towns and cities. I feel that it is particularly important that the youth and families who have not yet had the opportunity to receive FSC services are not deprived of the education and skills for overcoming the problems caused by posttraumatic stress—not only legal problems but the extreme damage to their lives and relationships that occurs when they don't know any better way to cope with fear and stress than aggression, substance use, and giving up on themselves and their families. FSCs provide a unique way to prevent these traumatic tragedies.

The legislature has an important opportunity to both meet the pressing needs of troubled 16 and 17 year olds before their lives spin permanently out of control, and to provide unique and effective services to youth of all ages who are heading for trouble but are still able to live in the community if they and their families receive timely evidence-based services such as those provided by Family Support Centers. The costs in both human and economic terms of failing to provide these services to as many youth and families as possible is likely to be substantially higher than the cost of funding a full complement of Family Support Centers throughout the state of Connecticut.



Julian D. Ford

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ModelsforChange
Systems Reform in Juvenile Justice
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Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions

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Introduction

Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations, and this exposure overwhelms their ability to cope with what they have experienced [1]. Traumatic events can include physical abuse, sexual abuse, domestic violence, community violence, and/or disasters [2]. Although estimates vary, it is believed that the prevalence of trauma among children and youth in the general population is substantial. In one nationally representative survey of 9–16 year olds, 25% reported experiencing at least one traumatic event, 6% in the past 3 months [3]. The National Center on Child Abuse and Neglect reports that more than 2% of all children are victims of maltreatment, 13% are victims of neglect, and 11% are victims of physical, sexual, or emotional abuse [2].

For youth involved with the juvenile justice system, the prevalence of youth exposed to trauma is believed to be higher than that of community samples of similarly aged youths [4]. Studies report varying rates of Post-Traumatic Stress Disorder (PTSD) among youth in the juvenile

justice system, with estimates ranging from a low of 3% to a high of 50% [5]. One study found that over 90% of juvenile detainees reported having experienced at least one traumatic incident [6]. While few studies have focused exclusively on girls, PTSD has been found to be equally [5] or more common among juvenile justice-involved girls than boys [7] [8].

Youth exposed to traumatic events exhibit a wide range of symptoms, presenting with not just internalizing problems, such as depression or anxiety, but also externalizing problems like aggression, conduct problems, and oppositional or defiant behavior [2]. Although trauma does not necessarily cause these problems, traumatic stress can interfere with a child's ability to think and learn, and can disrupt the course of healthy physical, emotional, and intellectual development [9]. Further, traumatic stress among children and youth is associated with increased utilization of health and mental health services [10] and increased risk of involvement with the child welfare and juvenile justice systems [1].

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