

# Trauma Among Juvenile Justice Youth in Rhode Island

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# Acknowledgements

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- Court-involved parents and teens
- Colleagues and fellows at Rhode Island Hospital, Brown Medical School
- National Institute of Health (NIH)/National Institute of Drug Abuse (NIDA)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

# Overview

- Background and structure of RIFC, Juvenile Court Clinic (JCC)
- Three perspectives on trauma in RIFC youth
  - Posttraumatic stress *symptoms* (JCC youth)
  - Rates of traumatic *experiences* (Intake Dept)
  - *Gender*, trauma and recidivism (JCC youth)
    - Sexual abuse
    - Domestic Violence
- Efforts to address trauma needs of RIFC youth

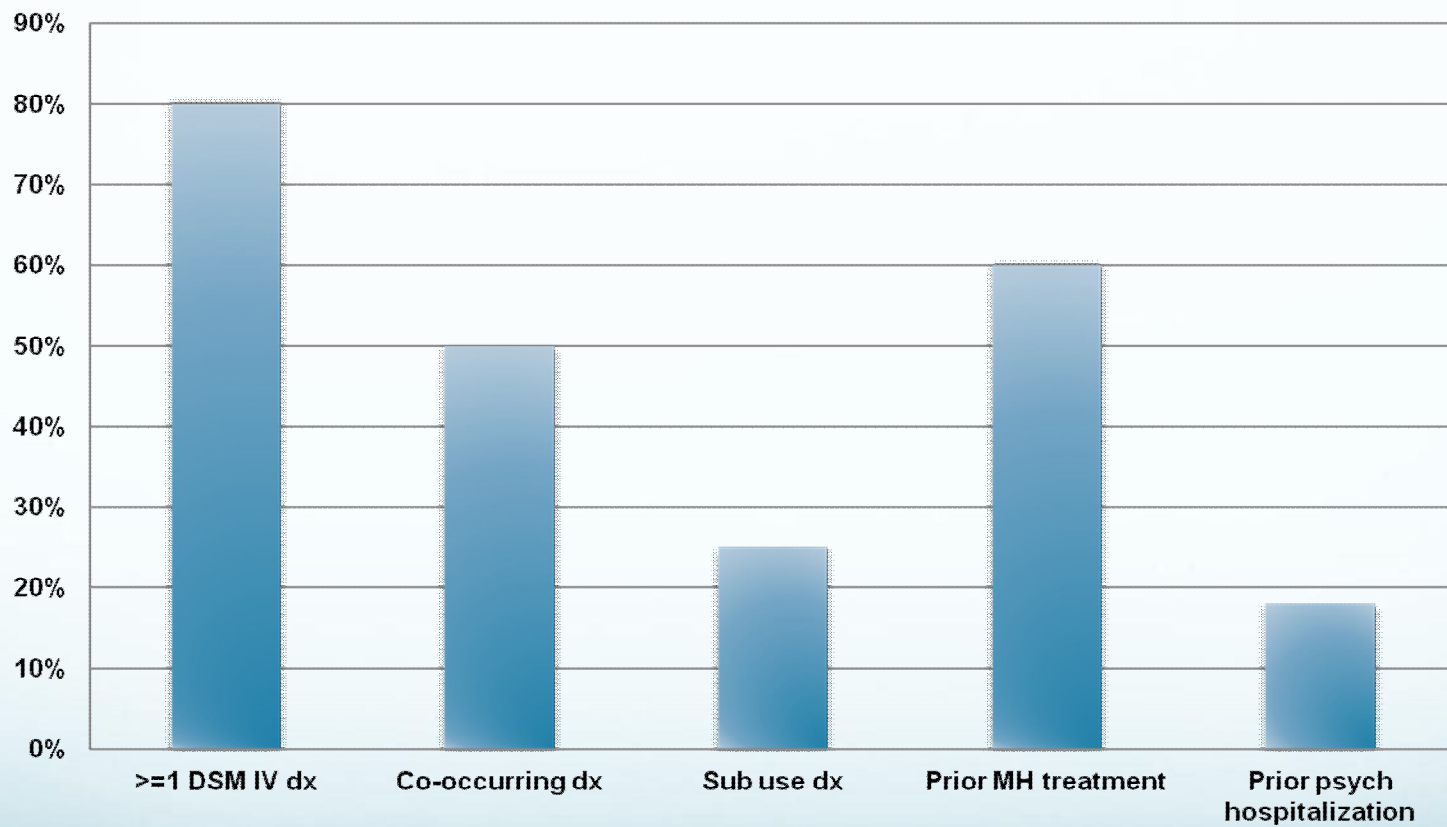
# Juvenile Court Clinic (JCC)

- Established in September 2006
- Evaluated over 1200 juveniles to date
- Services include: brief, comprehensive forensic mental health evaluation, emergency evaluations, consultation/record review.
- Forensic evaluations provide assessment of:
  - Psychiatric functioning, including substance use and history of trauma
    - Self-report screening and diagnostic measures, such as the Youth Self-Report/Child Behavior Checklist and VDISC
  - Cognitive and/or academic functioning

# JCC Youth

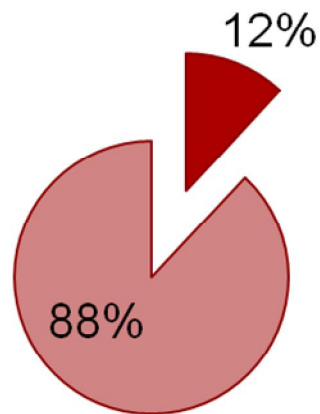
- Majority first-time offenders
- 70% truancy, 15% drug court, 15% delinquency
- 60% male/40% female
- Average age = 15 years
- Race and Ethnicity: 61% White, 8% African American, 10% Biracial, 2% American Indian, 1% Asian/Pacific Islander; 18% Latino
- 11% history of out-of-home placement

# JCC Youth

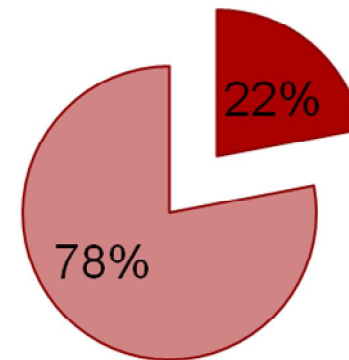


# Posttraumatic Stress Symptoms (N=358; 2009-2014)

## Juvenile



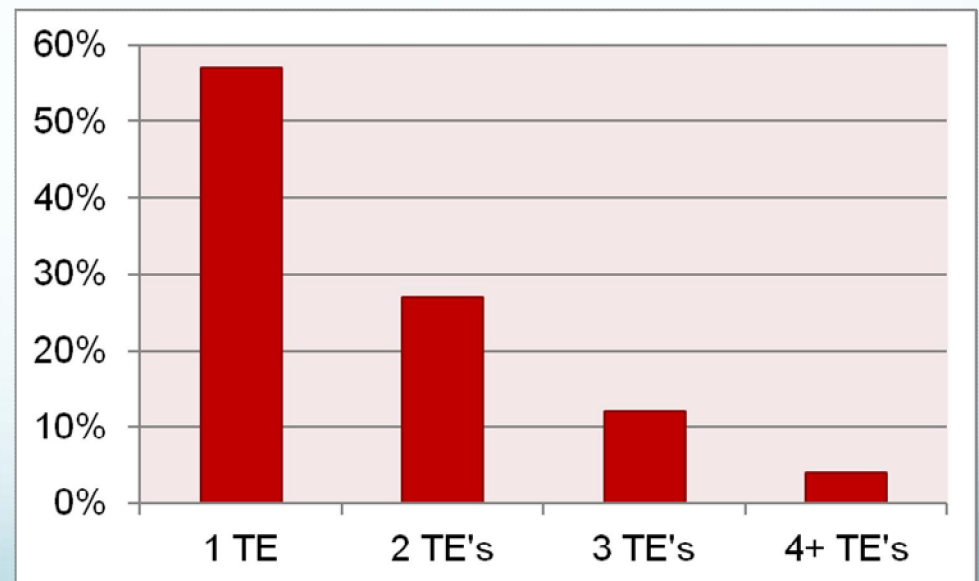
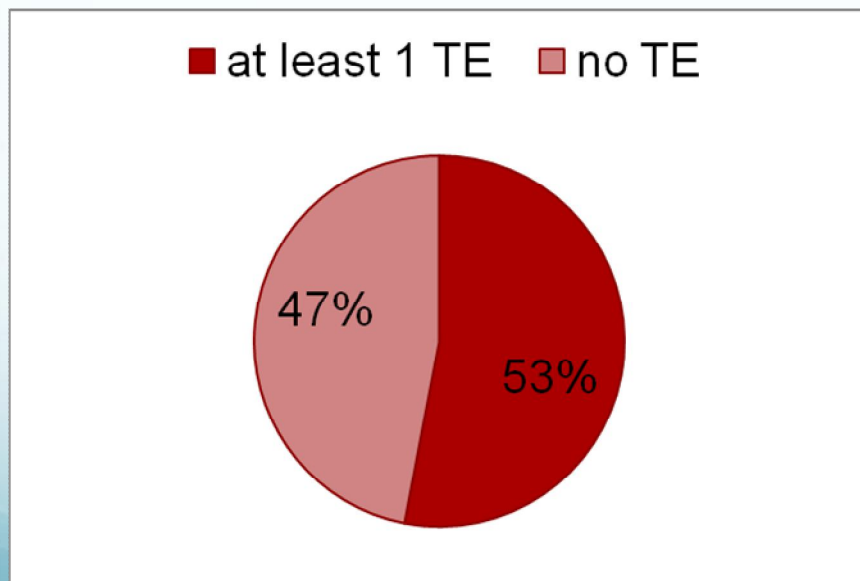
## Caregiver



RED= % in clinical range

# Traumatic Experiences (TE) (N=255; 2014)

- MAYSI (Grisso); 52 item brief mental health and substance use screening tool
  - Traumatic experiences (lifetime #; 0-5)

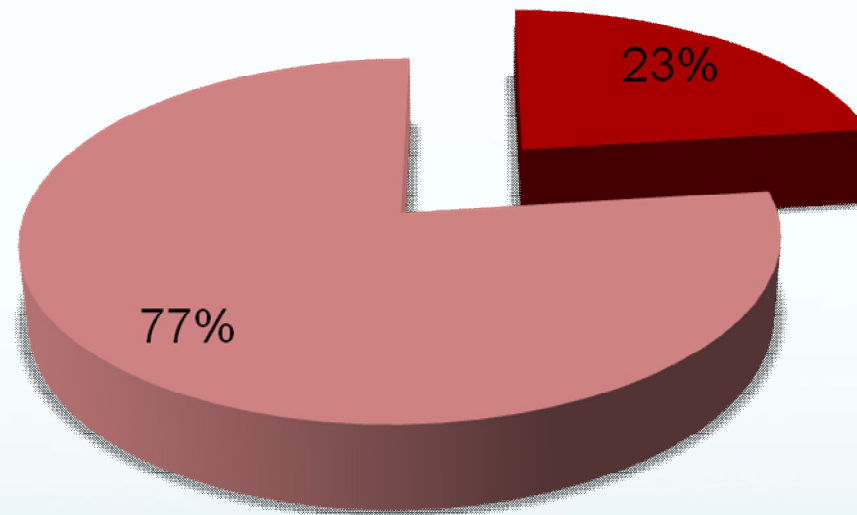


**Boys and girls fairly consistent in TE frequency**



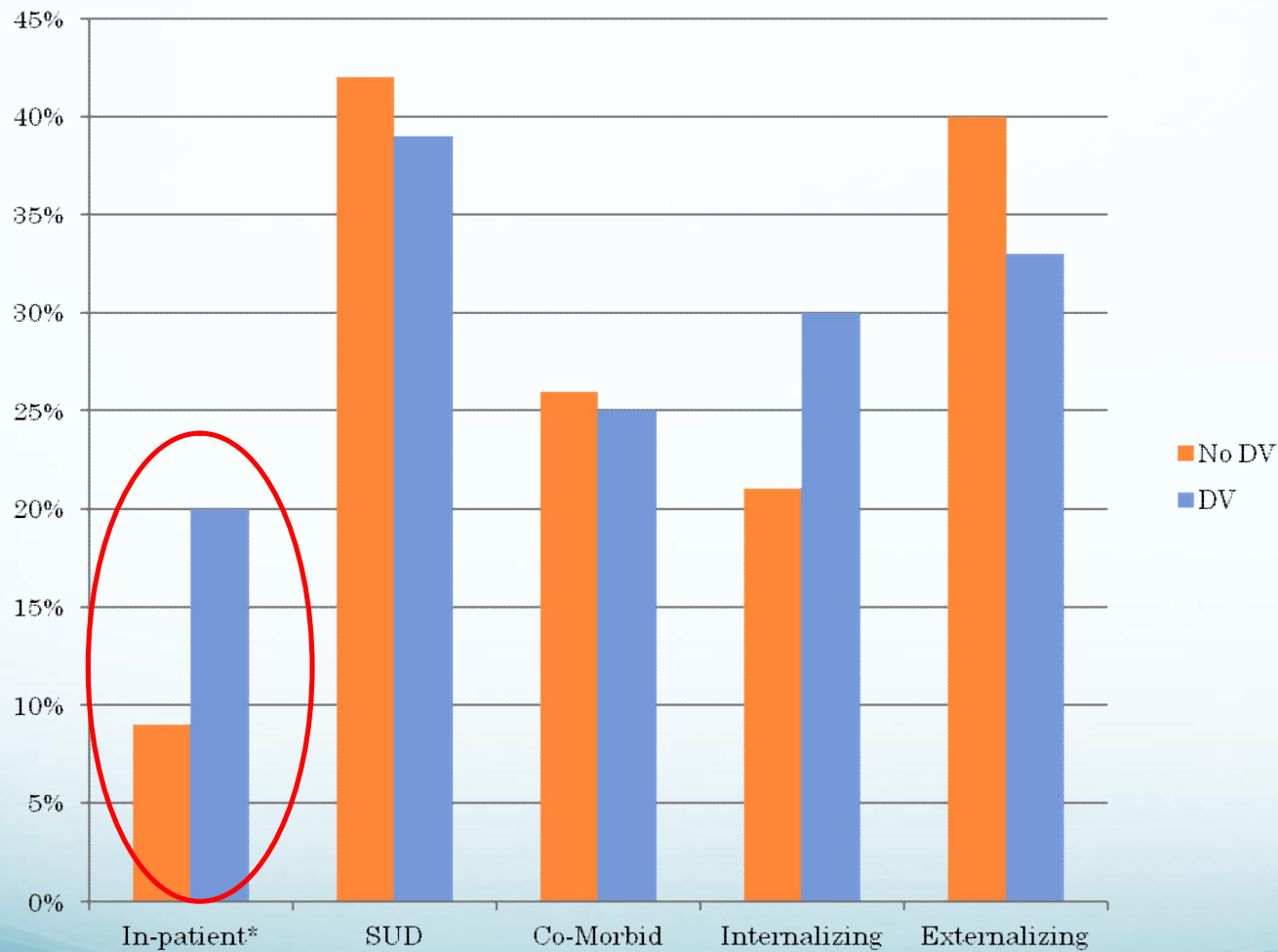
# Domestic Violence (DV) exposure (N=402; 2006-2008)

■ Witnessed DV   ■ Did not witness DV



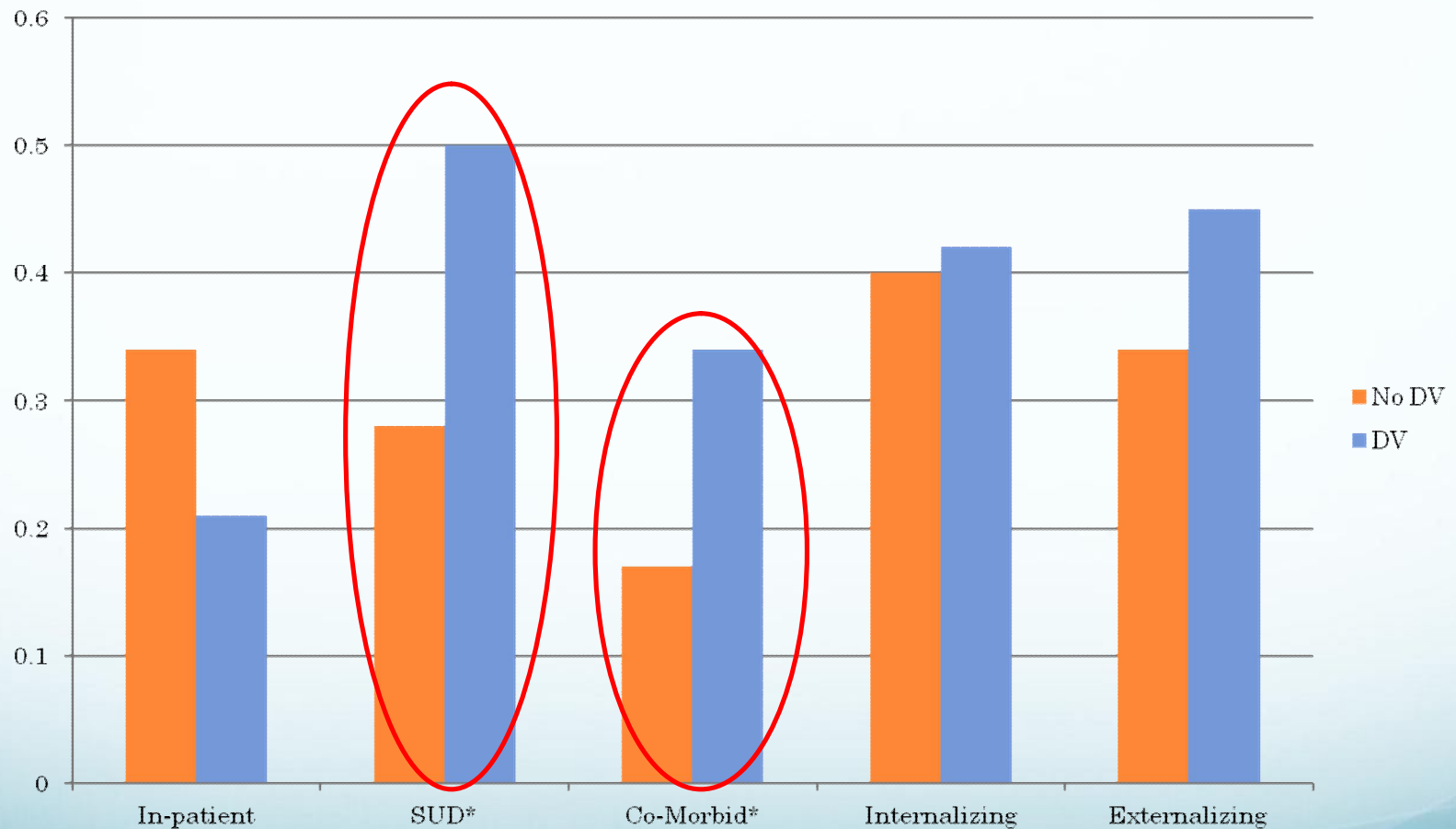
**No demographic differences in DV exposure**

# Psychiatric Factors: Boys and DV



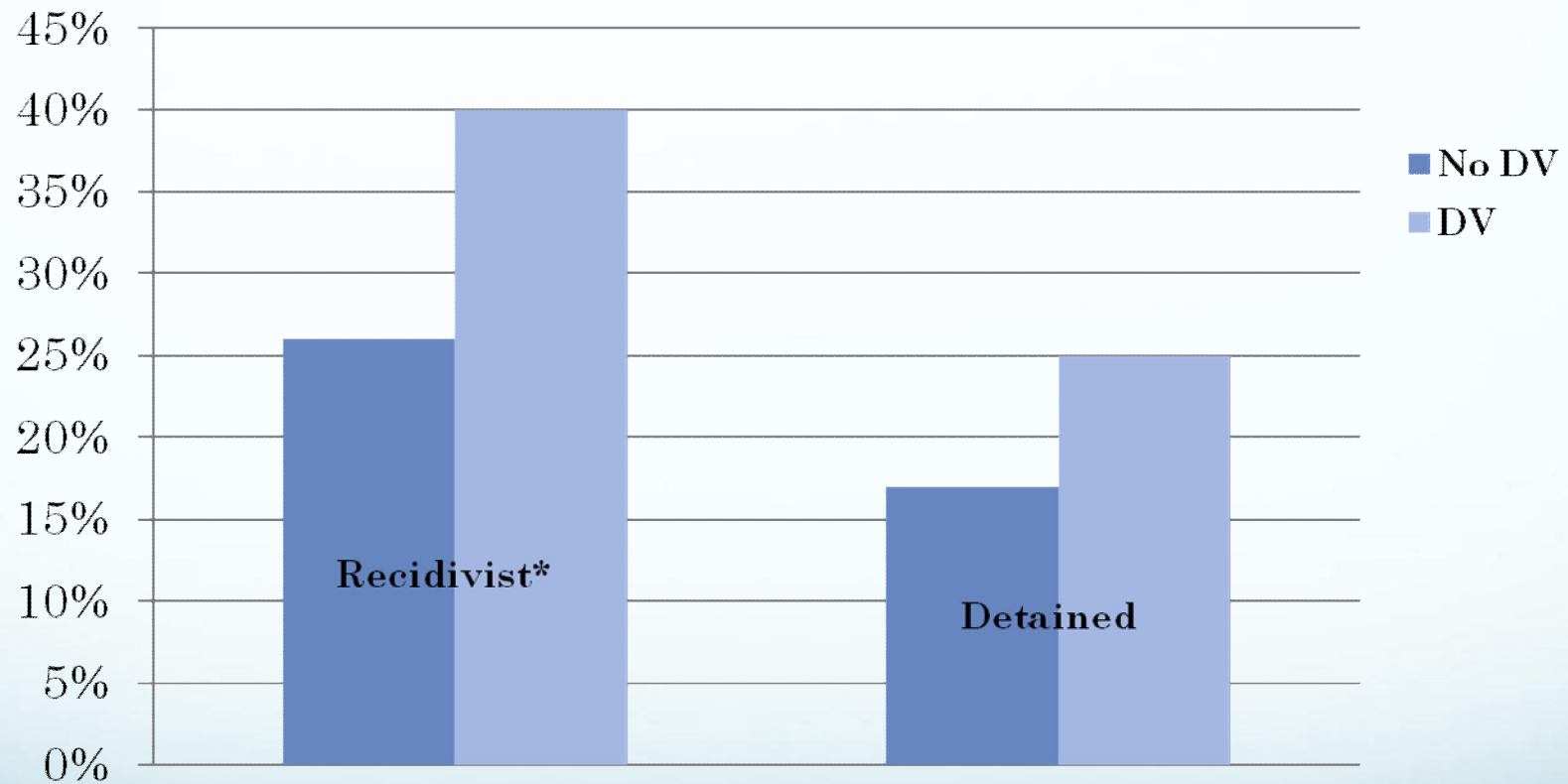
\*  $X^2 \leq .05$

# Psychiatric Factors: Girls and DV



\*  $X^2 \leq .05$

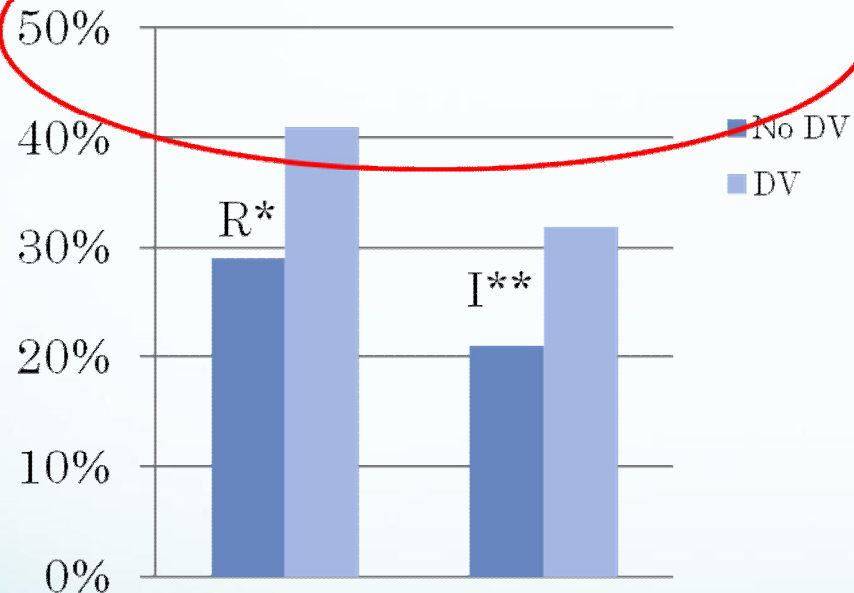
# DV Exposure & Legal Outcomes



\* $X^2 \leq .05$

# Legal outcomes by Gender

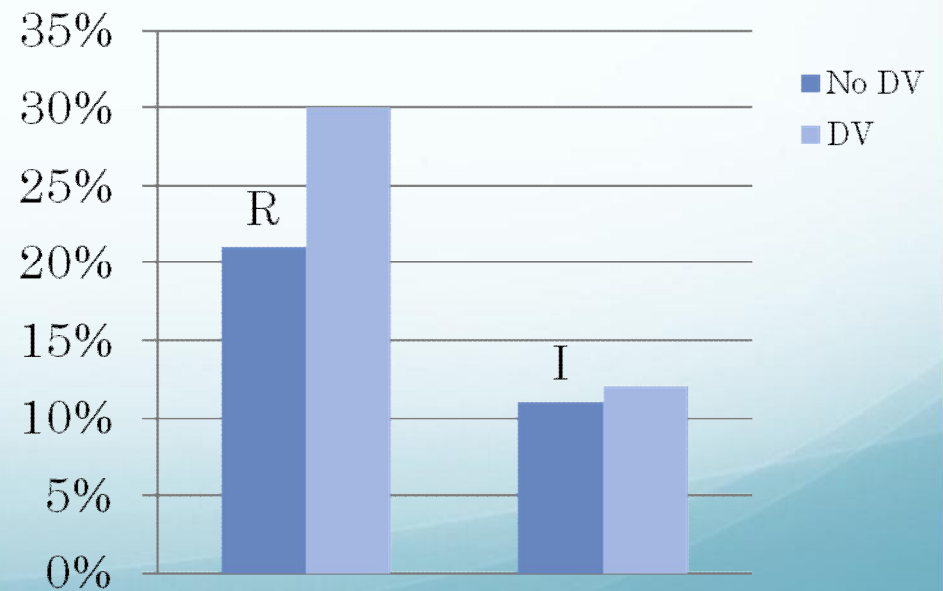
## Boys



\*  $\chi^2 \leq .05$

\*\*  $\chi^2 \leq .07$

## Girls



# Childhood Sexual Abuse (CSA)\* (N=404 JCC youth seen from 2006-2008)

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## Gender Differences in Recidivism Rates for Juvenile Justice Youth: The Impact of Sexual Abuse

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Young female offenders represent a growing number of young offenders. Studies have shown that youth in the juvenile justice system, particularly young females, report higher rates of lifetime sexual abuse than their nonoffending peers. The aim of this study was to examine gender differences in risk factors for recidivism, including a history of sexual abuse, among a juvenile court clinic sample. Findings suggest that, even after accounting for previously identified risk factors for recidivism such as prior legal involvement and conduct problems, a history of sexual abuse is the most salient predictor of recidivism for young female offenders, but not for males. The development of gender-responsive interventions to reduce juvenile recidivism and continued legal involvement into adulthood may be warranted.

*Keywords:* juvenile justice, recidivism, gender differences, sexual abuse

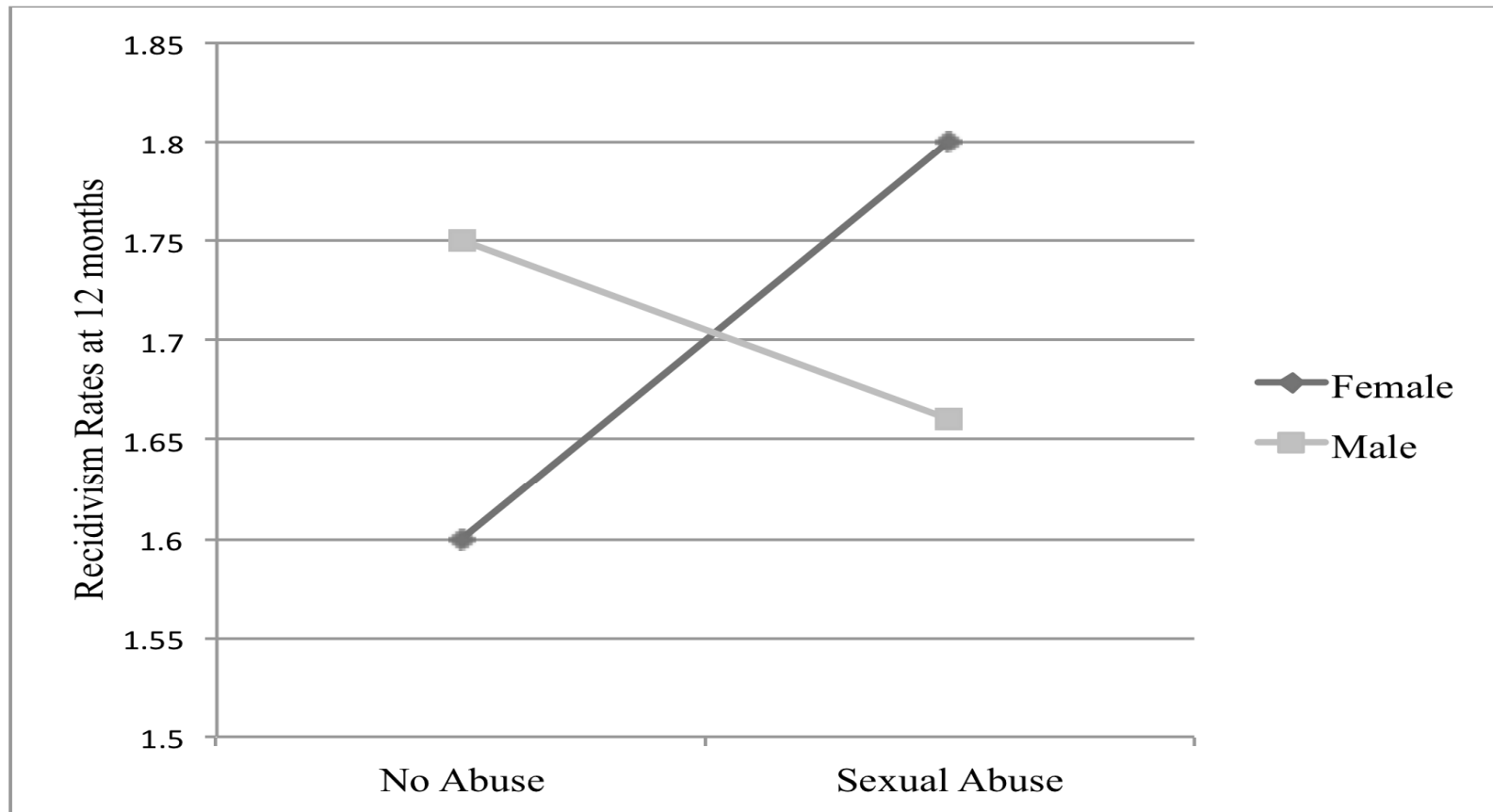
# Childhood Sexual Abuse (CSA) (N=263 evaluations)

- Reported CSA prevalence = 14% (n=37)
  - But, **23% of girls versus 8% of boys.**
- Above and beyond accounting for well-known predictors of recidivism, such as externalizing disorders, **girls with CSA history had five times greater odds of recidivating** than their non-abused female counterparts.

# Childhood Sexual Abuse (CSA)

Figure 1.

*Interaction effect of gender by lifetime history of sexual abuse on 12-month recidivism*





# For RIFC diversion youth...

- Traumatic stress *symptoms are high* among those with other mental health concerns
  - It may matter whether you are asking caregiver or juvenile about symptoms, particularly for girls
- Traumatic *experiences are highly prevalent (53%)*
  - 43% of those report two or more experiences
- Trauma *affects our girls and boys differently*
  - CSA: leads to increased risk for recidivism for girls but not for boys
  - DV: for girls, substance use and co-occurring psychiatric diagnoses; for boys, recidivism/detention

# What do they need.....

- Systematic trauma symptom and exposure screening to guide court-related recommendations
- Trauma-informed approach to interactions
- Accessible interventions that we know work
  - Gender-responsive
  - Integrated (e.g., mental health, substance use, conduct problems)
  - Family-based

# What are we currently doing...

- Juvenile Court Clinic- YSR/CBCL and VDISC screening for trauma exposure and symptoms
- Project DREAM (OJJDP)- systematic screening for traumatic experiences and linkages to care
- VOICES (NIDA funded R01DA035231;PI Tolou-Shams)- gender responsive trauma-informed drug use treatment for substance using JJ girls
- DATESMART (NICHD; R01 pending; PI Rizzo)- dating violence prevention program for JJ girls

# Thank You



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