



Trauma in Dual Status Youth: Putting Things In Perspective

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Practitioners in the child welfare and juvenile justice systems are aware that the children and youth they serve have likely experienced adverse and traumatic events sometime in their young lives. Behavioral and neuroscience research has begun to provide a picture of the potential for early trauma to negatively influence the development of children both psychologically and neurologically. Traumatic experiences can have significant impact on the mental health, physical health, and behavior of children and youth whom practitioners work to protect, treat, and rehabilitate.

The growing awareness of these effects has led to the need for interventions that take into account the relevance of trauma in the lives of young people with behavior problems. Such interventions can range from actions to remove the youth from an abusive situation to specialized trauma-based methods for treating behavior problems of young people.

The first step in such interventions is the identification of young people for whom trauma-based treatment is necessary and appropriate. Consistent with the field's concerns, a recent Attorney General's Report¹ has urged all child-serving organizations to "train their staff to identify, screen, and assess children for exposure to vio v ecause both screening and assessment can be used to

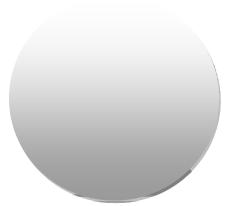
"identify" exposure to violence. Together with traumabased interventions, methods to screen and assess young people for trauma-based behavior problems are necessary to address the concerns that child welfare and juvenile justice providers have identified.

About the Robert F. Kennedy National Resource Center for Juvenile Justice

For additional information, please visit:

¹Office of Juvenile Justice and Delinquency Prevention, 2012





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Screening tools for PTSD typically include a way to identify both exposure and specific types of symptoms currently experienced by the youth that are known to be associated with traumatic reactions (e.g., emotional numbing, hypervigilance, recurrent trigge ring of memories of the trauma). As described earlier, many youth have trauma -based psychological and

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