NCTSN The National Child Traumatic Stress Network

Trauma and the Environment of Care in Juvenile Institutions

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"Youth…'is a moment and condition of life when a person may be most susceptible to influence and to psychological damage.'" *Eddings v. Oklahoma*, 455 U.S. 104, 115 (1982)

Every day, thousands of young people in the juvenile justice system are incarcerated or held in out-of-home settings. They are among the most vulnerable youth in our society. Almost all have experienced trauma in some form, and many suffer from Post Traumatic Stress Disorder.[1] Trauma exposure may occur in family settings in the form of physical or sexual abuse. These young people may experience additional trauma as they witness or are victims of violent crime, often in neighborhoods where this is a staple of daily life. Still other forms of trauma are a result of disruption — the loss of family members to death, abandonment, or imprisonment — or because of removal from home by the child welfare or juvenile justice systems. Although traumatic events occur in all communities, their impact is most heavily borne by youth from neighborhoods that are impoverished and racially marginalized.[2]

Research has established the relationship between trauma exposure, traumatic stress, and behavior. We now understand that youth who have experienced trauma at home or in their communities may resort to self-help methods in an effort to feel safe — carrying weapons, engaging in physical conflict in situations they perceive as calling for "self-defense," joining gangs, and self-medication with drugs or alcohol.[3] We also know that the effects of trauma do not end with arrest. Trauma continues to affect behavior in day-to-day interactions, as youth respond to painful experiences and loss, exhibited in depression, fear, and anxiety; low self-esteem; self-destructive behavior; combative self-preservation; mistrust of adults; perceptions of unfairness; uncontrolled anger; deep sadness; and extreme sensitivity to rejection.[4]

As someone who has spent her career in juvenile justice — first representing young people in court and later working as a litigator and consultant on conditions of confinement — I am grateful for this body of information. It offers a way to more fully understand behavior in relation to the other vulnerabilities of the youth we work with, such as age and immaturity; disability and mental illness; and belonging to groups experiencing disparate treatment based on race, class, gender, sexual preference, or gender identity. Although its origins were in other contexts, the empirical work on trauma exposure and PTSD holds great potential for juvenile system professionals as a tool to inform our decisions about the use of incarceration and institutional practices. This brief offers some beginning thoughts about the intersection of trauma and institutional confinement.

Recent evidence of institutional abuses confirms the need for attention to trauma-informed care. Investigations leading to the Prison Rape Elimination Act have established that sexual abuse and harassment of institutionalized youth are common.[5] Research on solitary confinement of detained youth has found that it is routinely used and extremely damaging.[6] Researchers and advocates have confirmed troubling abuse and harassment of LGBTQ youth in institutional settings.[7] Studies of girls in juvenile justice have found a high incidence of unaddressed physical, sexual, and emotional abuse, and deficits in gender-specific treatment.[8]

These specific issues are symptomatic of a larger problem. Our system has lost touch with its well-intentioned origin as a means to care for young people. In the "get tough" era of juvenile justice toward the end of the last century, we built and

began to operate juvenile facilities that are indistinguishable from adult jails and prisons — heavy on hardware, custody, and control. All too often our attention has been focused on how to efficiently run these institutions, rather than on the impact of what we are doing to the young people we serve. We have been slow to recognize that subjecting children to detention in such facilities is inherently traumatic, and counterproductive to producing good outcomes.[9]

Viewing the use of confinement and the institutional environment of care through a trauma lens provides a useful framework for self-examination. The trauma-informed model calls for us to consider the impact of incarceration itself, and the ways youth may be served without locking them up. For those who are appropriately confined, it gives us an approach for examining how we are treating youth from the moment of intake through reentry into the community. It gives us a meaningful way to understand why youth who have experienced trauma act the way they do, and to develop practices that make their situation better, not worse.

Incarceration is a Traumatic Event

Removal of a child from the home, even for a brief period, is itself a traumatic event. Loss of liberty, personal identity, and the familiar landscape of daily life is a frightening, disorienting, and life-changing event for a person of any age, but it is especially so for young people. Institutional placement deprives youth of the moorings in their lives — support from family and friends, school, sports, and other activities that would otherwise help them to cope with anxiety and uncertainty. It subjects youth to a complete loss of control and forced exposure to a negative peer culture.

Those who work in juvenile facilities know only too well that youth with mental health issues (including a history of trauma) emotionally deteriorate in custody, and their conditions often worsen.[10] Incarceration also makes it more difficult to address past trauma and, as we have seen, many youth arrive at the front door with significant trauma-related challenges. Detention centers are not designed for treatment, and many facilities struggle to provide even basic mental health services. Resource issues, and the failure to recognize and properly address complex behavior stemming from trauma, create an environment in which some youth are punished, isolated, or restrained for behavior that is trauma-related.

The best way to prevent systemic traumatization is not to incarcerate youth in the first place. Accordingly, the first step in developing a trauma-informed environment of care is to examine the use of secure confinement.[11] Detention should be reserved for the few youth who pose a danger to the community pending the outcome of their case, or who are unlikely to appear for their court appearances. Youth who may be appropriately supervised in the community should be maintained at home, with services in the community. Systems should also be on guard to protect against incarceration that is well-intentioned but still unnecessary and traumatic. Thus, youth should never be incarcerated for assessment or simply to receive treatment. It should also be recognized that “non-secure” placement is in many ways just as traumatic to youth as being held in a locked facility. Alternatives to detention should be developed and utilized to the maximum extent possible.

Trauma-Informed Care in Institutions

Even if we succeed in reducing unnecessary confinement, some youth will still be held in institutions or residential confinement, so our efforts need to be directed at preventing and reducing the impact of institutional trauma. The prospect of developing a comprehensive trauma-informed environment may seem overwhelming, but a great deal of thinking about trauma-informed organizations has already occurred. The work of Dr. Sandra Bloom’s Sanctuary Model[12] on these issues has resulted in a comprehensive approach to making organizational change, and jurisdictions around the country are using the Sanctuary Model in facilities for youth in juvenile justice.[13] The National Child Traumatic Stress Network also offers a national clearinghouse of research and training materials, including a curriculum specifically designed for juvenile justice professionals working with youth in custody.[14]

Some of the areas that have good potential to reduce trauma in juvenile institutions are: front door screening and orientation, institutional values, staff training, housing policies, physical environment, behavioral interventions, and use of force. This section briefly highlights these issues. Assessment, treatment, family engagement, and racial disproportionality are also core concerns in trauma-informed care, and they are addressed in other briefs in this series.

Creating a Safe Environment

Youth who have experienced chronic trauma do not believe that the adults around them can or will protect them, and sometimes they are right. What is interpreted as delinquent behavior or pointless acting out is often their attempt to assume the burden of taking care of themselves. Accordingly, a fundamental goal in developing trauma-informed care in juvenile custodial situations is to provide an environment in which youth are safe and perceive themselves to be safe.

Creating a safe environment should be the primary focus of formal principles that set the tone for how youth and staff are treated in the facility. The first principle, for example, might be a statement about shared responsibility for maintaining a safe and supportive environment; a process for informing staff and youth of the principles; and a process for addressing violations of the principles. In addition, there should be a values statement specifying that all individuals must be treated with respect; that no harassment or abuse of any kind will be tolerated; and that youth will not be subjected to categorical treatment based on actual or perceived race, ethnic group identification, national origin, religion, gender, sexual orientation, gender identity, mental or physical disability, or HIV status. When new employees are hired, these principles should be used to bring in staff who support the values of the organization.

Implementing trauma-informed care also requires attention to adequacy of resources. Having a safe environment depends on having adequate staff (including mental health or other specialty care) to engage youth, head off violence or other abuse, and provide support for youth and staff in relation to traumatic events. As part of creating a safe environment, staff in a trauma-informed juvenile facility should be trained on what trauma is; how it is exacerbated by immaturity and disabilities; what kinds of things may cause re-traumatization; how to recognize and respond to trauma-related behavior in the institutional setting; and how staff can deal with their own experiences of trauma.[15] Also, staff should receive training to help them to work more effectively with particular groups of youth likely to have experienced specific forms of trauma — youth crossing over from the child welfare system, girls, LGBTQ youth, and youth from neighborhoods with high levels of violence and gang activity.

Facilities moving toward trauma-informed practice will want to carefully scrutinize what happens from the moment youth enter the front door, and how well detention intake policies and procedures create an environment of safety. Some of the issues to consider are whether:

- Staff are sensitive and alert to whether a young person is in distress, and appropriate steps are taken to address concerns
- Youth are informed that their needs will be recognized; for example, that “safe zone” signs are posted to help LGBTQ youth feel more at ease, and youth are informed of non-discrimination policies
- Interviews about sensitive information occur in private areas
- Youth are informed about safety in the facility, for example, how gang issues are handled, what protections there are to assure safety, and how to confidentially report any problems
- Searches are no more intrusive than needed for intake and in compliance with Prison Rape Elimination Act standards (no cross-gender pat downs, and cross-gender strip searches or body cavity searches only in exigent circumstances)[16]
- Youth are screened for trauma, and further assessment occurs where needed
- Youth receive all of the information they need about their rights and the institutional rules in a form they can understand
- Youth receive information about how to register complaints or to speak confidentially to someone who can help them if problems arise

Also, facilities working toward trauma-informed care should scrutinize their policies to determine whether trauma is unintentionally inflicted through policies that single out members of some groups for disparate treatment. For example, in the not-too-distant past, some facilities automatically segregated gay or lesbian youth, and would not allow them to have roommates, resulting in unnecessary humiliation and separation. Procedures in trauma-informed facilities should afford flexibility in housing to permit individualized decisions when truly needed for the safety or well-being of youth. To the extent possible, youth themselves should be a part of those decisions; they may be the best source of information about creating a safe environment.

Protecting Against Re-Traumatization

In addition to the trauma inherently experienced as a result of incarceration, youth may suffer re-traumatization in the custodial setting. Following are a few of the areas that bear careful consideration in moving toward a trauma-informed environment of care.

Use of Force and Solitary Confinement

Perhaps the most potentially damaging way youth may be re-traumatized is in the use of force or solitary confinement.[17] In our work at the Youth Law Center, we have encountered many examples of this. In one facility, male staff subjected girls with a history of sexual abuse to five-point restraint, sometimes cutting off their clothing. In another, gay and lesbian youth were "protected" by being held in protracted solitary confinement after being victimized by other youth. In still another, youth considered to be out of control were held in "safety rooms" with their hands and ankles cuffed and affixed to bolts in the floor to prevent them from damaging the expensive surfacing of the walls. In a number of facilities, youth considered to be at risk for suicide were held in isolation cells stripped of all furnishings, and were forced to wear degrading suicide smocks, sometimes for days at a time. For the many youth who have already experienced traumatic events, such practices vividly reawaken painful feelings of being powerless, worthless, fearful, and alone.

Facilities with trauma-informed practices can substantially reduce their use of force and solitary confinement, and employ interventions that reduce re-traumatization. Achieving such a reduction begins with the recognition that existing practices, even when they are used with the best of intentions, are harming youth. Then, attention can be directed at creating an environment in which these practices can be more closely examined and changed. At the outset, an assessment of resources is essential — for example, whether the facility has adequate staffing and programming to keep youth engaged and active. In active programs, there is less time for boredom or depression, which contribute to fighting and self-harming behavior, which in turn result in the use of force or solitary confinement. In developing trauma-informed practices, facilities can then turn to assuring that staff are trained and empowered to de-escalate potentially violent situations; that there is good back-up from others on staff as well as clinical staff; that youth are involved in learning to self-manage their behavior; that staff receive feedback and support that help them to use trauma-informed skills; and that families are included as a resource in behavior management. The guiding principle in this work is that when physical intervention is needed, the intervention that is the least restrictive method is used, and that youth are not subjected to hardware that produces additional trauma.[18]

Behavior Management/Disciplinary Confinement

Juvenile facilities in many jurisdictions employ punitive disciplinary systems that take away points for various programmatic deficiencies or rule breaking, followed by imposition of solitary confinement. Sometimes the punishments are wildly out of proportion to the offense. In one facility I visited, for example, staff imposed five days of locked room time for possession of a pencil (considered contraband).

This kind of disciplinary system cries out for trauma-informed analysis, because it heaps additional disapproval on youth who already feel rejected, abandoned, and unfairly treated. Also, as we have discussed, the behavior that prompts discipline may itself be a product of untreated trauma. There is increased evidence that the imposition of solitary confinement is extremely damaging for juveniles, even when it is for brief periods. A national study of suicides in juvenile facilities found that fully half of those who died were on disciplinary lockdown.[19]

Facilities moving to a less trauma-inducing form of behavior management can find guidance in an increasing body of work on positive behavior management.[20] The idea is that youth are supported and reinforced for doing things right, rather than punished for doing things wrong. Although this work began as an offshoot of behavior management work in special education, it has been successfully adapted to youth in juvenile facilities in a number of states. Using positive behavior interventions helps these jurisdictions avoid the no-win scenario of placing the young person in more and more restrictive settings (with attendant compounding of trauma), and helps youth to demonstrate mastery and skill.

Physical Environment

Although there is a huge range of management styles among juvenile facilities, it is fair to say that many look very much like jails for children. The clanging metal doors; paucity of natural light; modular plastic furniture bolted to the floor; cramped cement spaces offered for recreation; scratched metal mirrors; concrete slab beds; stripped isolation rooms; and sterile sleeping cells all contribute to an unfriendly, surreal environment for youth at a critically vulnerable point in their lives.[21] Although it is common to hear that these prison-like settings are required because of the high-risk population held in them, a few pioneering systems are proving that assumption to be wrong.[22]

Ideally, a trauma-informed approach to physical environment should begin from scratch, designing every aspect of these facilities to produce a supportive environment for youth, staff, and families. But even when planning a new facility is not an option, a great deal can be done to make existing facilities less trauma-inducing. Thus, staff in one facility implementing trauma-informed care were allowed to paint the walls in warm soothing colors, purchase comfortable furniture to encourage social interaction between staff and youth, install carpet and sound panels to reduce noise, and create a “comfort room” or “Zen space” that could be used to practice self-calming and relaxation skills.[23]

Challenges to Creating a Trauma-Informed Environment of Care

As this brief is being written, more and more systems are expressing an interest in trauma-informed approaches to institutional environments and care. But let’s consider for a moment what might cause a system not to move in this direction. One potential impediment is the presence of misperceptions about what works to stem delinquency. It has been suggested to me, in more than one facility, that facilities should treat youth harshly so they will not want to engage in future delinquency. It has also been suggested, more than once, that we shouldn’t make things too comfortable for detained youth because they will not want to leave, or will want to commit another act to get back into detention.

These beliefs have been soundly trounced by science[24] and by the less than stellar record of juvenile corrections in many jurisdictions. Over the past decade, research has established that adolescents are biologically and developmentally different from adults, and that their immaturity causes them to act impulsively, without considering future consequences. The United States Supreme Court has embraced these findings and repeatedly rejected the notion that punitive measures deter young people from criminality.[25] Beyond the scientific reasons for rejecting a deterrence model, the track record of punitive juvenile facilities is troubling because it simply doesn’t work.[26]

Although the belief that harsh practices are needed persists in some places, it can be changed through education about the impact of trauma, and exposure to systems that have successfully moved toward a trauma-informed model. In my experience, once those working in juvenile systems see the benefits of this kind of change, they embrace it and often become the standard bearers for the work. And while this brief has focused on the benefits of trauma-informed care in relation to its impact on youth in custody, there are equally significant benefits for institutional staff and administrators. In fact, helping staff to recognize and address the impact of past trauma in their lives and secondary trauma experienced on the job is an essential part of the trauma-informed model of care.

Staff in facilities where trauma-informed care has been adopted report being better able to regulate their own emotions and behaviors, thus resorting to use of restraint and seclusion less often. They report finding their work more rewarding as they apply new skills in helping youth to regulate their own behavior. They report spending less time writing incident reports for restraint and seclusion, and more time in activities with the youth.[27] This is not surprising; many of the core elements of trauma-informed care address the importance of creating an environment in which everyone feels safe, supported, respected, and engaged.

Best Practices and Support for a Trauma-Informed Environment

Practitioners seeking further information about how to develop a trauma-informed environment of care can find support both in trauma-specific work, and in other conditions work that addresses trauma-related issues without formally being designated as trauma work. Following are a few sources to help you get started.

Center for Nonviolence and Social Justice, Drexel University School of Public Health: The Center has been a pioneer in working on trauma and juvenile justice from the perspective of public health, and they have written an excellent monograph on these issues. See, for example, John Rich et al., Healing the Hurt: Trauma-Informed Approaches to the Health of Young Boys and Men of Color, Center for Nonviolence and Social Justice, Drexel University Schools of Public Health and Medicine, funded by The California Endowment (2012). Website: http://www.nonviolenceandsocialjustice.org/

The Equity Project: A national project that works to ensure that lesbian, gay, bisexual, and transgender youth in juvenile delinquency courts are treated with dignity, respect, and fairness. Its materials examine issues of sexual orientation, gender identity, and gender expression that impact youth during the entire delinquency process, ranging from arrest through post-disposition. Several of the Project's publications specifically address the treatment of youth in custody. Website: http://equityproject.org/

Juvenile Detention Alternatives Initiative (JDAI): The Annie E. Casey Foundation's JDAI has been implemented in more than 100 sites and serves as a national leader in reducing unnecessary incarceration. Their materials help jurisdictions to analyze their use of incarceration, develop a consensus about the use of detention, create risk assessment tools, and implement alternatives that may prevent youth from experiencing the trauma and the other ill-effects of detention. JDAI also provides standards for operating safe, humane conditions in juvenile detention facilities, and a guide to facility assessment. The JDAI resources may be accessed through http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative.aspx.

National Child Traumatic Stress Network (NCTSN): This is the pre-eminent clearinghouse for research and training materials about child trauma. The Network was created through a Congressional initiative in 2000, and is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. It has developed a substantial body of materials about trauma and juvenile justice, including this brief. Website: http://www.nctsn.org/

Prison Rape Elimination Act of 2003 (PREA): This groundbreaking law is a result of extensive national efforts to set standards to prevent and address sexual assault in correctional facilities, including juvenile facilities. There is substantial overlap in the concerns addressed in PREA and what we would expect in trauma-informed institutional care. PREA was enacted as 42 U.S. Code § 15601 et seq., and the implementing regulations can be found at 28 Code of Federal Regulations, part 115, available at http://www.ojp.usdoj.gov/programs/pdfs/prea_final_rule.pdf

The Sanctuary Model: This is a comprehensive organizational model developed by Dr. Sandra Bloom designed to facilitate the development of trauma-informed structures, processes, and behaviors on the part of staff, clients, and the organizational community. Organizations, including juvenile justice programs and facilities, can become certified in the Sanctuary Model.
Website: http://www.sanctuaryweb.com/

The W. Haywood Burns Institute: A national nonprofit that helps protect and improve the lives of youth of color and poor youth by promoting and ensuring fairness and equity in youth-serving systems. The Burns Institute works to eliminate racial and ethnic disparity by building a community-centered response to youthful misbehavior that is equitable and restorative.

References

[1]Julian D. Ford et al. (2007), Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions, Research and Program Brief, National Center for Mental Health and Juvenile Justice, pp. 1-2; Erica Adams (July 2010), Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense, Justice Policy Institute, pp. 1, 5.

[2]Defending Childhood: Report of the Attorney General's National Task Force on Children Exposed to Violence (2012), pp. iv-v, 2-7.

[3]Linh Vuong, Fabiana Silva, and Susan Marchionna (2009), Children Exposed to Violence, National Council on Crime and Delinquency, pp. 1-3.

[4]Marty Beyer (2011), A Developmental View of Youth in the Juvenile Justice System. Chapter 1 in Juvenile Justice: Advancing Research, Policy,

and Practice, Francine Sherman and Francine Jacobs, (Eds.), pp. 3-23, 9-11 Wiley.

[5]Keeping Youth Safe While in Custody: Sexual Assault in Adult and Juvenile Facilities, Hearing before the Subcommittee on Crime, terrorism, and Homeland Security of the Committee on the Judiciary, House of Representatives, 111th Congress, Second Session (Feb. 23, 2010), Serial No. 111-100.

[8]See, generally, Human Rights Watch and American Civil Liberties Union (2012), Growing up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States, pp. 20-46.

[7]Katayoon Majd, Jody Marksamer, and Carolyn Reyes (2009), Hidden Injustice: Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts, Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights, pp. 101-112.

[8]Marianne Hennessey et al. (2004), Trauma Among Girls in the Juvenile Justice System, NCTSN Juvenile Justice Working Group, pp. 3-4; 100 Girls: A Preliminary Look at the Lives and Outcomes of Young Women Incarcerated in San Francisco Juvenile Hall (Early Release Version), Youth Justice Institute (2012), pp. 1-2.

[9]Richard A. Mendel (2011), No Place for Kids: The Case for Reducing Juvenile Incarceration, Annie E. Casey Foundation, pp. 5-12.

[10]Edward Cohen and Jane Pfeifer (2008), Costs of Incarcerating Youth with Mental Illness: Final Report, prepared for the Chief Probation Officers of California and California Mental Health Directors Association, pp. vi, 13-17, 31; Sue Burrell and Alice Bussiere (2005), Difficult to Place: Youth with Mental Health Needs in California Juvenile Justice, Youth Law Center, p. 9.

[11]For example, Cook County, Illinois, incorporates trauma-informed practice into its efforts to reduce incarceration, expedite services, and provide a coordinated multidisciplinary approach to services for youth. Its Probation Department has its own clinical services unit, with clinicians who have been trained in trauma-informed practice and incorporate it into their daily work. Youth are assessed for trauma in the community, and the clinician develops an individualized treatment plan, often using trauma-informed cognitive behavioral therapy. A primary goal of this work is to maintain youth in a community-based setting. (Electronic communication from Amanda Halawa-Mahdi, Supervisor, Clinical Interventions Division, to Sue Burrell, Jan. 8, 2013.)

[12]Information about the Sanctuary Model and certification are available at http://www.sanctuaryweb.com/

[13]For example, programs in the Children's Home of Reading in Pennsylvania have undergone a multi-year process of becoming a trauma-informed system using the Sanctuary Model. Administrators had wanted to consciously examine the system's underlying philosophy and approach to working with youth, and the Sanctuary Model provided a helpful vehicle for that work. The Model has helped the system to establish good values by which to guide its work with youth, and provided a much-needed framework for supporting staff in working with youth who have experienced trauma. (Telephone interview with Ron Spitz, Vice President of Programs, Children's Home of Reading, Jan. 14, 2013.)

[14]National Child Traumatic Stress Network, http://www.nctsn.org/. The curriculum is Think Trauma: A Training for Staff in Juvenile Justice Residential Settings, available at http://www.nctsn.org/products/think-trauma-training-staff-juvenile-justice-residential-settings. First-time users need to register on the site to access its extensive library of resources.

[15]Again, the National Child Traumatic Stress Network has developed Think Trauma, a comprehensive training specifically designed for juvenile justice professionals working with youth in residential settings, supra, note 14.

[16]Prison Rape Elimination Act of 2003, 42 U.S. Code § 15601 et seq, and regulations promulgated at 28 Code of Federal Regulations, part 115, available at http://www.ojp.usdoj.gov/programs/pdfs/prea_final_rule.pdf.

[17]The terms "seclusion", "solitary confinement," and "isolation" are used interchangeably in this brief to refer to the imposition of locked room time for mental health, protection, or disciplinary reasons.

[18]See Sue Burrell (2009), Moving Away from Hardware: The JDAI Standards on Fixed Restraint, prepared for the Annie E. Casey Foundation Juvenile Detention Alternatives Initiative, pp. 1-2, 8-10.

[19]Lindsay M. Hayes (Feb. 2009), Characteristics of Juvenile Suicide in Confinement Facilities, OJJDP Juvenile Justice Bulletin, p. 6.

[20]National Center for Positive Behavior Interventions and Supports, U.S. Department of Education, Office of Special Education Programs, at http://www.pbis.org/community/juvenile_justice/default.aspx.

[21]The stark, punitive character of many juvenile facilities is effectively reflected back to us in the work of photographer Richard Ross, whose Juvenile-In-Justice project can be found here: http://www.juvenile-in-justice.com/

[22]In Missouri, for example, state facilities have wooden bunk beds, plush sofas, stuffed animals, microwaves, musical instruments, cats, and a variety of sharp objects that would produce apoplexy in staff working in more traditional punitive environments.

[23]Monique T. Marrow, Kraig J. Knudsen, Erna Olafson, and Sarah E. Bucher (2012), The Value of Implementing TARGET within a Trauma-Informed Juvenile Justice Setting, Journal of Child & Adolescent Trauma, 5(3), pp. 257-270, 261.

[24]See, for example, materials developed through the MacArthur Foundation Research Network on Adolescent Development at http://www.adjj.org/content/index.php

[25]In Roper v. Simmons, 543 U. S. 551, 577 (2005), the Court recognized that, because of their lack of maturity and underdeveloped sense of responsibility, juveniles make "impetuous and ill-considered actions and decisions," and are unlikely to consider the possible punishment before acting; see also Graham v. Florida, 130 S. Ct. 2011, 2028 (2010); Miller v. Alabama, 132 S.Ct. 2455, 2465 (2012).

[26]Richard A. Mendel, No Place for Kids, supra, note 9; Barry Holman and Jason Ziedenberg (2006), The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities, A Justice Policy Institute Report.

[27]Monique T. Marrow, Kraig J. Knudsen, Erna Olafson, and Sarah E. Bucher, "The Value of Implementing TARGET within a Trauma-Informed Juvenile Justice Setting," supra, note 23, p. 267.

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