

ACES-INFORMED COURTS

N C C O U R T S . G O V / A C E S

Trauma is a harmful or threatening event that can have lasting effects across a person's lifespan. Statistics indicate that the large majority (80%+) of court-involved youth and at least two-thirds of adults have encountered adverse childhood experiences (ACEs). The Chief Justice's Task Force on ACEs-Informed Courts compiled this information for Judicial Branch officials and staff to use in their daily interactions with court visitors and participants.





Attending court can be scary, especially for children. Those who have experienced trauma may act out. When possible, responding to hostility with patience and calm can help de-escalate situations.



Understand the signs and symptoms of trauma and how it impacts decision-making. Ask questions to learn more, and try to reframe thinking as "what happened to you?" rather than "what is wrong with you?"



The better those suffering from trauma understand what is happening to them and why, the more likely they are to comply and achieve intended outcomes. Explain court procedures and decisions; where appropriate, ask questions to involve those appearing before you ("what do you think brought you to this point?").



Be intentional in how you arrange and run your courtroom. The environment significantly impacts experiences and participation. There is flexibility to maximize safety and build trust, and you are encouraged to take the initiative to make positive changes (e.g., seat victims away from abusers, minimize loud noises).



One consistent and positive adult in the lives of children significantly buffers the impact of trauma and helps children thrive. Be intentional: help build positive relationships and experiences.



Trauma can be masked as another disorder (conduct disorder, bipolar disorder, ADHD). Order trauma assessments in combination with treatments so that the treatment plan can be tailored to what the assessment indicates. People are resilient and can heal from trauma if given the opportunity.



- Avoid placing children in shackles (if possible).
- Eliminate nonverbal intimidation (like jingling handcuffs or keys). Tell officers not to stand too close. Respect an individual's personal space. Keep noise level low where possible.
- Schedule the docket to avoid: long wait times for litigants; children in the audience who might witness traumatic events / testimony; etc. To the greatest extent possible, prioritize who appears before you and when.
- Consider online participation. Many court-users may face travel costs, childcare issues, or even job loss if in-person attendance is required.
 For example, substantive hearings and testimony may require live attendance, but brief appearances might be achieved online. Online proceedings can also be less intimidating.
- Arrange courtroom / waiting area so that families with children sit separately; domestic violence victims are not near their abusers; etc.
- Reduce anxiety prior to the hearing by offering clear directions / signage to the courtroom and posting simple courthouse rules.
- Discuss matters at a conference table rather than from the bench.
 Consider whether it is necessary to wear your robe in all contexts
 a robe can unintentionally intimidate or trigger trauma.
- Adjourn to allow time for courtroom team to discuss whether and how to accept the plea.

DISPOSITIONS / DECISIONS

- FOLLOW-UPS. Order follow-up appearances to check in where possible.
- **ASSESSMENTS.** It is preferred to refer people for assessments (rather than treatments) to allow the treatment plan to be specifically tailored to the needs of the person.
- **SERVICES.** Connect people with services where possible or with a case manager who can serve as a connector for the defendant. Learn more about services: **ncdps.gov/juvenile-justice/service-directory**.
- TREATMENTS. While assessments are preferred, familiarizing yourself with treatments may help you to ask better questions of mental health professionals. Learn more: nccourts.gov/ACEs.

BEING TRANSPARENT

- Use clear, simple, and non-technical language to let people know what is happening and why.
- **Explain the purpose** of each hearing and who is in the courtroom.
- Explain what rule / law applies and why the decision is being made.
- **Explain procedures** (e.g., sidebars, continuations).
- Repeat directions, questions, and orders to ensure comprehension.

LISTENING & DE-ESCALATING

- **Listen without judgment** or without planning what you will say next. If possible, let the person talk and allow sufficient time for them to "be heard."
- Demonstrate attention by using facial expressions, body posture, and open hand gestures. Pay attention to the speaker's body language as well.
- Encourage participation by nodding your head, repeating key words.
- Provide regular feedback by reflecting and paraphrasing (e.g., "I can see you are confused" or "It sounds like you're saying").
- Acknowledge feelings or points of view respectfully.
- Maintain eye contact (unless it appears to create agitation). Refrain from looking at the computer or reading the case file while the person is speaking.
- Demonstrate your commitment to fairness, neutrality, trustworthiness, and respect.
- Do not react to hostility with hostility. A person's aggression / anger may be an instinctive survival response and be self-protective.
- Practice emotional labeling by gently naming the person's behavior or feelings in a non-judgmental way (e.g., "I can hear how upset you are," "It sounds like you're feeling sad / mad / etc.").
- Ask questions to clarify the issue. Try to use "what" or "how" questions instead of "why." Keep questions simple and allow responder to answer completely.
- Call a recess to allow the person an opportunity to self-regulate.
- Do not threaten; inform of consequences.

ACKNOWLEDGING TRAUMA

- "Something bad happened. It's going to be ok. I can get you someone to talk to who could help. Do you think that might help?"
- "Sometimes bad things happen that should not have happened. You did not cause it. It's not your fault. You deserve to be safe."



SHOULD PROMOTE INTERACTIONS THAT EXPRESS RESPECT, KINDNESS, PATIENCE, REASSURANCE, AND ACCEPTANCE

ASK

"What do you think led you here?" "What happened to you?" "How would you solve this problem?" "Do you have questions?"

ACKNOWLEDGE / ENCOURAGE

"It's clear you are trying to change." "Your commitment really shows." "Despite what happened in court last time, you have been able to..."

PROVIDE PRAISE

Use words that are concrete, specific, and delivered with a neutral tone. "I heard that you earned a one-month token in AA. I know you worked hard for that."

INSTEAD OF "HE IS MAKING IT UP."

▶ THINK: "Trauma is hard to hear and harder to talk about."

INSTEAD OF "HE IS ACTING OUT / SEEKING ATTENTION."

► THINK: "He is communicating his needs in the way that he has been taught."

INSTEAD OF "YOUR DRUG SCREEN IS DIRTY."

►TRY: "Your drug screen shows the presence of drugs."

INSTEAD OF "I'M SENDING YOU FOR AN EVALUATION."

►TRY: "I'd like to refer you to a doctor who can help us better understand how to support you."

INSTEAD OF "YOU'RE GOING TO A COMMITMENT PROGRAM; WE ARE DONE WITH YOU."

►TRY: "Maybe what we've been doing isn't the best way to support you. I don't want you to give up on recovery. We're not going to give up on you."





This information is a compilation of the following sources: (1) NCTSN Bench Card for the Trauma-Informed Judge, National Council of Juvenile and Family Court Judges (2013), www.nctsn.org; (2) Helping Traumatized Children: Tips for Judges, NCTSN (2009); (3) Red Flags of Trauma/ACEs, developed by Retired Circuit Judge Lynn Tepper, Sixth Judicial Circuit of Florida; (4) Communication, court environment, self-awareness: What hurts and what helps?, Florida Courts, http://www.flcourts.org/core/fileparse.php/517/urlt/Whathurtsandwhathelpscontinuous.pdf; (5) Programs and Services Bench Reference, The Parenting PATH — Positive Actions. Thriving Homes (2020), www.parentingpath.org; (6) Psychologically Sofe Courtroms, excerpted from Substance Abuse and Mental Health Services Administration National Center on Trauma-Informed Care and SAMHSA's National GAINS Center for Behavioral Health and Justice: Essential Components of Trauma-Informed Judicial Practice (2013), www.samhsa.gov; (6) Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency, Kristine Buffington et al., National Council of Juvenile and Family Court Judges (2010), www.ncjfcj.org; (7) ICAT — Integrating Communications, Assessment, and Tactics, Police Executive Research Forum (June 2021); (8) Paces Connection, www.pacesconnection.com; (9) What are adverse childhood experiences? Centers for Disease Control and Prevention, www.cdc.gov/violenceprevention/aces/fastfact.html; (10) Beyond the ACE Score: Perspectives from the NCTS on Child Trauma and Adversity Screening and Impact (2021), https://www.nctsn.org/resources/beyond-the-ace-score-perspectives-from-the-nctsn-on-child-trauma-and-adversity-screening-and-impact; (11) Kellin Foundation, www.kellinfoundation.org.

CHILD-SPECIFIC CONSIDERATIONS



COMPLETE INFORMATION

- **DATA:** Does the court have all necessary information (child welfare, out-of-jurisdiction, or out-of-state juvenile justice information)?
- NATURAL SUPPORTS: Who are the important people in the life of the child according to the child? Are they (supportive adults, friends, teachers, coaches) connected to the plan?
- PROFESSIONALS: Who are the professionals who work with this child and family? Are they communicating with each other?
- **DEVELOPMENT:** Are there any developmental concerns (learning challenges) or psychological concerns (emotional or behavioral challenges)? Does the child need to be assessed?
- PREVIOUS COURT CONTACTS: Has the child been the subject of other court proceedings? (Abuse / Neglect / Dependency; Divorce / Custody; Juvenile Court; Criminal; Other)
- **PLACEMENT HISTORY:** Number of placements, disrupted placements — were disruptions caused by reactions related to the child's trauma history? How were disruptions managed?
- BEHAVIORAL HEALTH: Has the child previously received traumainformed assessment or treatment? Sometimes interventions are ineffective because they overlook the impact of trauma.

RECOGNIZE SIGNS OF TRAUMA (BY AGE)

BIRTH-5 YEARS

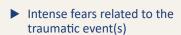




- Fear of new situations
- Withdrawal and passivity
- Exaggerated startle response
- ► Aggressive outbursts
- ▶ Difficulty assessing threats and finding protection (e.g., when parent was aggressor)
- ► Regression to previous behaviors (baby talk)

6-12 YEARS

Abrupt and very unpredictable shifts between withdrawn and aggressive behaviors



- Sleep disturbances that interfere with daytime concentration and attention
- Preoccupation with the traumatic experience(s)
- Social isolation and withdrawal

13-18 YEARS



- (truancy, substance abuse)
- ► Heightened sensitivity to perceived threats
- Social isolation, emotional numbing, and withdrawal
- Low self-esteem



CHILD-SPECIFIC CONSIDERATIONS



QUESTIONS TO CONSIDER REGARDING TRAUMA

- With whom does the child feel safest? Unsafe? Is the home or school environment chaotic and dangerous (e.g., violence, substance use, bullying)?
- Does the child exhibit a highly anxious or hypervigilant manner that suggests an inability to effectively participate in court proceedings?
- Is the child in a home, out-of-home placement, school, or institution where the child is being potentially re-exposed to danger or reminded of experiences?
- Is it possible the child is working from "survival mode" and responding in a defiant way to try to protect himself / herself?
- Does the prospective caregiver have a consistent and positive relationship with the child (from the perspective of the child)? Does the caregiver have a restraining order against another person?
- What can I, as judge, do to lower anxiety, increase trust, and enhance participation by the child?



PLACEMENT-SPECIFIC QUESTIONS TO ASK REGARDING TRAUMA

- Will this placement help the child to feel safe and secure and to successfully recover from stress or loss?
- Does the benefit of out-of-home placement or detention outweigh the potential harm from those to whom the child might be exposed?
- If placement / detention / hospitalization is necessary, how can trauma triggers be minimized? (For example, isolation or physical restraints may remind the child of previous traumatic experiences.)
- Are there reasons for not informing caregivers or staff at the proposed placement about the child's trauma history (e.g., stigma / revictimization)?
- Are staff at the planned placement using trauma-informed practices that focus on safety, trust, and relationship-building?
- Will the planned placement enable the child to maintain relationships with supportive adults, siblings, or peers?