



Testimony of

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Committee on Juvenile Justice

*Oversight:
Trauma-Informed Services in the Juvenile Justice System*

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Good afternoon. My name is Grant Cowles and I am the Senior Policy and Advocacy Associate for Youth Justice at Citizens' Committee for Children of New York (CCC). CCC is an independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe.

I would like to thank City Council Juvenile Justice Committee Chair Cabrera and the members of the City Council Juvenile Justice Committee for holding today's hearing on trauma-informed services in the City's juvenile justice system. This committee's interest in exploring ways to strengthen the system, including the use of a holistic justice system that addresses the impact trauma plays in a young person's life, is deeply appreciated.

We believe that addressing trauma is a critical component of a successful intervention for the overwhelming majority of youth who come into contact with the juvenile justice system and who have experienced trauma in their young lives. In addition, the system itself, including the interaction with police, probation and potentially incarceration, can unfortunately also be a contributing traumatic experience.

Youth in the juvenile justice system are often arrested for a single action, and, for too long, the justice system's response was to focus solely on that action when seeking to help youth learn the values and skills to make better decisions in the future. The wealth of research into psychology, psychiatry, and criminal justice has demonstrated that youth's actions and decisions are not made in a vacuum, but are instead highly influenced by social pressures and past experiences. One of the most influential experiences that affects young people in every walk of life is exposure to traumatic events. Traumatic events can affect their thinking and decision-making far beyond the immediate time of the experience. This is particularly important in the juvenile justice context as exposure to trauma is widespread among justice-involved youth, the exposure often involves particularly extreme instances of trauma, and the exposure to trauma is often repeated and ongoing.¹ To effectively address youth thinking and decision-making, the justice system *must* understand and address the role that trauma plays in a young person's life.

CCC appreciates all the efforts that the de Blasio administration, including the Department of Probation and the Administration for Children Services (ACS), have undertaken to create a more trauma-informed juvenile justice system. Trauma-informed practices and initiatives are currently being used by a variety of juvenile justice stakeholders, including Probation partnerships with trauma-targeted programs (e.g. Music Beyond Measure²), ACS's Trauma Informed Care Project for Secure Detention in partnership with Bellevue Hospital, and ACS's non-secure placement providers use of trauma-based models (e.g. Martin de Porres non-secure placement residence partners with La Salle University for ongoing training and technical assistance in research-based, trauma-informed care). CCC is also thankful for the City Council's support for trauma-informed

¹ See Branson, Christopher E., et al. *Trauma-informed Juvenile Justice System: a systemic review of definition and core components*. Psychological Trauma: Theory, Research, Practice, and Policy, Vol. 9, No. 6, 2017. Available for download at https://www.researchgate.net/publication/313413663_Trauma-Informed_Juvenile_Justice_Systems_A_Systematic_Review_of_Definitions_and_Core_Components.

² Music Beyond Measure (website). "About Us." Accessed on Nov. 11, 2017. Available at <http://musicbeyondmeasure.org/about-us.html>.

principles and your commitment to strengthening policies and practices to make them more trauma-informed.

An effective and comprehensive trauma-informed juvenile justice system is not a single-step solution but is a continual process that requires ongoing refinement.

Background Research and Statistics on Trauma in the Juvenile Justice Context

1) Trauma and Its Impact

The National Institute of Mental Health defines trauma as “the experience of an event by a person that is emotionally painful or distressful, which often results in lasting mental and physical effects.”³ This can include experiences such as: abuse (physical, emotional, sexual), neglect, victimization, domestic violence, community violence, accident, illness, natural disaster, war, and terrorism.⁴ The experience of the person can typically involve feelings such as their life or loved one’s life being threatened.⁵ The experience is a subjective feeling that varies between people, can vary over time with the same person, and can be a single or chronic incident.⁶ Symptoms can include: elevated heart rate and adrenal physiology, nightmares, flashbacks, flight or fight emotions, dissociation, cutting, hyperarousal, misinterpretation of cues, and overreaction.⁷

Trauma has profound impacts on individuals in many ways, with many outcomes still being recognized.⁸ Research has shown that traumatic experiences lead to many negative outcomes, including, among others: mental health disorders, substance use disorders, physical health problems, relational problems, changed brain architecture, school failure, risk taking, capacity for affective- and self-regulation, anti-social behavior, and delinquent behavior.⁹

³ See “Helping Children and Adolescent Cope with Violence and Disasters: what parents can do.” National Institute of Mental Health (website). Accessed on Nov. 20, 2017. Available at <https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-parents/index.shtml#pub2>.

⁴ Griffin, Gene. *Child Trauma and Juvenile Justice: Prevalence, Impact and Treatment*. The Council of State Governments Justice Center. Available at [https://csgjusticecenter.org/wp-content/uploads/2013/03/Child Trauma and Juvenile Justice Prevalence Impact and Treatment Presentation.pdf](https://csgjusticecenter.org/wp-content/uploads/2013/03/Child_Trauma_and_Juvenile_Justice_Prevalence_Impact_and_Treatment_Presentation.pdf).

⁵ Id.

⁶ Id.

⁷ Id.

⁸ See generally “Adverse Childhood Experiences (ACEs).” Center for Disease Control and Prevention (website). Available at <https://www.cdc.gov/violenceprevention/acestudy/index.html>. (Reviewing the ACEs study and the manifold – and ongoing – findings of outcomes from exposure to trauma as a young person.)

⁹ See Ford, Julian D., et al. *Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions*. National Center for Mental Health and Juvenile Justice (Research and Program Brief). June 2007. Available at https://www.ncmhjj.com/wp-content/uploads/2013/10/2007_Trauma-Among-Youth-in-the-Juvenile-Justice-System.pdf (listing many research findings of effects of trauma exposure). See also *Trauma-informed Care in Behavioral Health Services*. SAMHSA. March 2014. Available at <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816> (listing many research findings of effects of trauma exposure). See also Patricia K. Keurig and Julian D. Ford. See also Perfect, Michelle M., et al. *School-Related Outcomes of Traumatic Event Exposure and Traumatic Stress Symptoms in Students: A Systemic Review of Research from 1990 to 2015*. *School Mental Health*, Vol. 8, No. 1, Mar. 1, 2016.

One of the most prominent studies on trauma is the Adverse Childhood Experiences (ACEs) study.¹⁰ This large and ongoing study evaluated ten different types of childhood trauma that were defined by high levels of stress, abuse, or neglect.¹¹ These ten types of trauma included: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, intimate partner violence, mother treated violently, substance misuse within household, household mental illness, parental separation or divorce, and incarcerated household member.¹²

The ACEs study and the ongoing longitudinal research has found a direct correlation with the number of ACEs in a child's life and a very large number of negative outcomes, including: alcoholism and alcohol abuse; chronic obstructive pulmonary disease; depression; fetal death; health-related quality of life; illicit drug use; ischemic heart disease; liver disease; poor work performance; financial stress; risk for intimate partner violence; multiple sexual partners; sexually transmitted diseases; smoking; suicide attempts; unintended pregnancies; early initiation of smoking; early initiation of sexual activity; adolescent pregnancy; risk for sexual violence; poor academic achievement; and many others.¹³ Perhaps the most alarming finding has been that children who experience six or more ACEs have an average lifespan that is nearly 20 years shorter than those with fewer ACEs.¹⁴

Trauma has been found to have an even more pronounced impact on girls. Studies have consistently found that exposure to trauma leads to higher rates of PTSD for girls and women than boys and men.¹⁵ Trauma in girls has been found to lead to higher rates of unhealthy strategies for resolving conflicts (such as physical and relational aggression) and regulation emotions (such as drug and alcohol use).¹⁶ In addition, girls who experience trauma are more likely than male peers to have co-morbid disorders, particularly depression, but also substance abuse, self-harm, and participation in risky sexual behaviors.¹⁷

¹⁰ "Adverse Childhood Experiences." SAMSHA (website). Accessed on Nov. 20, 2017. Available at <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>.

¹¹ "About the CDC-Kaiser ACE Study." Centers for Disease Control and Prevention (website). Accessed on Nov. 21, 2017. Available at <https://www.cdc.gov/violenceprevention/acestudy/about.html>.

¹² Id.

¹³ "About Behavioral Risk Factor Surveillance System ACE Data – Major Findings." Centers for Disease Control (website). Accessed Nov. 20, 2017. Available at <https://www.cdc.gov/violenceprevention/acestudy/about.html>. See also Mersky, J.P., J. Topitzes, and A. J. Reynolds. *Impacts of Adverse Childhood Experiences on Health, Mental Health, and Substance Use in Early Adulthood: a cohort study of an urban, minority sample in the U.S.* Child Abuse Negl., Vol. 37, No. 11, Nov. 2013. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4090696/>.

¹⁴ Brownstein, Joseph. "Childhood Trauma May shorten Life by 20 Years." ABC News (website). Oct. 6, 2009. Accessed on Nov. 21, 2017. Available at <http://abcnews.go.com/Health/MindMoodNews/cdc-study-childhood-trauma-shorten-life-20-years/story?id=8758968>. Frist, Bill. "The Childhood Experiences That Can Cut 20 Years Off Your Life." Forbes (website). Dec. 16, 2015. Accessed on Nov. 21, 2017. Available at <https://www.forbes.com/sites/billfrist/2015/12/16/the-childhood-experiences-that-can-cut-20-years-off-your-life/#7d8bfc7930a7>.

¹⁵ Patricia K. Keurig and Julian D. Ford.

¹⁶ Id.

¹⁷ Id.

Accumulating evidence is suggesting that trauma exposure is likely a critical risk factor for involvement with the juvenile justice system.¹⁸ Justice-involved youth with histories of trauma have higher rates of recidivism, co-occurring disorders, school drop-out, and suicide attempts.¹⁹ The number of ACEs in a child's life is highly correlated with juvenile justice involvement. A study on Florida justice-involved youth found one in four youth had five or more ACEs, four times the rate of general population youth.²⁰ For girls specifically, longitudinal research indicates that maltreatment, victimization, and trauma are strong predictors of justice-involvement.²¹ Based on these and other trauma-related findings, multiple researchers "have argued persuasively that youth may cope with traumatic stress in ways that increase their risk of arrest, including using drugs to avoid distressing memories, running away from an abusive home, and carrying a weapon or joining a gang to prevent revictimization"²²

2) Data on Trauma Prevalence in the Juvenile Justice System

National research has shown that youth involved in the juvenile justice system have high rates of exposure to trauma. A national study found that up to 90% of justice-involved youth report exposure to some type of trauma, 70% meet criteria for a mental health disorder, and 30% meet criteria for post-traumatic stress disorder.²³ Another study of youth in detention in Chicago found that 93% of youth had experienced at least one trauma, 84% experienced more than one trauma, and 57% reported being exposed to trauma six or more times, with most of these traumas consisting of witnessing violence.²⁴ Compared to youth in the general population, youth in the juvenile justice system have much higher rates of trauma histories. Various studies have found rates are between 2 to 4 times higher among justice-involved youth than general population youth.²⁵

¹⁸ Marsh, Shawn C., et al. *Preparing for a Trauma Consultation in Your Juvenile and Family Court*. National Council of Juvenile and Family Court Judges. 2015. Available at https://www.ncjfcj.org/sites/default/files/NCJFCJ_Trauma_Manual_04.03.15.pdf.

¹⁹ See Christopher E. Branson, et al. (Citing and summarizing a host of prior research about the effects of trauma on juvenile justice involved youth.)

²⁰ Finkel, Ed. "Florida Study Confirms Link Between Juvenile Offenders, ACEs; rates much higher than CDC's ACE study." *ACEs Too High News* (website). Aug. 20, 2014. Available at <https://acestoohigh.com/2014/08/20/florida-study-confirms-link-between-juvenile-offenders-aces-rates-much-higher-than-cdcs-ace-study/> (reporting rates in juvenile justice youth are four times as likely as general population youth).

²¹ Id.

²² Christopher E. Branson, et al. (Citations omitted.)

²³ Dierkhising, Carly B. et al. *Trauma Histories Among Justice-involved Youth: findings from the National Child Traumatic Stress Network*. *Eur J Psychotraumatol*. Vol. 4, 2013. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/>.

²⁴ Abram, Karen M., et al. "PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth." *OJJDP Juvenile Justice Bulletin*. June 2013. Available at <https://www.ojjdp.gov/pubs/239603.pdf>.

²⁵ Yoder, Jamie R., Kelly Whitaker, and Camille R. Quinn. *Perceptions of Recidivism Among Incarcerated Youth: the relationship between exposure to childhood trauma, mental health status, and the protective effect of mental health services in juvenile justice settings*. *Advances in Social Work*, Vol. 18, No. 1, 2017. Available at <https://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/view/21305/20843> (reporting rates in juvenile justice youth are two times as likely as general population youth). Gene Griffin. (reporting rates in juvenile justice youth are three times as likely as general population youth). Finkel, Ed. "Florida Study Confirms Link Between Juvenile Offenders, ACEs; rates much higher than CDC's ACE study." *ACEs Too High News* (website). Aug. 20, 2014. Available at <https://acestoohigh.com/2014/08/20/florida-study-confirms-link-between-juvenile-offenders-aces-rates-much-higher-than-cdcs-ace-study/> (reporting rates in juvenile justice youth are four times as likely as general population youth).

Girls in the juvenile justice system have even greater rates of exposure to trauma, particularly family violence and sexually-based traumatic experiences.²⁶ Using a national data set of juvenile justice youth, girls were twice as likely as boys to report sexual abuse and four times as likely to have experienced sexual assault.²⁷ A study of youth in detention facilities found that girls and boys were equally likely to have experienced a variety of traumatic experiences, except girls were 8 times more likely to report sexual abuse and 2.5 times more likely to report severe neglect.²⁸ In one of the few studies to compare matched youth in the community and youth in detention facilities, girls in detention were three times more likely to report being victims of rape or molestation than matched girls in community, and nearly 10 times more likely than boys in detention.²⁹

3) There are Effective Methods for Addressing Trauma in the Juvenile Justice System

There are now a number of evidence-based, evidence-informed, and promising practices that have demonstrated effectiveness in addressing trauma, including many that specifically target court-involved youth who have histories of trauma. An ongoing list of evidence-based models and their efficacy is provided by The National Child Traumatic Stress Network and available online.³⁰ Empirical research into long-term outcomes from trauma-services within the juvenile context is still relatively new and, like most juvenile justice research, faces challenges in measuring recidivism for juveniles, but a few studies have shown promising findings. A recent study found that justice-involved youth with histories of trauma were less likely to believe they would recidivate when they were provided mental health services.³¹ More generally, trauma-informed care has been found to improve mental health outcomes and has been shown to reduce suspensions and expulsions in some school contexts.³²

Reports from providers and practitioners within the juvenile justice field suggest strong support for the positive effect from trauma-informed practices. This is seen in part in the Office of Juvenile Justice and Delinquency Prevention’s robust backing for trauma-informed care and mandate that states must include plans for trauma-informed care into their juvenile justice strategies.³³ A trauma-informed model can be more effective because it addresses the underlying

²⁶ Kerig, Patricia K. and Julian D. Ford. *Trauma Among Girls in the Juvenile Justice System*. National Child Traumatic Stress Network. 2014. Available at [http://www.nctsn.org/sites/default/files/assets/pdfs/trauma among girls in the jj system 2014.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/trauma%20among%20girls%20in%20the%20jj%20system%202014.pdf).

²⁷ Id.

²⁸ Id.

²⁹ Id.

³⁰ “National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices.” The National Child Traumatic Stress Network (website). Accessed Nov. 20, 2017. Available at <http://nctsn.org/resources/topics/treatments-that-work/promising-practices>.

³¹ Jamie R. Yoder, Kelly Whitaker, and Camille R. Quinn.

³² Stevens, J. E. “Lincoln high school in Walla Walla, WA tries new approach to school discipline—Suspensions drop 85%.” ACEs Too High. Aug. 20, 2013. Available at <http://acestoohigh.com/2012/04/23/lincoln-high-school-in-walla-walia-wa-tries-new-approach-to-school-discipline-expulsions-drop-85/>. Stevens, J. E. “At Cherokee point elementary, kids don’t conform to school; school conforms to kids.” ACEs Too High. July 22, 2013. Available at <http://acestoohigh.com/2013/07/22/at-cherokee-point-elementary-kids-dont-conform-to-school-school-conforms-to-kids/>.

³³ Listenbee, Robert L. “The Juvenile Justice and Delinquency Prevention Act: preserving potential, protecting communities.” Testimony before the Committee on the Judiciary, United States Senate. June 9, 2014. Available at https://ojp.gov/newsroom/testimony/2014/14_0609listenbee.pdf.

issues that are often at the core of a youth's behavior. Additionally, the juvenile justice itself can be its own traumatic experience, which causes additional harm for the youth's mental health and behavior. A trauma-informed system can stop or limit the traumatic experience of the justice system.

Recommendations to Continue Implementing a Trauma-informed Juvenile Justice System

CCC respectively submits the following recommendations to strengthen the City's system.

- 1) Ensure New York City has a fully-funded continuum of trauma-informed services for youth in the juvenile justice system.

Providing trauma-informed care for juvenile-justice involved youth is not a single program or action. It is a mindset (understanding the role of trauma), a method of conducting existing activities, and additional services that specifically target trauma. To have an effective trauma-informed system, reforms must holistically address the experiences a youth encounters while in juvenile justice system.

Research has shown that an effective continuum's hallmarks include: 1) having a universal, system-wide trauma-informed emphasis, 2) trauma screening for all youth, 3) clinical assessments for youth identified as having trauma exposure, and 4) targeted treatment for assessed youth.³⁴

All agencies and programs working with justice-involved youth should have a universal, trauma-informed awareness and emphasis throughout the organization. An organization, including its polices, physical space, staff, and programs should incorporate trauma-informed principles into all aspects of its functioning. All policies and staff presume and anticipate that the youth they are serving may be victims of trauma. This can include the following actions:

- a. Written policies and principles should include language about the commitment to trauma-informed practices.
- b. Administration officials and agency leaders should outwardly and regularly verbalize that trauma-informed care is integral to all activities.
- c. Perhaps most imperatively, training must be provided to all stakeholders, including police, probation officers, courts, service providers, and residential facility organizations, as well as to all staff within an organization.³⁵ A comprehensive review of all published literature that provided recommendations for trauma-informed care found that effective training was the most widely recommended action, with broad agreement that the training

³⁴ Julian D. Ford.

³⁵ Christopher E. Branson, et al. P. 6. (In a trauma-informed organization, "all staff ... from the receptionist to the direct care workers to the board of directors, must understand how violence impacts the lives of people being served, so that every interaction is consistent with the recovery process and reduces the possibility of re-traumatization" [citations omitted].) See *Essential Elements of a Trauma-informed Juvenile Justice System*. The National Child Traumatic Stress Network. Available at http://www.nctsn.org/sites/default/files/assets/pdfs/jj_ee_final.pdf. (Outlining key issues and stakeholders that should be included in training for trauma-informed care.)

must be supported by leadership and it must be ongoing.³⁶ This training should ensure that staff who interact with youth in the juvenile justice system are aware of trauma's role and know how to utilize trauma-informed practices. This includes training on 1) understanding trauma's impact and empathizing with victims of trauma, 2) helping youth feel safe using structured and predictable behavior systems (no violence, no yelling, no retaliation), 3) providing consistent support and model appropriate coping, anger-management, and problem-solving skills, 4) teaching calming, coping, and problem-solving skills, 5) acknowledging and supporting youth's strengths, natural talents, and interests, and 6) providing psychological first-aid.³⁷

- d. Ensure the processes, activities, and physical space is not itself a traumatizing experience or causes re-traumatization.³⁸ Youth with histories of trauma may be triggered or suffer psychological distress from invasive, coercive, stressful, or alarming experiences within justice organizations, including things like sudden loud noises from slamming doors, pat downs, restricted communication with loved ones, seclusion, or physical restraint.³⁹

Next, all youth who become justice-involved (i.e. those who are at least required to participate in pre-adjudication probation services) should be screened for histories of trauma. New York City has already taken many positive steps towards this. All youth entering secure detention are screened for trauma at intake through ACS' Trauma Informed Care Project. Probation's use of the Youth Level of Service/Case Management Inventory is great resource for identifying histories of trauma, though it does not provide explicit trauma results. Many providers that operate non-secure and limited-secure placement conduct intake processes that screen for trauma histories. Attorneys for juveniles often recognize the role of trauma in their client's lives and use these histories to provide relevant information to the court. CCC recommends that among these many stakeholders, any individuals or organizations who are not screening for trauma should include or collect trauma screening in their work with the youth.

All youth who are identified as having trauma histories should then have a more comprehensive assessment to identify clinical needs and strategies to address and support the young person. This type of clinical assessment is already done in secure detention and in most residential placement facilities, and some types of probation services utilize trauma assessments. CCC recommends that any organizations who are not conducting this more thorough assessment should utilize a clinical trauma assessment or work with an organization who can provide this assessment.

Finally, youth should then be provided services that meet these clinical needs in order to meaningfully address the youth's exposure to trauma. Screening and assessment alone, while

³⁶ Christopher E. Branson, et al.

³⁷ Gene Griffin. *See also* "Psychological First Aid." The National Child Traumatic Stress Network. Available at <http://www.nctsn.org/content/psychological-first-aid>.

³⁸ Self-assessments for an organization are a useful place to begin understanding if an organization's practices and physical space are trauma-informed. There are many trauma-informed care self-assessments tools widely available, including https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/OSA-FINAL_2.pdf, http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/TraumaInformedSelf-Assessment_fact_sheet_3-20-07.pdf, and <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>.

³⁹ Christopher E. Branson, et al.

helping staff better understand and work with youth, are not enough without more targeted services. There are many evidence-based and promising programs that effectively support youth who have experienced trauma in their treatment and healing process, including many that are already being used to great effect in NYC's juvenile justice system.⁴⁰ For some youth, targeted services may also include providing psychopharmacological interventions when clinically appropriate. Many NYC juvenile-justice stakeholders already use these types of trauma-based services, but CCC recommends that every justice-involved youth have access to these services.

2) Expand successful and promising trauma-informed practices.

As mentioned, many NYC juvenile-justice stakeholders have been steadfastly working to implement trauma-informed care, and CCC strongly supports these efforts. For example, Probation partners with community-based services that incorporate trauma-informed principles or provide direct trauma-focused therapies, youth in secure detention are provided ongoing mental health clinical treatment based upon trauma assessments, and many placement providers use trauma-based service models. CCC recommends that these types of services that are already in use and are successful be expanded for additional youth. Expanding and spreading existing trauma-informed practices has the double benefit of having local buy-in and demonstrated success, as well as typically being easier to expand than bringing in a new model.

Trauma-informed care can only be successful if it is adequately funded. The city and individual agencies should ensure that their budgets provide necessary resources for training staff, screening youth, assessing youth's clinical needs, and treating youth's trauma-related needs. Trauma-informed services are cost-effective investments because they address the core issues in a young person's life, allowing youth to make fundamental changes to their thought processes and their behavior. Youth do much better when they are provided an environment and services that address their needs, and for many juvenile justice youth, their needs lie largely in histories of trauma. Funding for services that address trauma should be a priority for all juvenile justice stakeholders and the Administration.

3) Expand targeted trauma services for justice-involved girls.

As noted, girls in the juvenile justice system have significantly higher rates of trauma histories and have higher rates of resulting mental health problems and mal-adaptive behavior responses. Gender-responsive programming that directly addresses the role of trauma in girls' lives can be particularly effective.⁴¹ Research has shown that gender-responsive programming is effective when it focuses on both addressing trauma and building relationships in the context of girls' specific needs.⁴² CCC recommends that all justice-involved girls with assessed trauma needs have access to gender-responsive trauma-informed programming. There are several successful programs that currently provide trauma-informed and trauma-targeted care for justice-involved girls in NYC. Examples of these types of successful services include trauma-informed yoga

⁴⁰ See generally "National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices." The National Child Traumatic Stress Network. Available at <http://nctsn.org/resources/topics/treatments-that-work/promising-practices>. (Providing a list of evidence-based and promising models, including models that address youth through individual therapies and group therapies.)

⁴¹ Patricia K. Kerig and Julian D. Ford. P. 7-8. (Noting that gender-responsive programming should emphasize holistic approaches, safety for girl, strengths-based opportunities, building relationships, culture responsiveness, and individual sexual health needs, such as girls who are pregnant or are already mothers.)

⁴² Id.

programs for girls (e.g. Lineage Project) and programs that support girls who have been sexually exploited or trafficked (e.g. Girls Educational & Mentoring Services).⁴³ CCC recommends these types of programs be expanded and available to all justice-involved girls.

In conclusion, CCC is grateful to the City Council for its commitment to addressing trauma in justice-involved young people’s lives and in working towards addressing these needs for their well-being and for their community. We look forward to working with you to continue supporting the expansion and utilization of trauma-informed care.

Thank you for the opportunity to testify.

⁴³ See Friedman, Jennifer D’angelo. “Research Shows Trauma-Informed Yoga Helps Girls in the Juvenile Justice System Heal.” *Yoga Journal* (website). May 18, 2017. Available at <https://www.yogajournal.com/poses/report-trauma-informed-yoga-can-help-girls-in-the-juvenile-justice-system-heal>. See also “Justice.” Lineage Project (website). Accessed on Nov. 20, 2017. Available at <http://www.lineageproject.org/justice>. See also “Mission & History.” GEMS Girls (website). Accessed on Nov. 20, 2017. Available at <http://www.gems-girls.org/about/mission-history>.