Coalition for Juvenile Justice

BACK TO BASICS FOR BETTER FUTURES:

ADDRESSING CHILDHOOD ADVERSITY WITH STRATEGIES FOR HEALING AND SYSTEM IMPROVEMENT

2026

EXECUTIVE SUMMARY

The Juvenile Justice and Delinquency Prevention Act (JJDPA) remains the cornerstone of juvenile justice policy in the United States. It provides protections and a foundational framework that prioritizes prevention, rehabilitation, and community safety through developmentally appropriate, evidence-based approaches. Grounded in adolescent brain science and affirmed by U.S. Supreme Court precedent, the JJDPA recognizes that youth are developmentally distinct, less culpable than adults, and fully capable of rehabilitation. The Act calls for trauma-informed, data-driven, and community-based systems that strengthen prevention and reentry, and facilitate long-term well-being for system involved youth.

This paper on Adverse Childhood Experiences (ACEs) is the second in a series of Back-to-Basics white papers written by the Coalition for Juvenile Justice (CJJ) that calls on the field, state agencies, and youth serving organizations to align practice and policy with decades of research, apply continuous evaluation, and advance cross-sector collaboration across education, health, housing, labor, and justice systems to create a coordinated continuum of care that fulfills the JJDPA's goal of a fair and evidence informed justice system.

Adverse childhood experiences (ACEs) are a critical yet often misunderstood catalyst of youth system involvement. While ACEs do not cause youth justice involvement on their own, research demonstrates that childhood exposure to trauma, particularly when compounded by systemic inequities, strongly influences mental health, substance use, violent behavior, risk of justice system contact, and other life outcomes well into adulthood.[1,2] Historically, justice systems have responded to trauma-related behaviors through punishment, surveillance, and exclusion rather than prevention, healing, or accountability.[3] Within the juvenile justice system, rehabilitation is the only appropriate response to youth behavior. When responses stray from this principle, they can deepen existing trauma rather than address its underlying causes, ultimately undermining healthy youth development and compromising long-term public safety.

Rather than viewing trauma exposure as an individual deficit, juvenile justice systems should understand ACEs as indicators of unmet needs, environmental stressors, and a lack of protective factors that support healthy development. This paper highlights the importance of responding to ACEs through developmentally appropriate, trauma-informed, and equity-centered system reform.

DEFINING ACES

Adverse childhood experiences refer to the traumatic experiences in childhood that directly affect long-term adolescent and adult well-being.[4] These experiences commonly include physical, emotional, and sexual abuse; neglect; and household dysfunction such as parental incarceration, substance use, mental illness, divorce, and domestic violence.[5]

Contemporary frameworks broaden this definition to include adversities that occur beyond the home. Community- and systems-level stressors, such as neighborhood violence, marginalization, racism, war, and natural disasters are increasingly being recognized as critical contributors to childhood trauma.[6] This broader understanding is particularly relevant for youth involved in the juvenile justice system, whose exposure to trauma often reflects structural inequities that disproportionately affect marginalized communities.[7] A culturally responsive ACEs framework requires acknowledging historical trauma and how it influences current social conditions like housing, education, and employment.[8]

Trauma can also arise from everyday social environments, particularly peer relationships. Peer-triggered adversity also constitutes a significant yet often overlooked form of trauma. Chronic peer victimization, including bullying and cyberbullying, can lead to lasting emotional harm, social withdrawal, aggression, and self-harm behaviors, like substance use.[9] In some cases, youth who are bullied may later engage in reactive aggression, increasing their risk of school-based disciplinary action or broader system involvement.[10] Recognizing bullying as a potential ACE broadens prevention efforts beyond the household and stresses the importance of school climate in shaping youth development.

SCHOOL-BASED APPROACHES TO ADDRESSING ACES

- Resource: Education Healthcare Public Services – Supporting Students with Adverse Childhood Experiences https://www.aft.org/ae/summer2019/murphey_sacks
- Resource: ACEs Aware – Preventing and Mitigating the Harmful Effects of Adverse Childhood Experiences Through School-Based Systems of Care https://www.acesaware.org/wp-content/uploads/2021/12/Preventing-and-Mitigating-the-Harmful-Effects-of-ACES-Through-School-Based-Integrated-Screenings-and-Care_Final.pdf
- Resource: ACEs Aware – Learning with ACEs: An Educator's Story https://www.youtube.com/watch?v=IojMILPYAwE

These interpersonal experiences are often shaped and intensified by broader societal disruptions. The COVID-19 pandemic and its effects have intensified adversity, introducing or worsening social isolation, economic instability, family illness and loss, and reduced access to mental health services. The pandemic functioned as a collective trauma, amplifying existing adversity for many young people, families, and communities. The temporary loss of in-person learning or services was particularly disruptive, removing critical supports such as structured routines, meals, and access to counselors and other mandated reporters.[11] At the same time, increases in family stress and domestic violence during the pandemic further elevated ACEs exposure, contributing to developmental and behavioral consequences that continue to affect youth today.[12]

Importantly, involvement in the juvenile justice system itself can function as an additional source of trauma. Encounters with law enforcement, court proceedings, and detention can expose youth to stressful and disempowering environments, which may be especially triggering for those with prior adversity.[13,14] The presence of violence, loud noises, restraint, threats, intimidation, intrusive questioning, and general hostility can reinforce feelings of fear, mistrust, or anxiety, worsening existing trauma or creating new stress responses.[15]

TRAUMA RESPONSES IN YOUTH

Adversity– whether rooted in family, community, or peer environments– can have profound developmental effects. From infancy through early adulthood, the human brain undergoes continuous development, with different regions maturing at varying rates across the lifespan. Traumatic experiences in early childhood occur during periods of high neuroplasticity, when the brain is actively rewiring to adapt to new environments. Strategies developed to cope with adversity can become ingrained, reshaping neural pathways and influencing emotional, behavioral, and cognitive functioning later in life.[16,17]

Adolescence is also a particularly sensitive period of brain development, especially in regions responsible for impulse control and emotional regulation. Stressors experienced during this formative period can alter the trajectory of the brain's maturation and contribute to the rise in psychological conditions, such as anxiety and depression.[18]

Prolonged exposure to stress can overstimulate the amygdala, which processes emotions like fear and aggression, while simultaneously impairing the prefrontal cortex, the region that is crucial for decision-making, impulse control, and executive function.[19]

Building on these neurological impacts, a growing body of research demonstrates a strong link between adverse childhood experiences and system involvement, with justice-involved youth reporting particularly high rates of ACEs.[20,21] In this context, many behaviors labeled as "defiant," "aggressive," or "criminal" may instead reflect trauma responses such as hyper vigilance, emotional dysregulation, avoidance behaviors, or survival-based decision-making. ACEs can also disrupt social-emotional development, limiting a young person's ability to build trusting relationships, function socially, and resolve conflict effectively.[22,23] Systems that fail to account for these underlying drivers risk imposing sanctions that compound trauma and ultimately increase the likelihood of deeper system involvement, which itself can be traumatizing and increase recidivism.[24,25]

RACIAL DISPARITIES IN ACES

Black, Latinx, and Indigenous youth experience ACEs more frequently than white youth. For example, a 2021 study found that the average ACE score among American Indians and Alaska Natives was more than 50% higher than among their white counterparts. [26] Environmental, educational, housing, and health disparities, many of which stem from discriminatory policies, have further compounded these challenges, forcing families to navigate persistent adversity.[27,28]

As a result, exposure to stressful events, such as abuse, violence, substance misuse, death, and parental separation, combined with limited opportunities for support and healing, can weep into intergenerational cycles of trauma.[29] Moreover, interpersonal racism significantly increases the risk of additional ACEs. For example, Black children are over six times more likely to witness or become victims of neighborhood violence.

These cumulative stressors disproportionately impact Black and Latinx youth, contributing to inequities in:

- Physical and mental health outcomes;
- Interactions with law enforcement; and
- Experience to life hardships compared to their white counterparts.[30]

Implications for Intervention

1. Understand the racial and ethnic disparities in ACEs exposure to inform comprehensive strategies that strengthen protective factors for those most vulnerable.
2. Integrate family-focused and parent-child interventions to increase familial protective factors.
3. Utilize screening tools that adequately identify ACEs exposure to support the development of culturally responsive interventions to support youth and their families

PRACTICAL ACES ASSESSMENT TOOLS

Recognizing that many behaviors observed in justice-involved youth may stem from ACEs highlights the importance of systematically identifying trauma exposure. Practical ACEs assessment tools provide a structured way for systems to identify and respond to these underlying experiences, guiding interventions that address root causes rather than punishing behavior.

The foundation for ACEs screening comes from a landmark study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente between 1995 and 1997. Published in 1998, the original 10-item questionnaire was designed to examine the relationship between childhood trauma and adult health outcomes, providing the basis for understanding how early adversity shapes long-term well-being. [31]

Although the original ACEs questionnaire illuminates the impact of childhood trauma, its purpose is not to stigmatize youth. Instead, ACE scores should inform strategies that support resilience and well-being. ACEs screening is most effective when it is embedded within a strengths-based, trauma-informed framework that recognizes both adversity and resilience. Therefore, assessment models must evaluate protective factors (individual, family, or community attributes that act as buffers against trauma) alongside exposure to adversity.[32]

High-quality screening instruments should ideally include the following characteristics:

- Brevity
- Practicality
- Culturally responsive and trauma-informed design
- Strengths-based orientation, assessing resilience alongside adversity
- Immediate linkage to services, ensuring screening is connected to concrete intervention, not punishment
- Cross-system integration with coordinated use across healthcare, education, behavioral health, and child welfare systems

Strengthening early identification and intervention before deep system involvement creates a critical opportunity to disrupt pathways to incarceration.

IMPLEMENTATION CONSIDERATIONS

The effectiveness of screening for ACEs depends not only on the tool itself but on the quality of implementation. Implementation planning should address the following components:

Workforce Training and Staff Well-Being: All actors within the juvenile justice system, including law enforcement, probation officers, court personnel, and facility staff, must be trained in trauma-responsive practice, cultural humility, strengths-based engagement, and safe response protocols. Staff well-being is also essential to sustainable implementation, as staff are often exposed to sensitive trauma histories and are at risk of vicarious trauma or re-traumatization.

Key strategies may include creating spaces for healing via wellness activities and peer check-ins, providing opportunities for reflection and access to mental health supports, and respecting staff who are uncomfortable administering ACEs screenings to prevent further harm.[33] Ensuring the well-being of all justice system actors not only protects staff but also strengthens the system's capacity to respond effectively and compassionately to youth.

Cross-System Alignment: Effective implementation also requires alignment across child-serving systems. Agencies should establish shared definitions, develop data-sharing agreements that protect confidentiality, and maintain coordinated referral pathways. This approach ensures coordinated, consistent, and holistic support for youth by aligning policies, communication, and service delivery, reducing fragmentation and improving outcomes for youth.

ACES VS RISK/NEEDS ASSESSMENT

ACEs assessments and risk/needs assessments serve fundamentally different purposes and must not be conflated.

ACEs assessments are designed to identify exposure to trauma and protective factors. Their purpose is to inform care, prevention strategies, and service planning. ACEs assessments should be used to connect young people and families to supportive resources, not justify detention, placement, enhanced supervision, or other punitive consequences.

Risk and needs assessments, by contrast, are structured tools used within the juvenile legal system to estimate the likelihood of reoffending and to guide court, probation, and placement decisions. These assessments focus on criminogenic risk factors and responsivity considerations.

Maintaining a clear separation between ACEs assessments and risk/needs assessments is essential. When trauma exposure is used to inform punitive decisions, systems risk deepening harm rather than promoting healing and public safety. See Appendix– Figures 1: ACEs Assessment vs. Risk/Needs Assessment in Juvenile Justice Systems.

ACES ASSESSMENT & RISK/NEEDS ASSESSMENT

ACEs ASSESSMENT TOOLS

- Crittenton Children's Center https://www.chcs.org/media/Crittenton-Childrens-Center-ACE-Questionnaire.pdf
- California Surgeon General's Clinical Advisory Committee https://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf

These are examples of ACEs assessments, which consist of a series of yes/no questions about experiences before the age of 18. These questionnaires help practitioners identify exposure to potentially traumatic events that may influence an individual's health, behavior, and overall well-being. The results can help guide appropriate responses and service connections, such as mentoring, counseling, and family support programs.

RISK/NEEDS ASSESSMENT TOOL | STATE EXAMPLE
The Ohio Youth Assessment System (OYAS) is a comprehensive risk and needs assessment used with juvenile offenders at multiple touchpoints across the juvenile justice system.

Core components of the assessment include:
- Structured interviews with youth
- Interviews with parents/caregivers
- Review of records, including court, medical, child welfare, and school records.

Resource overview: https://www.cech.uc.edu/content/dam/refresh/cech-62/ucci/overviews/oyas-overview.pdf

Understanding how ACEs assessments should be designed and implemented is only one part of the equation. Sustainable, system-wide change requires a policy framework that reinforces prevention, equity, and trauma-informed practice at every level. The Juvenile Justice and Delinquency Prevention Act (JJDPA) provides that federal framework.

The JJDPA establishes the federal foundation for state juvenile justice systems and creates meaningful opportunities to embed trauma-informed, prevention-oriented approaches into policy and practice.[34]

Through its core protections and funding mechanisms, the JJDPA can support ACEs prevention and healing-centered strategies in several keyways:

- Targeting early supports to reduce racial and ethnic disparities
- Addressing the trauma underlying runaway and survival behaviors
- Requiring states to adhere to continuum of care models grounded in developmental and brain science
- Encouraging State Advisory Groups to use Title II funds for prevention and healing-centered programming

RECOMMENDED IMPLEMENTATION FRAMEWORK FOR ACE-INFORMED JJDPA ADHERENCE
States can strengthen JJDPA adherence by integrating the following ACE-informed response strategies.

1. Screen for ACEs exposure at the earliest point of contact.
States should implement trauma-informed screening protocols at the earliest stages of system contact, such as police interviews, intake, diversion assessments, probation intake, or detention screening. Early identification helps jurisdictions recognize trauma-related needs before youth penetrate deeper into the juvenile justice system. This action also supports the JJDPA's goal by ensuring unnecessary detention and confinement when community-based responses are more appropriate.

2. Prioritize trauma-informed decision-making when identifying services for youth.
When ACEs screening results indicate elevated trauma exposure, jurisdictions should prioritize diversion programs, community supervision alternatives, behavioral health referrals, and family support services— the goal of which is to ensure that youth with significant trauma exposure are connected to services that address underlying needs rather than defaulting to confinement or court processing.

3. Expand community service capacity for youth with high ACE scores.
Effective screening must be paired with accessible services. States should strengthen community capacity for trauma-informed therapy, community mentoring programs, family-based interventions, substance use treatment, and school reintegration supports. State Advisory Groups may consider using Title II funds to support these prevention and service networks.

4. Integrate ACEs information into case planning.
When secure detention is unavoidable, ACEs asseements should inform individualized service planning. This may include trauma-focused mental health treatment, substance use services, mentoring programs, family stabilization supports, and school engagement strategies. Using ACE-informed case planning supports the JJDPA's emphasis on evidence-based, trauma-informed programming for justice-involved youth.

5. Train youth-serving professionals in trauma-informed practice.
States should ensure that professionals who interact with justice-involved youth (including probation staff, educators, law enforcement, attorneys, and judges) receive training on the impact of trauma on youth behavior and appropriate responses that emphasize stability, support, and accountability. Training should be designed with the understanding that the agency itself shapes how staff interact with youth and with one another. Agency leaders should provide resources and guidance to ensure that policies, procedures, and organizational practices consistently reflect trauma-informed principles. To foster empathy and deepen understanding, system employees may also be encouraged to participate in personal ACEs assessments as an educational exercise, helping staff recognize how adversity shapes behavior, informing more compassionate, developmentally appropriate responses.

6. Monitor racial equity in ACE-informed diversion.
Consistent with the JJDPA's requirement to address racial and ethnic disparities, states should track screening, diversion, and service outcomes across race, ethnicity, gender, and geography. Monitoring these data points allows jurisdictions to identify whether ACE-informed screening is being applied consistently and whether youth from different social groups are receiving equitable access to diversion opportunities and community-based services. This ensures that ACE-informed diversion practices reduce disparities rather than unintentionally reinforce them.

CONCLUSION

ACEs are not evidence of individual failure but indicators of unmet needs and systemic inequalities. When juvenile justice systems respond to trauma with punishment, they risk perpetuating harm. By prioritizing prevention, healing, and equity, we can transform these systems into institutions that promote accountability, resilience, and long-term well-being for youth and communities.

Continued research is necessary to strengthen screening practices, identify effective interventions, and guide trauma-informed policy. Equally important is advancing research on resilience. The next paper in this series will focus on protective factors and highlight strategies that actively promote youth resilience and buffer the effects of adversity.

COMING SOON IN THE BACK-TO-BASICS SERIES

II. Strengthening Youth Through Protective Factors: Centering Families, Community, and Cross-System Collaboration

III. Operationalizing Trauma-Informed Care for Justice Involved Youth

IV. Care Over Custody: Alternatives to Arrest for Youth

V. Strengthening Youth and Public Safety Through Community-Based Alternatives to Incarceration

Footnotes

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APPENDIX

FIGUIRE 1: ACES ASSESSMENT VS. RISK/NEEDS ASSESSMENT IN JUVENILE JUSTICE SYSTEMS

ACEs ASSESSMENT

WHO

- Trained professionals across child-serving systems, including:
  - Healthcare providers
  - Behavioral health professionals
  - Education personnel
  - Child welfare staff
- Juvenile justice actors (e.g., probation, intake staff)

WHAT

- Structured questionnaire on childhood experiences (abuse, neglect, household challenges)
- May include expanded domains:
  - Community violence, racism, systemic inequities
  - Peer trauma (bullying, cyberbullying)
- Strengths-based screening: Identifies protective factors (family support, mentors, school connection)
- Voluntary, confidential, trauma-informed approach

NEXT STEPS AFTER ASSESSMENT

- Immediate connection to services:
  - Trauma-informed therapy (e.g., CBT)
  - Family support services
  - Mentoring programs
  - Substance use treatment (if needed)
- Develop individualized, healing-centered care plans
- Divert from formal system involvement when possible

PRIMARY PURPOSE

- Understand underlying trauma and unmet needs to inform trauma-responsive care
- Identify support systems

RISK/NEEDS ASSESSMENT

WHO

- Juvenile justice system personnel, including:
  - Probation officers
  - Court personnel
  - Intake and assessment staff
- May include input from:
  - Youth interviews
  - Caregivers
  - Administrative records (court, school, child welfare)

WHAT

- Structured interviews + record review:
  - Criminal history
  - Peer associations
  - School performance
  - Family environment
- Focus on:
  - Criminogenic risk factors (likelihood of reoffending)
  - Responsivity factors (how youth respond to interventions)

NEXT STEPS AFTER ASSESSMENT

- Determine system response:
  - Diversion vs. formal processing
  - Level of supervision (low, moderate, high)
  - Placement decisions (community vs. detention)
- Assign interventions targeting criminogenic needs:
  - Behavioral programs
  - Structured supervision plans

PRIMARY PURPOSE

- Estimate risk of reoffending
- Inform supervision and placement decisions

APPENDIX

FIGUIRE 2: LINKING ACES EXPOSURE TO SUPPORTIVE INTERVENTIONS

ACES EXPOSURE LEVEL	COMMON PRESENTATIONS	RECOMMENDED SUPPORTS	SYSTEM RESPONSE PRINCIPLE
Low Exposure (0-1 ACEs)	Generally stable functioning; mild stress or adjustment challenges	• School-based social-emotional learning • Mentoring programs • Positive youth development	Prevention-focused supports
Moderate Exposure (2-3 ACEs; emerging risk factors)	Anxiety; school disengagement; peer conflict	• Counseling (individual or group) • Family support services • School-based mental health supports	Early intervention
Elevated Exposure (4-5 ACEs; multiple domains of adversity)	Emotional dysregulation; agression or withdrawl; substance use risk	• Trauma-focused therapy (e.g., Trauma-Focused Cognitive Behavioral Therapy) • Case management • Mentoring + structured programming • Substance use prevention/intervention	Targeted, trauma-informed services
High Exposure (6+ ACES; complex, ongoing trauma)	Disorganized attachment (ex. extreme trust issues, rejection sensitivity); high conflict relationships; high system involvement risk; co-occuring mental health needs	• Clinical trauma treatment • Family stabilization supports • Multi-system collaboration (education, behavioral health, child welfare)	Intensive, coordinated care to avoid deep system involvement

REMINDERS

- ACEs scores should never be used to determine punishment, detention, or supervision level
- Higher scores indicate greater need for support, not a higher risk of criminality
- Services should be individualized, culturally responsive, and strengths-based
- Always assess protective factors alongside adversity

APPENDIX

FIGUIRE 3: LINKING ACES TRIGGERS TO ROOT ISSUES AND TARGETED SUPPORTS