From Adversity to Resilience in the

Justice Sector

Findings from *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*

How Adversity Can Impact Justice Outcomes

Recent estimates suggest that **62%** of California adults have experienced at least one **Adverse Childhood Experience (ACE)**, and **16%** have experienced four or more (2011–2017 data).[1] A key mechanism by which ACEs increase risk for negative health, behavioral, and social outcomes is through biological changes known as the **toxic stress response**, which is defined by the National Academies of Sciences, Engineering, and Medicine as "prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years."[2,3] In a dose-response fashion, ACEs can lead to serious health risks, such as heart disease, stroke, cancer, dementia, mental health and substance use disorders, and premature mortality, including by suicide.[4-14]

Data suggest that more than 90% of incarcerated adults have experienced at least one ACE and almost 50% have experienced four or more

Research reveals a very high prevalence of ACEs among incarcerated populations, demonstrating dose-response relationships between ACEs and juvenile and adulthood arrest, felony charges, and incarceration.[15-17] One study found that half of incarcerated youth had experienced four or more ACEs,[18] while combined data from the United States and Wales suggest that more than 90% of incarcerated adults have experienced at least one ACE and almost 50% have experienced four or more.[19-21]

While most individuals with significant ACEs do not encounter the criminal justice system, exposure to ACEs is a well-documented risk factor for justice involvement, which may be an important indicator of severe and untreated toxic stress. This increased risk is mediated through a complex interaction of biological and social factors, including biological susceptibility, family and social supports, income, race, education, and access to treatment services. The neurobiological impact of trauma begins before birth and contributes to what is known as the "cradle-to-prison pipeline."[22] Cumulative adversity is also associated with poorer educational and social outcomes, including learning, developmental, and behavior problems, high school noncompletion, unemployment, low life satisfaction, and poverty—many of which increase risk of incarceration and also serve to transmit adversity to the next generation.[4,9,15-17,23-25] Many ACE-Associated Health Conditions, including substance dependence, school failure, and mental illness, predispose for exposure to the justice system and risk of incarceration.[26-28] ACEs and other adversities are also, in and of themselves, risk factors for juvenile and adulthood arrest, felony charges, and incarceration.[15-17]

There also exist striking disparities by race/ethnicity, gender, and income in terms of who ends up in the criminal justice system, and those disparities deserve continued attention. Bias in policing practices can lead to negative health impacts for Black, Indigenous, and other people of color.[29-35]

The Role of the Justice Sector in Preventing and Mitigating Toxic Stress

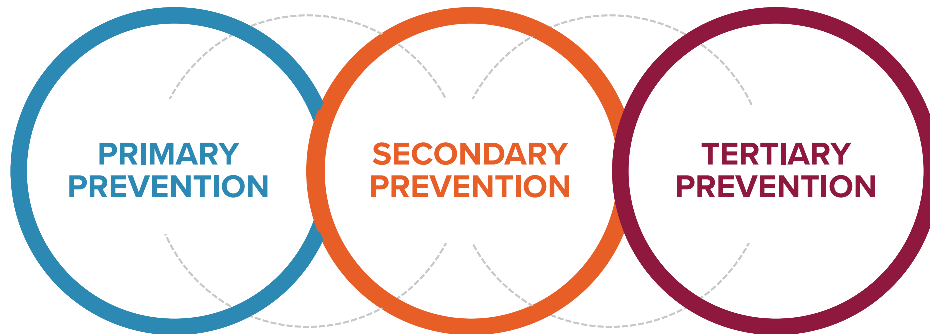
Preventing entry into the justice system for youth and young adults who have had ACEs and other adversities is the first point of prevention. Reducing the impacts of the "school-to-prison pipeline" through restorative justice practices, promoting healthy school climate, and targeted supportive interventions for at-risk youth is a worthy goal.[36,37]

Encounters with law enforcement and the justice system are intrinsically stressful and potentially traumatic, especially for at-risk populations such as youth who have experienced ACEs.[38] Training in trauma-informed approaches for everyone working in the justice system—from first responders and court employees to peace officers and probation officers—may mitigate stress, trauma, and retraumatization. Alternatives to traditional justice proceedings and incarceration, such as restorative justice programs, aim to prevent additional traumas and maintain community support.

In addition, fostering the health and well-being of staff who are charged with the care of those involved in the justice system is a critical component of trauma-informed justice practices, as many workers have experienced their own ACEs and also experience high levels of stress in their jobs. This is especially true among justice-sector employees such as police officers, social workers, and probation officers, who experience trauma, vicarious trauma, and burnout at very high rates.

Providing proper preventive and treatment-oriented physical and mental health care while an individual is justice-involved or incarcerated results in lower rates of delinquency and recidivism, higher employment, better social functioning, and other positive outcomes.[39-45] Programs that are comprehensive and consider the medical, educational, vocational, and psychosocial needs of individuals and their families upon release encourage rehabilitation and recovery.[18] Justice system personnel may connect individuals in need with a local healthcare provider trained in ACE screening, identifying signs and symptoms of toxic stress, and trauma-informed care through the ACEs Aware provider directory.[46]

Justice Sector Strategies for Preventing and Addressing ACEs and Toxic Stress



Primary Prevention Strategies

These actions focus on reducing the total dose of adversity, including preventing ***any*** *exposure to the justice system, and increasing the total dose of buffering factors.*

Secondary Prevention Strategies

These actions aim to minimize additional toxic stress for justice-involved people to minimize future involvement with the justice system and prevent further toxic stress during current encounters.

Tertiary Prevention Strategies

These actions aim to lessen the effects of toxic stress in people under the care of the justice system and ensure continuing supports following release.

Primary Prevention Strategies

- Reducing the school-to-prison pipeline
- Limiting zero-tolerance policies
- Improving school connectedness, community sources of resilience
- Preventing children from entering adult criminal courts
- Increasing police accountability
- Ensuring youth access to counsel
- Ending mandatory minimum sentences
- Increasing the age of "youth offender parole"
- Providing trauma-informed training for all justice personnel
- Supporting well-being among justice-sector personnel
- Improving access to preventive healthcare

Secondary Prevention Strategies

- Training correctional staff in trauma-informed justice practices
- Implementing Neighborhood Courts and other restorative justice practices
- Offering pretrial diversion programs
- Alternative sentencing options, such as home monitoring, drug courts, and mental health courts that connect individuals to needed services
- Implementing initiatives that reduce and address the impacts of childhood adversity and toxic stress

Tertiary Prevention Strategies

- Providing preventative and treatment-oriented physical and mental healthcare for justice-involved or incarcerated individuals
- Providing trauma-informed assessment and care in justice services
- Re-entry programs that address past adversity and support reintegration into the community

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