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Administrator and Practitioner Perspectives on Trauma-Focused Interventions for Incarcerated Male Juvenile Offenders

Tatrina Bailey

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Walden University

College of Social and Behavioral Sciences

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Review Committee

Dr. Clarence Williamson, Committee Chairperson,
Criminal Justice Faculty

Dr. John Walker, Committee Member,
Criminal Justice Faculty

Dr. Tamara Mouras, University Reviewer,
Criminal Justice Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Administrator and Practitioner Perspectives: Trauma-Focused Interventions for
Incarcerated Male Juveniles Offenders

By

Tatrina Bailey

MS, Prairie View A&M University, 2015

BS, Texas State University, 2007

Dissertation Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

April 2021

Abstract

The juvenile justice system of the United States has about two million adolescents under the age of 18 years, of which 85% are male. Seventy to ninety percent of juvenile offenders were exposed to some type of trauma, causing the U.S. Department of Justice to a call for instituting trauma-informed procedures in the juvenile justice system. The purpose of this qualitative study was to explore facility administrators' and practitioners' perceptions of their roles in administering and choosing to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. Using the theory of social construction of policy, the research questions focused on practitioners' and administrators' perceptions of their decision-making related to trauma-focused treatment for juvenile offenders. Seven individuals participated in semi-structured interviews, and thematic analysis yielded results indicating that practitioners assessed trauma, tailored interventions, and built treatment readiness in offenders. Administrators reported tailoring interventions and monitoring progress, and both groups cited the inability to control environmental factors such as juveniles' family and neighborhood conditions, developmental challenges, and a lack of transition support for juveniles after release. Despite constraints, professionals could respond to offenders' trauma-related needs. More research is needed to examine actual clinical practice. The study's findings may be used by administrators for positive social change by developing a systematic, collaborative approach to trauma-informed treatment for juvenile offenders leading to a decrease in recidivism, and healthier communities overall.

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Dedication

This dissertation is dedicated to my mother, Joyce Bailey, and my grandmother, Atlean Nix, whom I promised to dedicate this dissertation to before they left this world. You both taught me to believe in myself and that I would be somebody one day. You both were here at the beginning of my educational journey. I have always strived for greatness, no matter what life threw at me.

Thank you both for giving me the strength to reach for the stars and my dreams. Without your endless love and encouragement, I would never have been able to complete my graduate studies. I appreciate everything that you have done for me. Thank you. I love and miss you. Love always.

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In their hearts humans plan their course, but the LORD establishes their steps.

--Proverbs 16:9

All glory to God!!! The completion of this dissertation would not have been possible without the support and encouragement of several special people in my life. Hence, I would like to take this opportunity to show my gratitude to those who have assisted me in a myriad of ways. I dedicate this dissertation to my two guardian angels: my mother, Joyce Bailey, and grandmother, Atlean Nix. First and foremost, I thank you for instilling in me hard work and perseverance. Not a day goes by that I don't think about you. You pushed me to never give up on my hopes and dreams and live life to the fullest. Words can't express how thankful I am to have had you both in my life. Many people doubted my unwavering drive and success, but neither of you ever did. I know you are looking down on me and smiling with joy to see me conferred as Dr. Bailey. When I walk across the stage, all thanks go to you, my dear angels.

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Chapter 1: Introduction to the Study

The juvenile justice system of the United States had about 2 million adolescents under the age of 18 years in 2008, of whom 85% are male (Leone & Fink, 2017). The focus group of this study was juvenile male offenders. Should rehabilitation of these youths not be effective, it is more likely that they may return to jail after being released (Hayne, 2019; Pusch & Holtfreter, 2018; Underwood & Washington, 2016). To improve rehabilitation, correctional administrators and practitioners should consider the impact of childhood trauma on juvenile male offenders. There is a high prevalence of childhood trauma in the United States with as many as one in four children experiencing some form of maltreatment (Ezell et al., 2018). The prevalence of maltreatment is higher among children in the juvenile justice system. Up to 90% of juvenile offenders experienced some form of trauma such as neglect, violence, or abuse, often causing the problematic behavior that led to their arrest, according to researchers (Cauffman et al., 2015; DeHart & Moran, 2015; Wolff et al., 2017). The high concentration of traumatized youths in the juvenile justice system led to the U.S. Justice Department to call for instituting trauma-focused procedures in corrections of juvenile offenders in 2005 (Buckingham, 2016).

In this study, I explored the perceptions of administrators and practitioners working in facilities for male juvenile offenders (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches). My focus was on their perceptions of their roles in using and choosing whether to implement trauma-focused treatment interventions for incarcerated male juvenile

offenders. The data collected findings may provide positive social change as learning from administrators' and practitioners' perspectives on implementing such treatment interventions can produce successful outcomes and decrease juvenile criminal offenders' propensity to return to jail. Current literature focuses on such topics as trauma-informed care for juvenile offenders, trauma and psychology of criminals, evidence-based approaches using trauma-informed care for children of criminal offenders, trauma-focused cognitive behavior therapy of adolescents in treatment facilities, and child welfare interventions using trauma-informed care practices (Bates-Mayes & O'Sullivan, 2017; Branson et al., 2017; Champine et al., 2018; Everhart Newman et al., 2018; Ezell et al., 2018; Goldbeck et al., 2016; Hanson & Lang, 2016; Mathys, 2017; Olafson et al., 2016; Skinner-Osei et al., 2019). However, there is a lack of research regarding implementing trauma-focused treatment interventions for male juvenile offenders, specifically from the perspectives of administrators.

In Chapter 1, I provide an overview of the background of the study and the study problem and purpose that motivated the development of the research questions (RQs). I introduce the theoretical framework for the study and define specific terms used in the study. An introduction of the nature of the study precedes discussion of the assumptions, scope and delimitations, limitations, and significance of the study. Last, I summarize the main elements of the chapter and provide a transition to Chapter 2, which contains the literature review.

Background

As Branson et al. (2017) showed, there has been great emphasis on the creation of trauma-informed practices in the US juvenile justice system. However, there are obstacles to the provision of trauma-focused interventions for incarcerated male juvenile offenders that are at least partly dependent on the decisions of facility-level administrators and cooperation between administrators and mental health care providers (Hayne, 2019; Johnson et al., 2015; Shaffer et al., 2019). Several researchers have documented the lack of adequate financial and other resources to administer optimal mental-health interventions for incarcerated offenders as an essential obstacle to proper treatment (Hayne, 2019; Johnson et al., 2015; Shaffer et al., 2019). Hayne noted that the standards for mental healthcare set by the National Commission on Correctional Health Care provided guidance (as opposed to mandated requirements) for detention administrators, but there were insufficient data on the number of administrators who chose to follow the guidelines. Furthermore, Hayne and Shaffer et al. documented a lack of effective standardization of mental healthcare implementation across penal institutions, including inconsistent mental-health assessment and classification, and an inappropriate influence of sociocultural biases and geographic and financial influences on mental healthcare implementation for incarcerated offenders of all ages.

Juvenile delinquency and recidivism are major factors of concern that the juvenile justice system is supposed to address according to King and Elderbroom, 2014. There is a growing body of literature that links juvenile criminal behavior with trauma and trauma

with adverse childhood experiences (ACEs) which include histories of abuse (Cauffman et al., 2015; DeHart & Moran, 2015; Wolff et al., 2017). Research is of great importance in not only understanding the causes and effects of trauma on youth but also in developing appropriate interventions to address trauma (Frydman, 2020). Evidence from research shows that a large number of young offenders involved in the criminal justice system in the United States have a past that involved exposure to trauma (Buckingham, 2016). Ranjbar and Erb (2019) noted, for instance, that rehabilitation professionals in the juvenile justice system regularly work with individuals who have mental health challenges such as depression and anxiety that are linked to ACEs. There are different trauma-informed practices that administrators and practitioners in the field of criminal justice engage in, yet the level of awareness of different practitioners varies.

To address the lack of a standard, evidence-based protocol for mental healthcare treatment interventions in correctional facilities, including facilities that house male juveniles, correctional psychiatrists Tamburello et al. (2016) developed an American Academy of Psychiatry and the Law (AAPL)-approved resource document to give practical guidance to administrators and practitioners. In this resource document, the researchers emphasized the importance of effective collaboration between mental healthcare practitioners and custody personnel within the structured chain of command. Tamburello et al. observed that relationships between psychiatrists and custody personnel became strained when recommended clinical interventions conflicted with standard correctional protocols. Tamburello et al. also noted that custody personnel and health

providers served as resources for one another and that mental healthcare training offered to supervising officers benefits all stakeholders, as the officers can respond more appropriately and be more aware of inmate behavior that poses a risk to self, peers, or staff. Like supervising officers and facility wardens, correctional psychiatrists play an important role in policy development and treatment delivery at the facility level (Patterson, 2015). The leadership provided by psychiatrists may be more responsive to incarcerated offenders' mental healthcare needs, however.

In a textbook chapter on the role of psychiatrists in correctional services, Patterson (2015) assessed the leadership role that psychiatrists have in correctional care. Patterson observed distrust and cynicism among custody staff regarding mental healthcare as a further obstacle to the provision of optimal treatment for offenders. However, Patterson found that psychiatrists influenced the delivery of care by providing leadership at three different levels: leadership of treatment teams that provided direct services to inmates, leadership at the program level when acting as the director of mental health services for a single facility, and leadership at the systems level.

In Patterson's (2015) account, a psychiatrist based in a single facility or commuting between multiple facilities reported in each institution to the chief administrative officer, warden, or departmental secretary. Patterson therefore indicated that correctional psychiatrists exerted a strong influence on the level and kind of care administered to incarcerated populations, including juvenile offenders. The juvenile justice system plays an essential role in rehabilitating juvenile offenders and preventing

the possibility of reoffending (Tamburello et al., 2017). Addressing trauma and preventing retraumatization is an important part of preventing recidivism. Incarceration of juveniles is seen as a serious punishment that is meant to correct problematic behaviors. However, the kind of interventions offenders receive while incarcerated determine whether they are rehabilitated or not (Cullen, 2017). There is a wide range of literature showing why it is essential to focus on the mental health of incarcerated juveniles as part of rehabilitation (Underwood & Washington, 2016). However, Ezell et al. (2017) asserted that there is a gap between test findings of mental health issues in inmates including juvenile offenders and the decision to instate appropriate treatment measures. Furthermore, there was a gap in literature on how administrators and practitioners interpret their role in trauma-focused care of incarcerated juvenile offenders.

Problem Statement

Addressing trauma is critical to the successful rehabilitation of minors involved in the U.S. criminal justice system. Approximately 2 million adolescents under the age of 18 years old, mostly males, are involved with the U.S. juvenile justice system, and failure to effectively rehabilitate these minors is problematic (Hayne, 2019; Pusch & Holtfreter, 2018; Underwood & Washington, 2016). There are different studies focused on understanding the link between trauma and incarceration of juveniles and the exposure of incarcerated juveniles to trauma. Available information shows that trauma is a major contributor to problematic behaviors that can result in juveniles becoming involved with the criminal justice system (Ezell et al., 2017). The finding that 70-90% of juvenile

offenders had been exposed to some type of trauma led the U.S. Department of Justice to call in 2005 for the institution of trauma-informed procedures in corrections in the juvenile justice system (Branson et al., 2017). Failure to effectively address trauma leads to problems such as high rates of recidivism. Traumatized youths who become incarcerated may be retraumatized by harsh treatment by officers; after release, they may reoffend and reenter the correctional system, drop out of school, or participate in high-risk activities such as drug abuse and gangsterism (Branson et al., 2017). The population of the study was facility practitioners and administrators in juvenile corrections which included juvenile correctional officers, teachers, case managers, psychologists, dorm supervisors, and behavioral coaches.

Practitioners and administrators in the juvenile justice system directly deal with incarcerated offenders. Despite the existence of a wide range of research on trauma-focused interventions in juvenile justice, there was a gap in research with regard to understanding the perspectives of practitioners and administrators (Bates-Mayes & O'Sullivan, 2017; Branson et al., 2017; Champine et al., 2018; Everhart Newman et al., 2018; Ezell et al., 2018; Goldbeck et al., 2016; Hanson & Lang, 2016; Mathys, 2017; Olafson et al., 2016; Simpson et al., 2018; Skinner-Osei et al., 2019; Snyder, 2018; Vitopoulos et al., 2019; Young et al., 2017). Administrators and practitioners provide trauma-focused interventions to incarcerated juvenile offenders (Branson et al., 2017; Ezell et al., 2017). Research is important in understanding reasons why practitioners use or do not use trauma-focused interventions. In addition, the perspectives of practitioners

and administrators may illuminate their experiences in the juvenile justice system in applying different interventions to treat incarcerated male juveniles. Trauma-focused care necessitates high levels of staff collaboration to instill trust in the youths being treated, which calls for different approaches in dealing with juvenile offenders (Olafson et al., 2016). However, it was not known how administrators and practitioners perceive their roles in administering trauma-focused interventions to incarcerated male juvenile offenders (Branson et al., 2017). Differences in role perception and intervention approaches for engaging with incarcerated male juvenile offenders has resulted in delays and different approaches in providing intervention, including provision of medication (Hayne, 2019).

A qualitative study was necessary to explore how administrators and practitioners at the study sites perceived their roles in trauma-focused intervention of incarcerated male juvenile offenders. Findings may shed light on the barriers and enabling factors experienced by these individuals in executing their duties. I conducted this study to contribute to the body of existing knowledge and fill gaps in research relating to trauma-focused intervention for incarcerated male juveniles.

Purpose of the Study

The purpose of this qualitative study was to explore facility administrators' and practitioners' perceptions of their roles in administering and choosing to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. The facility administrators and practitioners included teachers, case managers, psychologists,

juvenile correctional officers, dorm supervisors, and behavioral coaches. The data gathered from participants includes demographic information such as gender, position, and experience in correctional services. In addition, the data collection process included in-depth interviews to gain understanding of the participants' perceptions and feelings regarding their role in trauma-focused treatment interventions of juvenile offenders who have histories of exposure to trauma.

It was important to understand the perceptions of the administrators and practitioners in the study regarding the roles they play in administering and choosing trauma-focused treatment interventions. The reason is that the findings may yield strategies that stakeholders can use to promote better outcomes for male juvenile offenders who have histories of exposure to trauma. Increased understanding of administrators' and practitioners' perspectives may facilitate more effective provision of trauma-focused treatment interventions to incarcerated male juvenile offenders, leading to a reduction of these offenders' negative behaviors during incarceration and recidivism after release (see Spinazzola et al., 2017; Yoder et al., 2017).

Research Questions

I sought to answer two RQs in this study:

RQ1. What are the perceptions of practitioners (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches) at youth detention centers who administer trauma-focused treatment interventions to

incarcerated male juvenile offenders of their role in deciding whether and how to administer such interventions?

RQ2. What are the perceptions of administrators of such centers about their role in deciding whether and how trauma-focused interventions are administered to juvenile offenders?

Theoretical Framework

The theoretical framework for this qualitative study was the theory of social construction of policy. Social constructivist approaches focus on the creation of reality and how certain individuals perceive the world around them. Therefore, this is an important approach in exploring the perspectives of practitioners and administrators on trauma-focused interventions and treatment of incarcerated male juveniles. According to Warble and Sabatier (2018), the idea of social construction was introduced in the late 1980s, when researchers surmised that public policymakers typically describe target populations of public policy in terms of positive or negative and distribute the benefits and burdens of a policy to reflect and perpetuate these constructions. Generally, this means that policymakers tend to reinforce the status quo when devising new policy, and that ideals such as egalitarianism, justice, and morality may be neglected in policy decisions because of biases held by the policymakers.

The theory of social construction is of great importance in understanding policy. For this study, theory of social construction of policy provided a framework for understanding the subjective factors in administrators and practitioners that influence

policy and practice related to trauma-focused interventions for incarcerated male juveniles. Gathering in-depth responses regarding the experiences of practitioners and administrators shed light on administrative and practitioner obstacles to trauma-focused treatment interventions for incarcerated male juvenile offenders, and assisted in the identification of the images, stereotypes, and assignments of values on the part of administrators and practitioners that contribute to the implementation of these interventions. Exploring the perspectives of administrators and practitioners leads to understanding of opportunities and challenges in the application of trauma-focused interventions in the juvenile justice system. The theory of social construction and policy design developed by Schneider and Ingram (1997) plays an important role in understanding the development and implementation of policy design.

In the study, the policy of interest was trauma-focused corrections for juveniles. The theory of social construction of policy is important in attempting to understand why public policies may sometimes fail to meet the intended purpose, for instance, the purpose of the juvenile justice system in rehabilitating young offenders and preventing reoffending. Reduced recidivism indicated that administrators and practitioners committed to implement policy and evidence-based intervention efficiently (Latessa, 2018). According to social constructivism, the experience of individuals plays an important role in shaping their knowledge; therefore, the experiences of administrators and practitioners with trauma-focused interventions influences their perceptions on trauma and trauma-focused treatment.

Nature of the Study

I employed a generic qualitative design to address the research problem. The purpose of the generic qualitative study explored facility administrators' and practitioners' perceptions of their roles in administering and choosing to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. The practitioners and administrators included, teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches.

The purpose of the study and the RQs justified the need for a qualitative research design. The focus in this case was on understanding perspectives, attitudes, and perceptions of participants, therefore there was need for qualitative data. Percy et al. (2015) asserted that generic qualitative designs are suitable for reporting the subjective opinions, attitudes, experiences, and beliefs of people on things in the world around them. This approach was therefore suitable in reporting the subjective opinions of administrators and practitioners in juvenile justice on trauma-focused interventions for male incarcerated offenders. A generic qualitative design facilitated the answering of the two RQs through collection of relevant qualitative data. Patton (2015) asserted generic qualitative studies used a qualitative approach within-depth interviews and researcher field notes without binding the study to a particular research design. Setting out to collect data was preceded by obtaining the needed permissions and recruiting suitable participants according to the inclusion criteria developed. The unit of analysis for this

study was the administrators and practitioner working at the chosen juvenile male corrections facility.

I obtained permission to recruit 5-10 participants who had experience of trauma-focused intervention with male juvenile offenders. Participants were administrators and practitioners employed as teacher, case manager, psychologist, juvenile correctional officer, dorm supervisor, and behavioral coach. Data collection was conducted by virtually interviewing participants on Skype or Zoom. The in-depth interviews were conducted with the assistance of an interview protocol and were audio taped to ensure accurate capturing of data. Throughout data collection, field notes augmented the audio taped interviews as I captured conversational clues such as prolonged silences, tone of voice, and the like that were relevant to the discussion. Audio data transcribed by the researcher before analyzing it with the aid of a predeveloped plan to identify codes and themes from the transcribed interviews. Chapter 3 contains a detailed description of the procedures followed in participant recruitment, data collection, and analysis.

Definitions

The following key terms used in this study are defined for the sake of clarity:

Administrators and practitioners: Professionals who directly engage with incarcerated male juvenile offenders, including employees such as teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches.

Complex trauma: Trauma that is the result of recurring traumatic events that occurred frequently and compromised cerebral physiology; disturbed attachment (i.e., relating or bonding with others); or caused emotional dysregulation, behavior mismanagement, and poor self-esteem (Ezell et al., 2018, p. 516).

Juvenile justice system: A term that encompasses juvenile courts, police, attorneys for the child and the state, probation and intake officers, detention centers for juveniles, placement social agencies placing children while awaiting court cases, and juvenile correctional facilities (Rosenheim, 2002).

Traumatic event: An event “that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs” (American Psychological Association Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, 2008, p. 2). Trauma is caused by an incident(s) or experiences that have led to physical or emotional harm or threats for a person; it has permanent undesirable effects on the performance and overall well-being of the person (Substance Abuse and Mental Health Services Administration, 2014).

Trauma-focused practice in juvenile justice settings: A practice type that “proffers objective consideration of a child’s social, emotional, and developmental life-course in formulating appropriate adjudication and sentencing guidelines” (Ezell et al., 2018, p. 509).

Trauma-informed care (trauma-focused care): An “organizational change process based on principles intended to promote healing and reduce the risk of re-traumatization

for vulnerable individuals including those in correctional facilities or under correctional supervision” (Yoder et al., 2017, p. 253).

Assumptions

In the process of planning an investigation the researcher makes assumptions regarding participants’ availability, and data collection. It is necessary to approach research planning with openness and willingness to listen to advisors (Yin, 2014). I assumed that I would be able to sample the planned number of participants and that they would be willing to share their views and experiences with me in an open and truthful manner. I assumed that the participants would respond to all the questions in the interview protocol and provide accurate and clear information regarding their perceived role and practices in terms of trauma-focused care when dealing with incarcerated male juvenile offenders. Making these assumptions was vital to conduct the research and produce a report on the findings.

Scope and Delimitations

I focused on trauma-focused care as implemented in male juvenile facilities by administrators and practitioners working with incarcerated male juvenile offenders. Additionally, the focus of the study is on the perceptions and experiences of the administrators and practitioners about their perceived role in implementing and deciding to implement trauma-focused care when dealing with incarcerated male juvenile offenders. The study was delimited to juvenile corrections facilities in all geographical regions. This generic qualitative study was further delimited to the subjective data

collected from the participants through the use of an open-ended interview protocol. Patton (2015) asserted that explorations into the practical activities of people “can be addressed without allegiance to a particular epistemological or philosophical tradition” (p. 154). This assertion of Patton sanctions a generic study focusing on participants’ perceptions by using semi-structured interview questions and making observations on phenomena of interest towards trauma-focused care delivery to incarcerated male juvenile offenders. Using a generic qualitative approach, I explored the perceived roles of administrators and practitioners working in a male juvenile facility in the United States. In this generic qualitative study, I aimed to understand how the perceptions of their role within trauma-focused care of male juvenile offenders shaped the administrators’ and practitioners’ decision making of whether to implement trauma-focused care and how to implement trauma-focused care. The focus of this study was delimited to trauma-focused care as perceived and administered by administrators and practitioners of the participating juvenile corrections facility. Consequently, the results of this study are transferable to other similar facilities and led to additional questions and future policy and practice implications.

Limitations

Every research design involving human participants has limitations in terms of multiplicity and instrumentation (Patton, 2015). In qualitative research, the researcher is the main instrument in collecting data and performing data analysis. To avoid any misunderstanding of interview questions, I used a panel of experts to advise me on the

questions, and the interview questions were field tested on a similar group of corrections officers. To increase the trustworthiness of the research, I requested the participants to perform member checking since the substantiation of transcripts minimize threats to trustworthiness (Merriam & Tisdell, 2016). Participants received a summary of the transcription with a note requesting them to perform script authentication and return the document with notes to me.

There were different kinds of limitations and challenges that affected the study. There were, however, effective measures implemented to overcome the limitations, for example, challenges to do with time and resources were dealt with through proper scheduling. A qualitative approach was used in conducting the study which heightened the possibility of personal bias in the analysis. However, there was a high level of objectivity. I greatly relied on self-reported data which makes it challenging to determine the accuracy. This meant that I had to take what the practitioners and administrators said at face value. The design of different studies is usually subject to limitations, and it is up to the researcher to work towards overcoming the limitations.

Significance

I focused on how administrators and practitioners working in a male juvenile correction setting perceive their role in providing and deciding on provision of trauma-focused care. When corrections officials differ in their role perceptions and approaches to care delivery to incarcerated male juvenile offenders, there may be delays in care provision and different approaches in intervention provision (Hayne, 2019). It was

essential to understand the perceptions of the administrators and practitioners regarding the roles they play in administering and selecting trauma-focused care. Despite existing research on trauma-focused intervention in juvenile justice, there is a gap in research regarding understanding the perceptions of practitioners and administrators of their roles in trauma-focused intervention.

The findings from this research provided new insights into how administrators and practitioners perceived their roles in terms of delivery and selection of trauma-focused care to incarcerated male juvenile offenders. The findings may also invite additional research by researchers and juvenile justice facilities. Efforts of policy makers to provide clearer role descriptions to administrators and practitioners regarding provision of trauma-focused care to incarcerated male juvenile offenders may bring about policy and social change.

Social Change

The findings produced better outcomes for male juvenile offenders with histories of exposure to trauma. Trauma-focused strategies avoid retraumatization, establish a safe environment, and empower recipients to control their feelings and take responsibility for their decisions. Retraumatization may occur through harsh treatment (e.g., unfriendly tone of voice, shouting, or acting in an irritated manner) by facility administrators and practitioners towards male juvenile offenders. Such actions may retraumatize the offenders and lead to insufficient rehabilitation resulting in incarcerated youth's reentering the correctional system or participating in high-risk activities such as drug

abuse and gang involvement (Branson et al., 2017). The findings of this study may promote wider implementing of trauma-focused care which has been found to diminish adverse behavior and promote successful integration with society thus minimizing recidivism.

Policy or Practice Change

Policy influences the behavior of correctional staff by shaping their perceptions of offenders and the behavior of correctional staff towards offenders (Owens & Smith, 2012). While administrators have the responsibility to implement policy, they may not be clear on the implications of policy on the constitutional rights of offenders and how it influences practitioners' behavior (Owens & Smith, 2012). Increased understanding of administrators' and practitioners' perspectives may lead to insights that will facilitate more effective provision of trauma-focused treatment interventions to incarcerated male juvenile offenders, leading to a reduction of these offenders' negative behaviors during incarceration and recidivism after release (Spinazzola et al., 2017; Yoder et al., 2017). The outcomes of this research can contribute to deeper understanding of reasons practitioners use or fail to use trauma-focused interventions.

Summary

Males represent a large percentage of the nearly 2 million incarcerated juvenile offenders in the United States (Leone & Fink, 2017), justifying the exclusive focus of this research on male juvenile offenders. Between 70% and 90% of incarcerated juvenile offenders have experienced one and more traumatic incidents (Cauffman et al., 2015;

DeHart & Moran, 2015; Wolff et al., 2017). Researchers found that the adverse effects of trauma were responsible for the juvenile offenders' misbehavior and subsequent involvement with juvenile justice (Cauffman et al., 2015; DeHart & Moran, 2015; Wolff et al., 2017). The high concentrations of traumatized youths in the juvenile justice system led to the U.S. Justice Department to call for instituting trauma-focused procedures in corrections of juvenile offenders (Buckingham, 2016).

The treatment juvenile offenders received during their stay in juvenile corrections facilities may serve to retraumatize them instead of providing support towards improved behavior and personal control. Failure to address and manage the juvenile offenders' psychological state and behavioral response triggered by past trauma, may serve to maintain adverse behavior and their subsequent return to prison. Implementing trauma-focused care with juvenile offenders was demonstrated to improve the juvenile's ability to control behavior and take responsibility for actions. Lower recidivism numbers were noted in cases where trauma-focused care was implemented.

The extant literature focused on understanding the link between trauma and incarceration of juveniles and the exposure of incarcerated juveniles to trauma. Trauma-focused care necessitated high levels of collaboration of all staff to instill trust in the youths being treated, which calls for different approaches in dealing with juvenile offenders (National Child Traumatic Stress Network, 2016). However, it is not known how the administrators and practitioners perceived their roles in administering trauma-focused interventions to incarcerated male juvenile offenders (Branson et al., 2017). This

generic qualitative study aimed to contribute to the body of existing knowledge and fill the gap in research related to trauma-focused intervention for incarcerated male juveniles.

This chapter presented the research problem, purpose statement, background of the study, theoretical framework, and information on the nature of the study. In chapter 2, there is a focus on providing a review of relevant professional and scholarly literature.

Chapter 2: Literature Review

Introduction

The purpose of this generic qualitative study was to explore facility administrators' and practitioners' (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches) perceptions of their roles in administering and choosing whether to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. It was important to understand the perceptions of the administrators and practitioners regarding the roles they play in administering and selecting trauma-focused treatment interventions. The findings may yield strategies that stakeholders can use to generate better outcomes for male juvenile offenders who have histories of exposure to trauma. Implementation of trauma-focused strategies may help recipients to avoid retraumatization, establish a safe environment for them, and empower recipients to control their feelings and take responsibility for their decisions. More effective provision of trauma-focused treatment interventions for incarcerated male juvenile offenders may lead to a reduction of these offenders' negative behaviors during incarceration and recidivism after release (see Spinazzola et al., 2017; Yoder et al., 2017).

Approximately 2 million adolescents under 18 years, mostly males, are involved with the U.S. juvenile justice system, and failure to effectively rehabilitate these minors is problematic (Hayne, 2019; Pusch & Holtfreter, 2018; Underwood & Washington, 2016). The extant literature focused on understanding the link between trauma and incarceration

of juveniles and the exposure of incarcerated juveniles to trauma. Underwood and Washington (2016) noted that administrators of juvenile justice services focused, until the late 1970s, on preventing youth from committing crimes in the future. This focus changed towards increasingly punitive measures in the 1980s and onwards, leading to provisions to prosecute juvenile offenders in adult courts in the 1990s. The changed perspective that juveniles cannot be rehabilitated, as believed in the 1970s, brought with it more punitive actions such as solitary confinement and harsh treatment of these youths in the juvenile criminal system (Underwood & Washington, 2016). However, more recently the approach to juvenile offenders has changed to one of rehabilitation.

Policy influences correctional staff's perceptions of offenders and shapes their behavior (Owens & Smith, 2012). Administrators are responsible for implementing policy; however, they may not be acutely aware of the implications of policy on the constitutional rights of offenders and how it influences practitioners' behavior (Owens & Smith, 2012). Researchers have showed that trauma (e.g., physical or sexual abuse) is a major contributor to problematic behaviors that lead to juveniles' involvement with the criminal justice system (Cauffman et al., 2015; DeHart & Moran, 2015; Wolff et al., 2017). These traumatized youths may be retraumatized through harsh treatment by facility administrators and practitioners, such as unfriendly or demanding tone of voice or shouting and acting in an irritated manner. Retraumatization may lead male juvenile offenders to later reoffend and reenter the correctional system, drop out of school, or participate in high-risk activities such as drug abuse and gang involvement (Branson et

al., 2017; Buckingham, 2016). The finding that 70-90% of juvenile offenders had been exposed to some type of trauma (e.g., physical or sexual abuse, neglect, or violence) led the U.S. Department of Justice in 2005 to call for instituting trauma-informed procedures in corrections in the juvenile justice system (Buckingham, 2016; Miller & Najavits, 2012). The population of the study was facility practitioners and administrators in juvenile corrections who included juvenile correctional officers, teachers, case managers, psychologists, dorm supervisors, and behavioral coaches.

Despite the existence of a wide range of research on trauma-focused interventions in juvenile justice, there is a gap in research regarding the perceptions of practitioners and administrators of their roles in trauma-focused intervention (Bates-Mayes & O'Sullivan, 2017; Branson et al., 2017; Champine et al., 2018; Everhart Newman et al., 2018; Ezell et al., 2018; Goldbeck et al., 2016; Hanson & Lang, 2016; Mathys, 2017; Olafson et al., 2016; Simpson et al., 2018; Skinner-Osei et al., 2019; Snyder, 2018; Vitopoulos et al., 2019; Young et al., 2017). Administrators and practitioners should all be trained to provide trauma-focused interventions for incarcerated juvenile offenders, according to Skinner-Osei et al. (2019). Research is important in understanding reasons practitioners use or do not use trauma-focused interventions. The perspectives of practitioners and administrators may provide insight on how they use various interventions to treat incarcerated juvenile males.

Trauma-informed care necessitates high levels of collaboration of all staff to instill trust in the youths being treated, which calls for different approaches in engaging

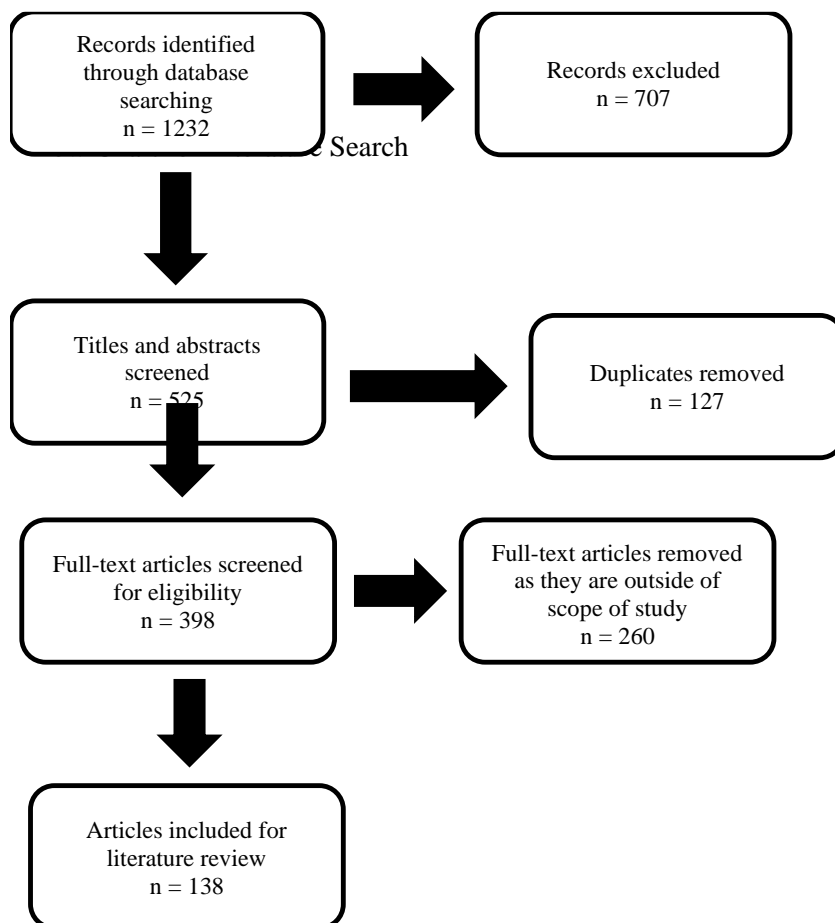
with juvenile offenders (National Child Traumatic Stress Network, 2016). However, it is not known how administrators and practitioners perceive their roles in administering trauma-focused interventions to incarcerated male juvenile offenders (Branson et al., 2017). Differences in role perception and intervention approaches to incarcerated male juvenile offenders result in delays and varied intervention practices, including provision of medication (Hayne, 2019). A qualitative study exploring how administrators and practitioners in the location of interest perceive their roles in trauma-informed intervention of incarcerated male juvenile offenders may shed light on the barriers and enabling factors experienced by these individuals in executing their duties. This study adds to the body of existing knowledge and fills gaps in research relating to trauma-focused intervention for incarcerated male juveniles.

In this chapter, I first discuss the theoretical framework that underpinned this study. Then, I explore the prevalence and effect of trauma in youths. Differences between male and female incarcerated youth are explored including experiences of trauma among incarcerated youth, especially males. This review is followed by an exploration of the mental health of male juvenile offenders, which provides support for my analysis of trauma-informed practices. The chapter concludes with a summary.

Literature Search Strategy

The Walden University Library provided access to different online databases. The online databases used to locate literature sources included SAGE, ProQuest Criminal Justice, and Google Scholar. The key words used in the literature search included

trauma-focused intervention, trauma in incarcerated male juveniles, trauma treatment in incarcerated juveniles, gender differences in incarcerated juveniles, rehabilitation of incarcerated male juvenile offenders, trauma and incarcerated youth, and perceptions on trauma-focused intervention in juvenile justice. I used SAGE to search for search terms such as *criminal justice, juvenile justice, recidivism, gender differences in incarcerated youth, and trauma-focused intervention.* ProQuest Criminal Justice searches focused on search terms including *juvenile law, juvenile courts, and criminal justice reform.* Last, Google Scholar searches included the following search terms: *trauma-focused intervention, trauma in incarcerated male juveniles, trauma treatment in incarcerated juveniles, rehabilitation of incarcerated male juvenile offenders, trauma and incarcerated youth, and perceptions on trauma-focused intervention in juvenile justice.* I excluded dissertations from the literature review. Research published within the last 5 years was mainly targeted, including peer-reviewed articles and full-text studies, to provide a precise account of the problem and to explore current approaches. Articles that were older than 5 years played an important role in understanding the background of concepts. It became apparent that there was substantial research concerning recidivism and mental health problems among juvenile offenders but that trauma-informed approaches were not fully explored. To select articles, I reviewed them to make sure they are relevant for the study. Figure 1 exhibits the flow chart for the literature search.

Figure 1*Literature Search Flowchart***Theoretical Foundation**

The theoretical framework for this qualitative study was the theory of social construction of policy. According to Pierce et al. (2014), who conducted an extensive analysis of 111 past empirical studies between 1993 and 2013 on the social constructivist theory of policy, this was one of the leading theories on public policy with increasingly more applications in a variety of policy domains. Pierce et al. found that studies of

policies on criminal justice, education, and social welfare were well represented domains using the social constructivist theory of policy as framework. The current study with its focus on incarcerated juvenile offenders was strongly related to all three of the above-mentioned domains. In the context of the proposed research and based on the theory of social construction, exploring administrator and practitioner perspectives regarding their role in administering and choosing to administer trauma-focused interventions to incarcerated male juvenile offenders will provide a framework for understanding the subjective factors in administrators and practitioners that influence policy and practice related to these interventions.

Social constructivist approaches focused on the development of reality and how people perceive the world around them (Teater, 2015). Social construction of policy is an important approach in exploring the perspectives of practitioners and administrators on trauma-focused interventions and treatment of incarcerated male juveniles. According to Ingram et al. (2007), and Weible and Sabatier (2017), the idea of social construction was introduced in the late 1980s when researchers surmised that public policymakers typically described target populations of public policy in terms of positive or negative, and distributed the benefits and burdens of a policy to reflect and perpetuate these constructions. Generally, this means that policymakers tend to reinforce the status quo when devising new policy, and that ideals such as egalitarianism, justice, and morality may be neglected in policy decisions because of biases held by the policymakers.

Berger and Luckmann (1966) established the theory of social construction on which the theory of social construction and policy design is based. The theory of social construction suggested that a person's knowledge and experiences are governed by their social environment. Society plays a determining role in individual's structuring and interpretation of information or knowledge. Ingram et al. (2007) developed the theory of social construction and policy design into an interconnected framework towards the end of the 1980s. According to this framework, policy makers made use of the positive and negative aspects of a specific group to establish how the policy would benefit or inconvenience the group (Pierce et al., 2014). How the policy was designed can explain why the policy succeeded or failed and how it impacted group opinion (Ingram et al., 2007). By influencing group opinion, the policy design impacts on participation opportunities and the distribution of resources. In addition, the behaviors and beliefs of the targeted group are sculptured by the policy messages (Ingram et al., 2007; Pierce et al., 2014). The six chief schemes of social construction and policy design include the following

1. The overall message sent by the policy to the specific recipient group.
2. The distribution plan of benefits and liabilities.
3. The effect of power and social construction on designing policy.
4. The fourth is public endorsement or praise affects social construction.
5. Social constructions are temporary and can be modified or transformed.

6. Patterns of modification are linked to diverse policy designs. (Ingram et al., 2007, p. 3-4)

Treatment of Targeted Groups

Governments treated and behaved towards targeted groups in a particular manner, according to the policy design. Moreover, the policy design determined the way in which messages towards the targeted group is structured and who will deliver messages to the group. Furthermore, material aspects of policy influenced the distribution of resources while representational policy elements are linked with the social construction of the targeted groups (Ingram et al., 2007).

Assigning Benefits and Liabilities

The assignment of benefits and liabilities of target groups is done according to the social construction of the targeted groups (e.g., worthy or unworthy) together with the political power of the targeted groups. Four group categories are formed, namely privileged groups, challengers, dependent, or irregular groups. Each of the four group categories have a specific positive or negative social construction and political power linked to them.

Privileged groups are positively, socially constructed, enjoy significantly more political power and resources, and their social construction is positive. This group is regarded as important both socially and politically and treated with respect. Their benefits also exceed their liabilities and policy makers gain politically from distributing resources to this group (Ingram et al., 2007).

Challenger groups also have significant political assets, but in contrast with privileged groups, the challenger groups are linked with weak political power and are regarded negatively in terms of ethical standards, self-centered, and deceitful. Challenger groups might display favoritism when distributing benefits among group members. Due to them being regarded negatively, it is regarded as improper to allocate benefits to challenger groups (Ingram et al., 2007).

Although policy makers link dependent groups with positive social construction, they are politically weak and are pitied. This group does not receive many benefits while liabilities overprescribed based on their inadequate political power. Supplies are rather taken away from the challenger group instead of them getting a larger portion of supplies. There is a lack of self-help opportunities, leaving them dependent on agencies and services. It is in policy makers' interest to demonstrate dealing with dependent groups (e.g., children), policies are often symbolic and not material, thus only creating the notion of assistance. The only real providers are not for profit organizations, churches, or the private sector (Ingram et al., 2007).

Irregular groups received a negative label of being underserving and have virtually no political power. With their status as irregular or different, this group's liabilities far outweigh their benefits and they often receive ban or mistreatment. Their lack of political power opens this group to receive disrespectful treatment from government and the public (Ingram et al., 2007).

Targeted groups will be treated according to their social construction and level of dependence. Not all policy makers make use of positive and negative categorization of groups. Some policies are typified by their scientific approach and the use of sound reasoning in the place of political power and the social construction of groups (Ingram et al., 2007).

Influence of the Public

The sentiments of the public together with their approval of policy makers' behavior determine policy makers' response to the creation and use of social construction to categorize target groups. Some social construction stays the same for long periods of time while others may change following discussions from the policy makers.

Social Construction Can Change

Social constructions do not change easily, especially in cases where the policy design underpins the social constructions. Policy design influences the development of social constructions and group's efforts to change the way in which they are constructed (Ingram et al., 2007).

Policy Change and Policy Design

Differences in policy change patterns are linked to design principles. Progressive and expert policies portray institutions' culture. Whereas progressive policies are characteristically challenging and conflicting, expert politics are more balanced and scientific in nature (Ingram et al., 2007).

The theory of social construction is important in understanding policy. In this study, the theory of social construction of policy provided a framework for understanding the subjective factors in administrators and practitioners that influence policy and practice related to trauma-focused interventions for incarcerated male juveniles. Gathering in-depth responses regarding the experiences of practitioners and administrators may shed light on administrative and practitioner obstacles to trauma-focused treatment interventions for incarcerated male juvenile offenders. It could also assist in the identification of the images, stereotypes, and assignment of values on the part of administrators and practitioners that contribute to the implementation of these interventions.

Pierce et al. (2014) conducted a literature review on the application of the social construction theory up to 2012. Applications of the theory within criminal justice were found during the years 1997 to 2012, with the most publications in 2012. Pierce et al. found that the social constructive theory was used in instances where the authors, included in the Pierce et al. review, advocated for change and in dealing with groups that lack power, this group drew 67% of the publications (e.g., youth who are positively constructed or criminals who are negatively constructed). The narratives used to describe a group play a significant role in the perceptions and behaviors of stakeholders. For instance, the changed narratives of people with HIV/AIDS, led to remarkable changes in the management of this alternative group (Pierce et al., 2014).

Researchers' Use of the Social Construction Theory

The current research on the use of social construction theory in juvenile justice or trauma-focused intervention is sparse. There were, however, other related studies that are reported on. The perspective of prostitutes as engaging in deviant behavior was prevalent until fairly recently. This social construct led to a sentiment of eradication of prostitutes who taint the concept of femininity with their promiscuous behavior (Gurd & O'Brien, 2013). Men, as consumers of the sex product, were regarded as having a typical masculine need and buying sexual services served, in a sense, to emphasize their masculinity. This contrasting view of the service delivery and buying of the same service, served to illustrate how social conception functions within deviant behavior perspectives (Gurd & O'Brien, 2013). The so-called John Schools were established to dissuade men from buying sexual services. Gurd and O'Brien analyzed the contents of these schools' curriculum and found that the curriculum developers aimed to use narrative in changing the perspectives of men charged with buying sexual services. Based on the social conceptual theory, the curriculum developers aimed to redress the perspectives of the male users of sexual services and to take responsibility for their decision to purchase it. The aim of the training was to change the male users' perspectives about the female sex workers through information giving. Gurd and O'Brien reported moderate success in diminishing the men's desire to buy sexual services.

The political arena in the United States often makes use of positive or negative social constructs when passing a law or contesting presidency. Dagan and Teles (2015)

wrote a scholarly article on social constructs of target groups used by politicians and policy makers. Any socially prominent group can be targeted in the political arena. An example is the slogan *tough on crime*, used by the Republicans, became so entrenched in the political arena that overcrowding of prisons through mass incarceration was not regarded as problematic (Dagan & Teles, 2015). The narratives used by the party and media conveyed the message that the public must be safeguarded against criminals, and the fact that a large percentage of these criminals were serving time as a result of draconic drug laws did not occur to policy makers, journalists, or the public. Dagan and Teles asserted that social constructs lead to bias and emotional responses of stakeholders, change in these sentiments involve debasing which is hard to achieve. Feedback on incarceration statistics, recidivism, and lack of previous offenders' integration into society also suffered from negative social constructs thus failing to demonstrate that the underlying policies were at fault and not only the wicked criminals. It was only after many years' of damaging influence of mass incarceration on families, employment, and communities that policy change was being considered and changes implemented that saw incarceration rates decreasing. The policy change resulted from researchers' and advocacy groups' changed narrative on mass incarceration that highlighted the social and family impacts thereof together with the cost implications to the nation (Dagan & Teles, 2015).

Owens and Smith (2012) argued that policies based on social constructs impacted the civil rights of target groups (e.g., incarcerated youth). The underlying social construct

of the policy also tended to shape public views and behavior towards the target group, this may be positive or negative. The punitive measures favored by corrections staff demonstrated the principle discussed by Owens and Smith; for instance, the incarceration policies that deny drug offenders the right to receive food or money gave rise to the stop and frisk custom of correctional officers.

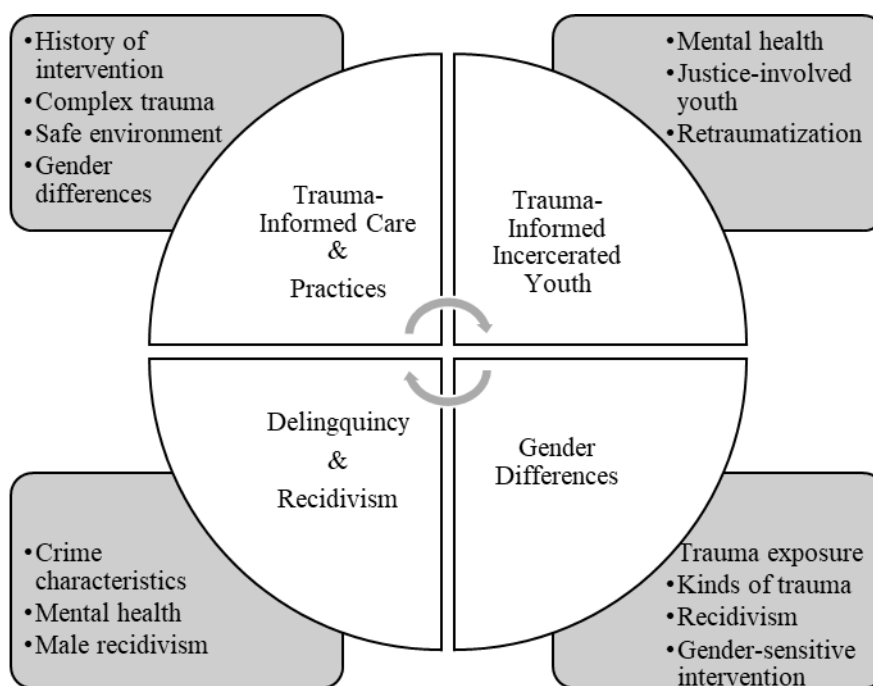
Exploring the perspectives of administrators and practitioners led to understanding of opportunities and challenges in the application of trauma-focused interventions in the juvenile justice system. The theory of social construction and policy design which was developed by Ingram et al. (2007) played an important role in understanding the development and implementation of policy design. In this study, the policy of interest was trauma-focused corrections for juveniles. Social construction theory is important in attempting to understand why public policies may sometimes fail to meet the intended purpose; for instance, the purpose of the juvenile justice system in rehabilitating young offenders and preventing reoffending. Recidivism is an indicator of failure of public policy, correctional interventions, and reintegration processes implemented (King, & Elderbroom, 2014). The social construction theory explained stereotypical views of target groups and how policy and associated behavior is based on perceptions of social groups such as economically advantaged, economically disadvantaged, or delinquents.

In formulating the RQs, the notions of the social constructivism theory were used by asking questions about the narratives used by the administrators and practitioners and

how these would influence their behavior towards incarcerated male juvenile offenders, their decisions of intervention strategies, and perceptions of barriers. The RQs of this study were asked inquiring about the perceptions of administrators and practitioners regarding their role in trauma-focused intervention practices in dealing with incarcerated male youths. According to social constructivism, the experience of individuals played an important role in shaping their knowledge; therefore, the experiences and perceptions of administrators and practitioners with trauma- focused interventions influenced their perceptions on trauma and trauma-focused treatment (Siemens, 2017). Figure 2 provides a schematic overview of the literature review that includes the categories and themes found in the reviewed literature. This discusses trauma-informed care and practices and the history of trauma-care intervention, the complexity of trauma in adolescents, and safe environments. Further discussion will be introduced regarding trauma-informed incarcerated youth, situations involving mental health, re-traumatization, and justice-involved youth situations. Also emerging from a literature review was gender differences related to incarceration and the effects of trauma exposure, types of trauma, and gender-sensitive interventions. The last area for discussion in this literature review discussed delinquency and recidivism with information on crime characteristics, mental health, and male recidivism.

Figure 2

Schematic Layout of the Literature Review



Literature Review Related to Key Concepts

There has been increased interest in trauma-focused interventions for incarcerated offenders by practitioners and legislators (Skinner-Osei et al., 2019). I focused on understanding the perspectives of administrators and practitioners of trauma-focused interventions for incarcerated juvenile male offenders. Important concepts of interest in the literature review included gender differences in incarcerated juvenile offenders (under 18 years of age), exposure to trauma among incarcerated juveniles, trauma-focused intervention, mental health of male juveniles in detention, treatment of traumatized juveniles, and trauma-focused care. This literature review presents information that directly aligned to the problem statement and the purpose of the study.

There is a higher number of incarcerated male juveniles than females which makes it necessary to focus on male juveniles. Sawyer (2019) reported that there are more than 48,000 juvenile offenders in some kind of confinement. Youths in juvenile residential facilities are likely to be Black or Indian American males as 14% of incarcerated youths are Black Americans with 42% male and 35% female. There are slightly more female youths among American Indian offenders (3%) while the male representation is 1.5% (Sawyer, 2019, p. 2-3).

There is a need to effectively rehabilitate juvenile offenders. Trauma-focused interventions is among the strategies that could be used in the process of rehabilitation of juvenile offenders. Branson et al. (2017) conducted a literature review of studies on trauma-informed care. Out of 950 studies reviewed the researchers found 10 that complied with their inclusion criteria. To be eligible, the studies had to be written in English, use the original definition of trauma-informed care, be focused on juvenile offenders, promote trauma-informed care for this group, and, last, be focused on the principles of trauma-informed care (Branson et al., 2017). There is a risk of retraumatizing traumatized youth because of harsh treatment and punishment in incarceration (Branson et al., 2017). This shows that lack of effective rehabilitation can contribute to recidivism. Recidivism is an important concept in this literature review. Retraumatized juveniles are hardened and have a high likelihood of reoffending and being involved in the criminal justice system again. A number of studies provided information on trauma-focused interventions and what they entail. The researchers

followed the PRISMA-P guidelines for coding and analysis to conduct the systematic review. Although Branson et al. admittedly could utilize different coding and analysis strategies apart from using recognized strategies for systematic reviews, the systematic review highlighted issues on defining trauma-informed care that needs to be clarified to ensure a more uniform approach. Branson et al. found that researchers differ about which trauma-informed approaches should be included in intervention. However, 8 of the 10 reviewed articles showed some consensus on the need to train all corrections staff when embarking on trauma-informed care with juvenile offenders. This is important in understanding the perceptions of different stakeholders on trauma-focused intervention and on the trauma that incarcerated male juveniles are exposed to.

Trauma and Incarcerated Youth

Incarceration of juveniles is a result of the problem of juvenile delinquency. A significant number of youths in the juvenile justice system have experienced trauma with most reporting more than one traumatic experience over a prolonged period of time (Connor et al., 2015). In their commentary overview of current literature, the researchers asserted that up to 60% of youths in juvenile justice experienced more than one trauma before their 18th birthday (Connor et al., 2015). Connor et al. reported that statistics from the Centers for Disease Control showed that in 2008, 740,000 children received emergency care due to trauma incidents at home. A qualitative study involving the parents of 211 children aged 3 to 6 years, revealed that on average the children experienced more than five traumatic events at the time of the study (Hagan et al., 2016).

At least one of the traumatic events reported involved interpersonal trauma between the child and a parent. The parents of the children who completed the open-ended questionnaire reported that at least 76% of the children had witnessed traumatic events such as serious family violence or kidnapping (Hagan et al., 2016). The participating families represented a group that were referred to the hospital for treatment of their children due to symptoms of posttraumatic stress disorder (PTSD). A limitation of the Hagan et al. study was that the sample was small and not representative of the larger community.

Experiences of trauma during childhood can lead to higher levels of psychological problems and unhealthy behaviors such as PTSD, anxiety, depression, and self-harming (Hagan et al., 2016; Lind et al., 2017). Lind et al. conducted a correlational study of a large sample of freshmen college students (N= 1599) of whom nearly 65% were female. The goal of the researchers was to determine the correlations between the childhood exposure to interpersonal versus accidental traumatic situations and disturbance sleep patterns, PTSD, and alcohol use disorder (AUD). A third of the sample reported experiencing at least one interpersonal traumatic event. Sleep disturbances were present in 61% of the group that experienced traumatic events with 56% reporting PTSD symptoms and 14% with AUD that further influenced the sleep disturbances. The researchers concluded that interpersonal traumatic events significantly affected the participants' mental health (PTSD) and sleep patterns. Intervention addressing the PTSD and AUD may result in improved sleep patterns. A limitation of the study was that the

symptoms were self-reported without objective measures to verify them, and generalizability of findings is limited college students. Despite the limitations, the results could be generalized to similar samples and the results confirm other research that interpersonal violence significantly influence sleep patterns of victims. In addition, AUD was reported by participants linking it to PTSD and sleep disorders, indicating that successful treatment of one condition (e.g., sleep disturbance) could lead to diminishing the severity of the other conditions (e.g., AUD).

Self-harming behaviors and psychological problems have a negative influence on the wellbeing of these children (Young et al., 2017). Young et al. conducted a review of juvenile offenders pertaining to mental health and wellbeing, justice, and intervention strategies. The researchers asserted studies consulted showed a prevalence of 62% of juvenile delinquents being exposed to at least one traumatic situation before the age of 5 years, which emphasizes the need for trauma-focused intervention. Traumatic experiences often lead to PTSD and problematic behaviors such as gangsterism, substance abuse, aggressive and acting-out behavior. Problematic behaviors contribute to juveniles being in contact with the criminal justice system. Youth crime is a major issue of concern globally (Young et al., 2017). Young et al. asserted that young offenders may commit offenses because of problematic behaviors that are a result of them being victims with complex needs. The researchers concluded that the juvenile justice system should employ a child-friendly system where the child's needs and the influence of the traumatic events are taken into consideration when sentencing and treating the juvenile offender.

Wolff et al. (2017) conducted a study that examined the relationship between ACEs and recidivism in a sample of over 25,000 juvenile offenders in community-based treatment. The researchers conducted a 12-month follow-up empirical study of the sample juvenile offenders. The results of the study showed a significant relationship between ACEs and delinquency. This relationship is important to understand when studying juvenile corrections as the influence of ACEs should be addressed through trauma-focused interventions that could reduce instances of recidivism. The outcomes of this research showed that higher reported levels of ACE could be linked with a greater risk of recidivism. This follow-up study was plagued by attrition of participants and relied on self-reported instances of ACEs which limited the outcomes of the study. However, a large sample was included mitigating the attrition. The results linking recidivism with ACEs were found a significant indicator of the need to implement trauma-focused intervention of incarcerated juvenile offenders (Wolff et al., 2017).

An analysis of the histories of juvenile delinquents according to the presence or absence of the 10 most prominent ACEs, showed a strong relationship between the number of ACEs reported and delinquency (Craig et al., 2017). The 10 ACEs include

- (1) physical abuse, (2) emotional abuse, (3) sexual abuse, (4) physical neglect, (5) emotional neglect, (6) household substance abuse, (7) violent treatment towards mother, (8) parental separation or divorce, (9) household mental illness, and (10) having a household member incarcerated. (Craig et al., 2017, p. 35)

The researchers used the Cambridge Study in Delinquent Development (CSDD) to determine the longitudinal influence of ACEs on individual's lives, until age 56 years. The information presented showed ACEs are responsible for individuals' development of antisocial behaviors later in life and this increases likelihood of being involved with the criminal justice system. The findings of the Craig et al. study confirmed previous research that the presence of ACEs increased the possibility of incarceration across the life span investigated. Craig et al. identified factors that buffered the effects of ACEs which could be used to predict the possibility of not getting involved in crime. These factors were identified by analyzing cognitive, household, environmental and educational factors in non-offenders who were exposed to ACEs before age 18 years. The presence of buffering factors, including high IQ scores (verbal and non-verbal), high school certificate, and low scores on taking dares, hyperactivity, and impulsivity as well as being reserved with few friends, decreased the possibility of being involved in crime. A limitation of the Craig et al. study is that the CSDD instrument was not originally designed to measure ACEs. Added to this, the CSDD measured adverse events up to 10 years of age and not 18 years. Furthermore, the CSDD was originally developed based on experiences of male youths in southern United Kingdom which limits the applicability with other groups. Despite its limitations, the findings of the Craig et al. study may be useful in designing intervention strategies by emphasizing potentially buffering factors.

A quantitative study by Farina et al. (2018) explored childhood trauma and psychopathic features among juvenile offenders. The study showed that there is limited

research examining the relationship between childhood trauma and psychopathy. Farina et al. emphasized that understanding of the traumatic history of adolescent offenders is essential in overall assessment and development of effective treatment plans. Farina et al. used zero-order correlations and linear regression to compare the data sets of adolescents in residential treatment in Pennsylvania (N=253) and in Missouri (N=723). A significant relationship between psychopathy and childhood trauma was found, but a limitation was that the study did not include a clear focus on mediating factors. Studying the youths' traumatic history contributed to understanding of the causes of problematic behaviors and trauma-informed treatment prevents a repeat of the same. Childhood trauma is associated with psychopathy for both female and male juvenile offenders (Farina et al., 2018). The causes of childhood trauma include emotional and physical abuse.

The Adverse Childhood Experiences Questionnaire (ACEsQ) measures the presence and frequency of ACEs in the lives of individuals (Carrie et al., 2018). Carrie et al. (2018) reported on the use of the ACEs to determine exposure to different kinds of trauma in a sample of 67 adult male offenders. The researchers reported that previous studies found that incarcerated males experienced up to four times more ACEs compared to non-offenders. Trauma is strongly associated with mental health issues in offenders (e.g., PTSD). Carrie et al. conducted a study to establish the nature of trauma adult male offenders were exposed to. Two childhood trauma questionnaires [Childhood Trauma Questionnaire (CTQ) and Trauma History Questionnaire (THQ)] and the PTSD section of the Mini International Neuropsychiatric Interview (MINI) were implemented during

in-person sessions where the questions were read to the 67 participants and answers were noted on a tablet. The results of the study indicated that the incarcerated men had experienced at least double the number of ACEs compared with the general male public. In addition, 10% of the participants presented with PTSD, which is double the number of the general public. The study was limited to a small sample size of urban offenders, which limits its generalizability. The researchers excluded sex offenders and those inmates with significant or unmanaged mental health issues which influenced the findings of the study. The findings of the Carrie et al. study can be used when implementing trauma-informed practices to avoid retraumatization of adult and juvenile inmates.

Children under the age of 18 years who were exposed to more than one of the 10 ACEs mentioned earlier over an extended period may experience complex trauma (Cook et al., 2018). Complex trauma is characterized by poor self-regulation and poor interpersonal relationships. Children who experience complex trauma may have to live with the influence thereof for the rest of their lives. Methods to cope with complex trauma could lead to developing psychiatric problems, chronic medical needs, difficulties in obtaining and maintaining work and family relationships, and criminal activity. Cook et al. warned that diagnosis of mental health disorders (e.g., PTSD) does not establish the presence of ACEs and the effects thereof on child development. Based on 2001 data obtained from the National Child Abuse and Neglect Data System developed by the Children's Bureau of the US Department of Health and Human Services, Cook et al.

developed a detailed theoretical analysis of complex trauma, its associated effects on children and possible treatment regimens which are useful to researchers and practitioners dealing with juvenile offenders. This specific and detailed information is important in trauma-informed care to avoid retraumatization.

Trauma Among Justice-Involved Juveniles

In recent years, researchers paid more attention to the impact of psychological trauma on the wellbeing of individuals (Kubiak et al., 2017). Conducting studies on victimization and delinquency is important in informing policy and practice related to juvenile corrections. There is a significant body of knowledge that links childhood trauma exposure to later involvement with the criminal justice system (Kerig, 2019). Post-traumatic stress symptoms resulting from prolonged exposure to traumatic events, include problematic and self-destructive behavior. Individuals with self-destructive behavior do not care about the consequences of their actions. Understanding post-traumatic stress reactions and symptoms is important in coming up with relevant interventions.

Traumatized children and adolescents are vulnerable to developing self-destructive behaviors and therefore there is need to address their trauma as part of correction of negative behaviors. An empirical research article by Yoder et al. (2019) explained the concept of poly-victimization of children. The researchers used existing data on 7,073 youths in correctional settings. Poly-victimization refers to different kinds of victimization that a single youth face at an early age. Added to this is the institutional

trauma when the youth enter the correctional setting. The researchers based their work on the premise of the victim-revictimization cycle occurring in the lives of juvenile delinquents. Yoder et al. argued that the presence of earlier victimization triggers continued victimization by correctional officers increasing the poly-trauma and its effects. Early exposure to multiple events and kinds of ACE trigger fight of flight reactions in the child when dealing with trauma. Whereas the flight response represents freezing or physically leaving the traumatic environment, the fight response causes the child to stay and deal with the situation, leading to insomnia and nightmares, negative thought patterns, or being overly vigilant. When such children enter the juvenile justice setting, they tend to stand out from the crowd and the retraumatization cycle starts (Yoder et al., 2019). Although the study of Yoder et al. was based on a large sample ($N = 7,073$), the researchers used an aged secondary dataset where they had not participated in the planning and collection of data. This means that they could not determine the quality of the data and a recommendation is that researchers should rather collect longitudinal data themselves. The research lacked detail which was not included in the original data collection where yes/no answers were commonly used. However, the data used in this study represents rare self-reported data obtained from a national sample of incarcerated youth which enables generalization that would otherwise not be achieved. Using this dataset enabled the researchers to obtain insight into a fairly understudied study area, thus yielding useful practical insights.

Retraumatization

A significant portion of incarcerated youths entering the system have suffered several traumatizing events that were responsible for the youths' unhealthy behavioral adjustments and mental health issues. Administrators and practitioners in the juvenile justice system are required to break the traumatizing cycle by engaging in behaviors that do not retraumatize the incarcerated offenders (Wolff et al., 2017). Wolff et al. emphasized that the juvenile justice system was created because minors are capable of being shaped well through rehabilitation. The researchers conducted a 12-month follow-up study involving a large sample of youths (25, 000+) who were released from jail to determine the effectiveness of intervention. In juvenile justice, the focus is on rehabilitation rather than punishment. According to Wolff et al. (2017), "juvenile justice reforms have called for limiting juvenile residential program placements to the most severe "high-risk" offenders and realigning resources to community-based alternatives" (p.3). This suggestion agrees with Branson et al. (2017) who asserted that incarceration in itself could further traumatize the already traumatized and vulnerable youths in the system.

Added to being isolated from society, life in correctional facilities includes being exposed to rattling keys, doors slamming, and other loud noises that could trigger memories of previous traumatic events (McGlue, 2016). McGlue conducted a desktop study of the presence of trauma in female inmates in New Zealand, general behavior and treatment of inmates by staff in correction facilities, and trauma-focused intervention.

Women prisoners experienced high levels of traumatic events and up to 90% women in New Zealand prisons were exposed to severe interpersonal traumatic events. When the behavior of corrections staff is influenced by an understanding of trauma and trauma-focused practices are implemented in prisons, female inmates react positively to the changed management strategies and appreciate the changed behavior of staff. McGlue suggested that trauma-focused intervention must be supported by all stakeholders in a correctional setting to best benefit the inmates. McGlue advocated gender sensitive trauma-focused intervention strategies that focuses on the specific needs of incarcerated women.

The practices of officers in juvenile detention institutions may serve as further traumatization, these include stop-and-frisk, both sexual and physical assaults by inmates and correctional officers, and cruel punishment such as solitary confinement (Ford et al., 2016). Ford et al. reviewed literature on trauma-focused intervention on incarcerated juvenile offenders. A trauma-focused approach when working with juvenile offenders will steer clear of practices that may retraumatize the incarcerated youth. The researchers concluded that evidence-based trauma-focused intervention benefit the incarcerated youth and also society by reducing the possibility for reoffending thus increasing public safety.

Minors are more vulnerable than adults to be traumatized by incarceration. The purpose of incarceration of juveniles is rehabilitation and correction, but harsh punishment could contribute to trauma and in turn recidivism (Ford et al., 2016). It is important to understand trauma and how it affects children and adolescents to promote

recovery and minimize retraumatization (Branson et al., 2017). Branson et al. conducted a systematic literature review on retraumatization within correctional institutions and instituting a trauma sensitive approach to rehabilitation of incarcerated youths. Of the 950 articles reviewed, only 10 complied with their inclusion criteria. To be eligible, the studies had to be written in English, use the original definition of trauma-informed care, be focused on juvenile offenders and promote trauma-informed care for this group, and, last, be focused on the principles of trauma-informed care (Branson et al., 2017).

Recommendations for trauma-informed practice within correctional services showed several variations although all the authors recommended training of all staff, and the main elements of trauma-informed care. The researchers did not adequately analyze all the detail of the articles included in the review, leading to a reduction of possible information that could be included in the study. However, the aim of the researchers was mainly to cover trauma-informed practices used in correctional institutions and this area was sufficiently covered.

In a report prepared on the juvenile criminal justice system, Gaylord-Harden (2020) confirmed previous studies findings that juvenile correctional settings often contribute to retraumatization of the incarcerated youths. This practice is a barrier in achieving the main aims of correctional service namely to minimize recidivism resulting from reoccurring criminal behavior of previously incarcerated youths. The national reoffense rates of 30-60% bear testimony to the failure of the correctional services to reach their aims of reducing reoffending, especially in the case of serious offenders who

were reported to be more likely to reoffend (Gaylord-Harden, 2020). The researcher interviewed 1,354 participants aged 14 to 17 years, who were involved in the Pathways to Desistance Study, 10 times over a period of seven years. The results of the study indicated that youth offenders for violent crimes are continually exposed to violence while incarcerated. The participants reported being strip-searched once and often more than once during incarceration, more than half of the participants witnessed and experienced violence from correctional officers, and nearly 40% were reportedly put in isolation. Such experiences lead to increased levels of anxiety, hostility, and anger (Roach, 2013). According to Gaylord-Harden (2020), participants who were exposed to high levels of retraumatization self-reported reoffences, male offenders reported more reoffences compared to females. Rearrests of the participants confirmed through self-reports 61% of the participants were involved in crime related activities that led to them ending in the juvenile justice system. The study was delimited to a particular group of males who were involved in the Pathways to Desistance Study, which limits its generalizability. The study methodology focused exclusively on self-reported data that was collected over a period of seven years, the reliability of the data therefore depends on the honesty of the participants. On the other hand, the study made use of a large sample with extended contact, which increased its reliability. In addition to the self-reported data, the study also used reports from the judicial department. The findings of this longitudinal study confirmed previous studies on the topic of retraumatization within the correctional setting, reoffence and recidivism which is of importance to the current study.

The scholarly article of Pickens (2016) also indicated that youth involved in the juvenile justice system are exposed to trauma. The researcher agreed that the environment in correctional facilities can contribute to further exposure of the incarcerated juveniles to trauma. The correctional setting may influence individuals, for example, by possible exposure to violence could further traumatize juvenile offenders. It is therefore essential to consider the effects of the correctional setting on offenders during treatment. Pickens is a firm believer of trauma-focused intervention where a safe environment lies at the basis of the intervention by “striving for a physically and psychologically safe environment for both youth and staff in detention” (Pickens, 2016, p. 226). Within the service delivery of trauma-focused intervention, different options are available. Pickens paid special attention to the Sanctuary Model that provides a nucleus of trauma-focused intervention principles within a more contained setting. However, the success of the Sanctuary Model is dependent to the extent that all stakeholders are informed of and subscribe to the principles of trauma-focused intervention and the implementation thereof throughout the sanctuary setting. Being in favor of trauma-focused intervention and specifically the sanctuary model, Pickens appears to be promoting this model.

Gender Differences Related to Incarceration

Gender differences are important factors of concern while studying juvenile corrections. There are clear gender differences in the rates of incarceration. The rate of male juvenile incarceration in the United States is higher than that of females (Leve et al.,

2015). This is despite the increased rate of arrests on girls. Females currently make up about 29% of incarcerated youths (Leve et al., 2015). The literature review of Leve et al. indicated that boys and girls experienced different kinds of trauma and that the traumas affected them at different rates. For example, sexual abuse is higher for girls while boys may face issues such as nonsexual assault and other forms of violence. Issues such as masculinity make the most common risk for boys to be involved in physical violence. The study of Leve et al. mainly focused on high-risk female offenders who had come in contact with the juvenile justice system. The exclusive inclusion of studies that used random controlled trials increased the reliability of the Leve et al. review regarding evidence-based intervention strategies. Another strength was that the researchers combined data from different studies which resulted in larger study samples that increased the generalizability of findings. The researchers concluded that gender-specific or individualized intervention may not be necessary as previously thought since none of the results from evidence-based intervention indicated different outcomes based on the gender of the offenders.

Trauma in most cases contributed to antisocial behavior in both boys and girls and this leads to the likelihood of engaging in crime. Studies on trauma-informed care such as the contribution by Snyder (2018) on cognitive behavioral approaches as part of trauma-informed care have contributed to increased focus on the concept of trauma in juvenile justice. Snyder contributed to the body of knowledge by producing a practice note on work personally done within the juvenile justice setting. Evidence-based intervention in

such settings is important as the treatment protocols provide guidelines for implementation. Practical application of such interventions still differs between practitioners and practice notes such as Snyder's serve to enlighten practitioners about the development of treatment within the juvenile justice system. The publication of Snyder is limited to its purpose of providing information on practice and is therefore not generalizable. Cognitive based trauma-informed care led to the development of different interventions focused on treating children and adolescents within the justice system, for example, cognitive behavioral therapy. When individuals are faced with trauma, their coping mechanisms influence how they act.

Male juvenile offenders experienced 26% two or more incidences of ACEs, compared to the 45% of female offenders (Vitopoulos et al., 2019). Vitopoulos et al. studied a relatively small sample of 50 male and 50 female juvenile offenders attending a clinic for juvenile offenders with mental health issues. The researchers found greater similarities between the two genders when comparing the percentages of high levels of PTSD, which was 30% for boys and 34% for girls. The study was limited by the small sample size as it restricted the number of statistical analyses that could be executed. In addition, baseline data was obtained when the participants were already teenagers, the real impact of the incidents could be distorted by memory. The researchers suggested that further studies be directed towards the link between childhood PTSD and juvenile offenders as well as reoffenders.

Factors such as gender influence the likelihood of individuals being involved in the juvenile justice system. Both studies by Pusch and Holtfreter (2018) and Underwood and Washington (2016) studied incarcerated youths and the prevalence of mental health problems. These researchers conducted literature studies and provided a scholarly discussion of incarcerated youth's mental health issues. Pusch and Holtfreter conducted a literature review of 50 scholarly contributions to establish what risk assessment tool delivered the best results in the correctional setting. The researchers were also interested in gender differences of the incarcerated youths and whether gender-specific or gender-neutral approaches to favor. The previous gender gap in incarcerated youths has been reducing as girls are being arrested and incarcerated more often of late. Pusch and Holtfreter observed that the treatment of girls in correction services has become harsher with the rising numbers. The researchers concluded that the current trend to favor gender-specific intervention and assessment strategies is the best approach. In contrast, Underwood and Washington suggested an integrated approach in caring for juvenile offenders with mental health problems. The researchers conducted an in-depth scholarly exploration of the presence, influence, and intervention of mental health problems in incarcerated youth. The researchers concluded that correctional settings should have a range of possible intervention strategies to deal with these issues as not all offenders would need therapeutic intervention.

Galardi and Settersten (2018) explored the perceptions of correctional staff on incarcerated boys and girls to show that they are made up differently. The researchers

conducted interviews with 58 staff from correctional institutions dealing with boys and girls in juvenile justice. The findings indicated that the staff experiences of boy and girl offenders' actions, involvement in the rehabilitation program, and managing conflict are different. Understanding the differences between incarcerated male juveniles and incarcerated female juveniles is important in choice of treatment interventions.

Correctional staff have an important responsibility to promote positive development and rehabilitation among incarcerated juveniles. According to Galardi and Settersten, the views of correctional staff on gendered attributes of young offenders under their supervision indicated the potential to shape identities of boys and girls leading to the development of gender stereotypes that can affect treatment of the young offenders in correctional facilities. Male juvenile offenders exposed to trauma are highly likely to develop problematic behaviors such as violence towards others. The findings in the study by Galardi and Settersten showed that staff in youth correctional facilities in the United States characterize boys and girls differently. The perspectives of these staff members provided important insight on the rehabilitation process of juvenile male offenders in the facilities. The qualitative approach used in the study provided an effective way to explore and understand the perspectives of the staff members. Using a large sample of 58 participants was a strong point in this research as qualitative studies usually involve under 20 participants.

Vitopoulos et al. (2019) examined the relationship between trauma and recidivism in male and female offenders. The researchers used a multipronged approach to collect

data and included archival document study, psychological assessments, and interviews with participants. Three clinicians conducted data collection who had between 5- and 15-years' experience in assessing juvenile offenders. In addition, the data was evaluated by doctoral students. An important point noted is gender is not a moderating factor in the relationship between maltreatment and recidivism. Trauma in both female and male offenders greatly contributes to the risk of recidivism. There was therefore great need to consider offenders' history of maltreatment in the process of corrections and rehabilitation. Vitopoulos et al. (2019) examined the relationship between different variables which are trauma, recidivism risk and reoffending in male and female juvenile offenders. While the rigorous data collection, data control practices, and statistical procedures ensured reliability, the small number of participants limited the study in terms of generalization. The researchers contributed to the debate on the need to develop gender-specific intervention strategies by pointing to the gender differences in dealing with trauma. Some of the boys in the study demonstrated a typical female approach to trauma management which then resulted in similar behavior, leading the researchers to conclude that gender-specific intervention was not as important as previously believed.

The overall number of incarcerated juveniles has decreased, but the number of incarcerated female youths has increased (Espinosa & Sorensen, 2016). The researchers conducted an empirical study using court and correctional probation data collected during a two-year period. The data was analyzed using a code system to identify specific characteristics of the offender. A large sample of over 5,000 youths were included in the

study aimed at establishing whether gender and the presence of trauma had an influence on the duration of incarceration. Espinosa and Sorensen asserted that most of the crimes the girls got involved in could be linked with mental health disorders and they were incarcerated for status offenses with their parents as complainants. Boys, on the other hand, were charged with aggressive and violent behavior with someone in the community acting as a complainant. Espinosa and Sorensen indicated that girls tended to internalize mental health problems, e.g., depression, leading to them displaying antisocial behavior. Generally, girls received longer periods of incarceration and upon violating the regulations of the court, girls also had to remain for longer periods in confinement.

Male gendered identities involved traditional notions of masculinity that can contribute to violent behavior. Magidson (2019) studied the construction of masculine identities among incarcerated male youth. The researcher conducted personal interviews with 29 participants who were in a residential correctional institution. Magidson found that aggression and competition (e.g., sport), and narratives on committed crime were used to establish masculinity in the correctional setting. In addition, a desire to demonstrate self-sufficiency in the family setting may lead to criminal behavior. The young men further established their masculinity by expressing stereotypical views of females. Aggression and the development of a masculine identity can expose incarcerated male juveniles to trauma (Sorensen, 2015). Trauma-informed justice has with time grown to be an important requirement in ensuring that incarcerated youth benefit from the rehabilitation process (Buckingham, 2016).

The debate on gender sensitive intervention versus gender neutral approaches to intervention of incarcerated youth has not yet been resolved. A study by Day et al. (2015) investigated the effectiveness of gender responsive programs designed to reduce recidivism in boys and girls that were released from secure detention. The findings of the study showed that gender responsive programming for incarcerated youth has lower recidivism risks for girls with gender sensitive risks but heightened possibilities of recidivism for girls without gender sensitive risks. For girls without gender sensitive risks, traditional programming was therefore suitable in preventing recidivism. The researchers analyzed even histories of the 140 male and 148 female participants. The event analysis approach comprised of a collection of different statistical methods examining longitudinal data. A strength of the approach was in the development of predictive models. A challenge or limitation, however, was failure to consider moderating variables. A comparison of gender responsive programs and traditional programs that are not gender responsive showed that gender responsive programs for incarcerated juveniles contribute to reduced likelihood of recidivism among girls (Day et al., 2015). In the case of male juveniles, however, gender responsive programs were not necessarily more or less effective in reduction of recidivism (Day et al., 2015). However, Day et al. expressed their views that gender-specific programs that take the specific needs of the female youth offender should be implemented in secured detention for young females.

The majority of practices in juvenile corrections focused on incarcerated male juveniles since they form the majority and programs are developed by men. Pusch and

Holtfreter (2018) conducted a meta-analysis focusing on gender and risk assessment in juvenile offenders. According to Pusch and Holtfreter (2018), “Although young males are still the primary perpetrators of juvenile crime, the percentage of girls experiencing criminal justice system contact has risen” (p. 56). This further emphasizes the need to have gender responsive practices in juvenile corrections. Individuals without history of trauma benefit from traditional intervention programs but those with history of trauma require gender responsive and trauma-informed programs. The successfulness of intervention programs is often measured in terms of reoffense and recidivism (Underwood & Washington, 2016).

Delinquency and Recidivism

Delinquency

Youth delinquency is a problem that affects many societies leading to the need to develop programs to deal with delinquents. There are different factors of concern in development of programs for delinquents. Effective correction of delinquents leads to preventing delinquents from engaging in the same wrongs in the future. The theoretical expose of Mathys (2017) discussed the importance of therapeutic interventions in supporting change among delinquent youths in the society. Instead of using surveillance and restrictions, therapeutic interventions focused on providing support to incarcerated youths. By establishing a therapeutic environment and using the same approach towards delinquents, therapeutic interventions were successful. Mathys acknowledged the fact that providing intervention to incarcerated youths was complex and challenging. The

researcher concluded that the topics and therapeutic approach of intervention together with establishing a particular social atmosphere, were vital to program success. Another aspect that strongly influences program success was the motivation levels of the incarcerated juveniles. Having a long-term focus necessitates the use of approaches that prevent recidivism and therapeutic interventions have proved to be important. Harden et al. (2015) described the use of trauma-informed and restorative frameworks in youth community violence prevention programs. Restorative practices and trauma-focused intervention greatly involve a long-term focus.

Differences in incarcerated male and female offenders are important considerations in developing treatment interventions. The qualitative study conducted by Green et al. (2016) explored the trauma experiences and mental health issues among 464 incarcerated women across nine jails distributed among four different geographic areas. These issues are important in understanding the differences and similarities between incarcerated men and women. According to Green et al. (2016), gender contributes to differences in risk factors that detainees faced. Green et al. demonstrated differences in risk factors for offending in female and male offenders. The researchers mentioned that high rates of interpersonal victimization are common in the history of incarcerated women. Interpersonal victimization in this case referred to issues such as sexual abuse, physical abuse, family violence, and even emotional abuse. For males, exposure to physical violence was among the main risk factors for criminal behavior (Green et al. 2016). Walsh (2019) also found that violence (either self-experienced or observed) is the

most common form of trauma that boys and young men experience. This is an important point of interest while studying trauma-focused interventions of incarcerated male juveniles. Walsh showed that over 80% of violent crimes are committed by males; therefore, they are the ones mostly involved with the criminal justice system. Walsh used a psycho-social approach to understand male youth violence and the link with trauma and gender. The strength of the approach is that it leads to understanding the psychological concepts that contribute to the development of criminal behaviors. Ellison and Munro (2017) asserted that criminal justice reforms are important in incorporating new approaches of treatment that take trauma seriously. Criminal justice processes keep changing over time with the objective of being more efficient.

Mental Health of Male Juveniles and Recidivism

Mental health issues can contribute to problematic behaviors. The kind of treatment juvenile offenders receive during detention determines the possibility of recidivism. Young et al. (2017) conducted a literature review concerning intervention practices of juvenile facilities worldwide. The researchers compared the outcomes of evidence-based practices involving a team with different professionals compared to intervention without different professionals. The results showed that using evidence based therapeutic interventions is associated with significant reduction of recidivism compared to approaches that are very punitive. The information indicated that extra punitive approaches contribute to the possibility of recidivism rather than rehabilitating and correcting the offenders. Evidence based therapeutic interventions identify the needs

of the offenders and address the trauma. Trauma-focused interventions are therefore preferred therapeutic interventions as they play an important role in rehabilitating juvenile offenders.

Olafson et al. (2018) provided important information on trauma-focused practices for youth in secure juvenile settings. The researchers conducted a quasi-experimental pretest-posttest design at six different facilities with the aim to determine whether the Think Trauma training to all staff influenced the offenders' mental health and cooperation in the correctional setting. Incarceration or placement in a residential correctional facility is a serious form of punishment compared to probation. In secure juvenile settings treatment is essential to ensure that the offenders are corrected. Olafson, however, warned that secure juvenile settings can expose the incarcerated juveniles to risks such as physical violence that can contribute to further trauma which could decrease the effectiveness of the intervention and increase recidivism. The results indicated that the longer form of group intervention delivered significantly better results compared to the shorter form as those youth offenders who completed all the modules displayed significantly less symptoms of PTSD.

Trauma-focused treatment interventions are shown to contribute to reductions in PTSD among incarcerated youth. Caregiver involvement is important in providing supportive mental health services for juvenile offenders. This is important in ensuring that there is an effective transition from corrections back to the community. Community corrections alternatives have grown to be important in juvenile justice. Pechorro et al.

(2019), in a prospective study, examined psychopathy and criminal recidivism among 214 incarcerated male juvenile offenders in seven different Portuguese detention facilities. Self-assessment of psychopathic traits was used in prediction of recidivism. Results indicated that self-assessment data do not reliably predict recidivism. Recidivism is a major issue of concern in juvenile corrections.

Effective corrections need to address the factors behind criminal behaviors, for instance past trauma rather than retraumatizing the offenders and increasing likelihood of future involvement with the criminal justice system. Concerns on recidivism have contributed to reforms aiming to improve juvenile offender rehabilitation. The psychological traits of male juvenile offenders are important factors in predicting the possibility of the juveniles reoffending. Yoder et al. (2017) explored perceptions of recidivism among incarcerated youth. This includes a focus on understanding the relationship between childhood trauma, mental health issues and criminal behavior. Mental health services in the juvenile justice setting have increasingly become essential due to acknowledgment of the influence of trauma and mental health issues in development of problematic behaviors that can lead to criminal conduct, for example, violent behavior.

According to Yoder et al. (2017) there is evidence from research showing that young offenders involved with the juvenile justice system have histories of trauma that are up to twice higher than that of the general youth population. In fact, Yoder et al. asserted that youth who experienced trauma are twice as likely to become involved with

the juvenile justice system compared with their regular peers. This means that the trauma can contribute to recidivism. The researchers included 7,073 participants in their quantitative study on assessment and intervention of youth offenders who were exposed to traumatic experiences. Trauma-focused intervention is therefore important in dealing with past trauma and in preventing traumatic experience while in juvenile corrections. Mental health services for juvenile offenders play an important role in reducing the likelihood of recidivism (Steinberg & Lassiter, 2018; Yoder et al., 2017).

The traumatic history of different juvenile offenders varies which shows that it is important to conduct assessments on incarcerated juvenile offenders in order to select appropriate treatment interventions. The provision of mental and physical healthcare for incarcerated youth has increasingly become a necessity (Singh et al., 2017). Juvenile offenders are from different backgrounds and are involved in the juvenile justice system for different reasons. There are juvenile offenders who engage with the criminal justice system as a result of the effects of their traumatic experience. Punishing such juvenile offenders without treating the effects of the trauma could lead to the possibility of recidivism.

A systematic review by Branson et al. (2017) shows the important components of a trauma-informed juvenile justice system. The United States Department of Justice has pushed for the development of trauma-informed juvenile justice systems in order to deal with the negative effects of trauma in incarcerated juvenile offenders (Branson et al.,

2017). An issue of concern though is that there are challenges in determining the accepted definition of trauma-informed care for juvenile justice.

Simpson et al. (2018) asserted that young people who are involved in the criminal justice system in most cases have experienced adverse childhood circumstances that caused trauma. Issues such as mental health problems and challenges in regulating emotions can lead to problematic behaviors resulting in children and adolescents' involvement in the criminal justice system. Mindfulness based interventions for juvenile offenders focus on managing the emotions and thoughts of the offenders. The researchers conducted 13 different studies to establish the usefulness of mindfulness intervention in 842 incarcerated young males, aged 14 to 23 years. Although the results were not significant, observations were made of improved mental health, the ability to self-regulate, decreases in problem behavior (including substance abuse) and the offenders' overall quality of life (Simpson et al., 2018). The mindfulness intervention strategies included variations of mindfulness training which made comparison between groups difficult and not specific approach could be singled out as more beneficial. The mental health and wellbeing of juvenile offenders are important considerations while predicting the likelihood of recidivism. Trauma-focused interventions are developed because of the understanding of the effects of traumatic experiences on juveniles and the possibility of juvenile corrections leading to further trauma. There is a difference between usual care and trauma-focused intervention (Pfeiffer et al., 2019).

Assessment of juveniles is important in coming up with predictions of treatment outcomes. Statistics show that juvenile offenders greatly suffer from a high level of prevalence and severity and mental disorders compared to the general population of minors (Young et al., 2017). The mental health of those in incarceration has grown to be an important concern. This is the case for both adult and juvenile offenders in prevention of recidivism and facilitation of proper reentry. Fazel et al. (2016) showed that the rate of mental disorders in prisoners is higher than in the general population. Therefore, effective corrections involved an assessment of mental disorders and coming up with the relevant interventions, for example, trauma-informed interventions.

According to Jencks and Leibowitz (2018), mental health problems were associated with delinquent behaviors. Data on 378 juvenile sexual offenders indicated that emotional trauma was more prevalent among the trauma experiences of these offenders. This led to issues such as depression and anxiety which are common among incarcerated youth. The kind of treatment male juvenile offenders received influenced the outcome. Incarceration of juveniles in most cases is expensive and could be very punitive which may lead to failure in achieving the goal of correcting criminal behavior (Jencks & Leibowitz, 2018). It is therefore important to deal with mental health issues facing different offenders to ensure that they get the necessary support and rehabilitation.

The cost of correction programs is high and has led to increased focus on reduction of recidivism. In a qualitative study with 217 young male offenders, Rijo et al. (2016) showed that young offenders who participated in the study, had a high prevalence

of mental health disorders, which could become chronic if not addressed and become more complex to deal with. The offenders were placed in two different treatment options, incarceration, and community-based intervention. The participants exhibited different mental health needs that served to reinforce the perception that the specific needs of offenders should be determined prior to deciding on intervention strategies. As several researchers were involved in the project, inter-rater agreement may have influenced the outcomes of the study. However, initial training on interview techniques and data analysis was provided to overcome this issue. Trauma-focused intervention has been studied extensively as an approach for treatment of juvenile offenders. The objective of correctional programs for juveniles is to decrease criminal behavior and that means there is need to address the cause of the problematic behaviors and reduce recidivism.

There are a variety of traumatic experiences in the lives of minors that could influence development of criminal behaviors and contact with the juvenile justice system. There is a need to effectively deal with this population to prevent retraumatizing them. This makes trauma-informed approaches important in improving outcomes in rehabilitation of justice involved juveniles. Despite using different intervention strategies, recidivism remains a great concern in incarcerated juvenile offenders (Oudshoorn, 2016).

Trauma-Focused Intervention and Practices

A large portion of children in the juvenile justice system committed low-level crimes such as running away from abusive circumstances at home. The American Civil Liberties Union (ACLU) (2018) reported that there are between 45,000 and 60,000 youth

in incarceration on any given day. The number of children under 18 years being arrested have been slowly reducing since 2014 when it was estimated that one million children were in juvenile detention (Children's Defense Fund, 2018). The Children's Defense Fund (2018) reported that 856,000 children were arrested in 2016, indicating a decline from 2014. Being removed from society, school, and family is extremely disrupting to anybody, especially to children. (ACLU). Such experience could further endanger the children to reoffend, not complete their education, and become involved in additional violence and traumatic experiences (ACLU).

Upon entering the justice system, child offenders often appear hardened, defiant, and uncontrollable. However, underneath the layers of anger and defiance lies a child who feels hopeless, anxious, and scared, lonely, and depressed (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2012; Skinner-Osei & Levenson, 2018). Juvenile detention facilities that engage in traditional settings that resembles prisons serve to further intensify the abovementioned characteristics of the youth offenders (ACLU, 2018; Skinner-Osei & Levenson, 2018). Such circumstances are particularly detrimental to youth offenders who did not commit violent crimes (Campaign for Youth Justice [CFYJ], 2016). Oftentimes these children have histories of incarcerated and violent parents by which they were traumatized throughout their lives at home, in the community and at school (Skinner-Osei & Levenson, 2018). Children who run away from home face a high possibility of getting involved with juvenile justice (Youth, Gov, 2019). Running away from home often means running away from abuse in many forms and the judicial system

either send them back to the adverse circumstances or place them in harsh detention facilities (Kunz, 2017). Children may also run away from home due to personal difficulties, parental divorce, death of a loved one, or problems at school (Congressional Research Service, 2019). In many cases being placed in juvenile justice facilities may mean further traumatization that could increase the child's symptoms of being traumatized. The need for reform within juvenile justice and support to children in detention became apparent and much attention was given to bring about the necessary changes in the system. As a result, increased attention was given to trauma-informed care (Branson et al., 2017).

Assessment of the mental and psychological issues facing incarcerated male juveniles is of great importance in determining the most appropriate interventions. Ford et al. (2016) examined existing research on psychosocial interventions for traumatized youth who were involved in the juvenile justice system. Ford et al. (2016) asserted that there are clinical and legal challenges while dealing with this population. Effective juvenile correction is important in promoting health and positive development among the youth and their families. Utilization of evidence-based interventions is essential in ensuring that there is justice and fairness.

The juvenile justice system has an important responsibility to address the mental health needs of juvenile offenders (Underwood & Washington, 2016). This has led to different research on effective treatment approaches to ensure that there is effectiveness. Underwood and Washington (2016) showed that there is a lot of evidence from research

demonstrating the co-occurrence of delinquency and mental health issues. Therefore, addressing mental health issues is of great importance in addressing juvenile delinquency and preventing recidivism. As Rapp (2016) indicated, research indicated a connection between victimization and delinquency. Trauma-focused interventions are important in dealing with victimized youth. This includes dealing with history of victimization and preventing further victimization.

Kubiak et al. (2017) contributed a chapter on trauma-informed care in a larger work on social work with juvenile offenders. Individuals who are affected by traumatic events may develop symptoms such as anxiety and anger. Trauma can therefore lead to increased possibility of individuals engaging in crime. Kubiak et al. (2017) explored the link between past trauma and involvement in the criminal justice system. The researchers showed that past trauma contribute to mental health issues such as anxiety and antisocial behaviors that increase likelihood of engaging in criminal acts. Upon entering the correctional facility, young offenders bring their historical trauma along which underlines the importance of staff being informed of the offender's background and trauma history. Kubiak et al. indicated that in a trauma-informed setting, all officers and practitioners do not need to be involved with providing intervention, as being aware and sensitive to the impact of trauma in dealing with the offenders help establish a trauma-informed climate within the facility that is beneficial to the youth offenders.

Snyder (2018) studied the implementation of trauma-focused cognitive behavioral therapy in juvenile detention. The scholar argued that juveniles involved with the juvenile

justice system have higher rates of traumatic exposure and display symptoms of traumatic stress. This therefore makes it necessary to have interventions to deal with both the symptoms and the causes of the trauma. Snyder (2018) emphasized that traumatic stress symptoms are risk factors for delinquent behaviors. Research is important in increasing the practices for treating such juveniles with traumatic symptoms because there are limited practices which clearly need to be expanded. Evidence-based practice has become important in juvenile corrections. Incarcerated juveniles are confined in secure detention settings, but the environment could have different negative effects on them, for example, retraumatizing of juvenile offenders and further contributing to development of problematic behaviors rather than treating them. Evidence-based trauma interventions play an important role in reduction of the effects of past trauma and reduction of trauma exposure (Snyder, 2018). Cognitive behavioral therapy is an example of a trauma-focused treatment approach that is used in treatment of juvenile offenders who experienced different kinds of past trauma.

Recently, there has been a focus on creating trauma-informed environments in correctional facilities for juveniles (Hanson & Lang, 2016). The researchers conducted an analysis of six studies dealing with trauma-informed care within the arena of youth offenders in residential care. Despite differences in definitions of trauma-informed care, the six studies were fairly unanimous on the components of trauma-informed care that should be included in the institutional approach. These include, but are not limited to, creating a positive and safe place, emphasize the strengths of the individual youths, and

establish collaborative relationships with other service providers. Aspects that did not receive much or no attention included evaluation of staff expertise in providing trauma-informed care, policy development regarding dealing with traumatized youths, and dealing with institutional induced trauma. In addition, only three of the articles indicated that the agencies involved formalized trauma-informed care as an approach to address the offenders' needs. The findings of this review are not generalizable due to the limited sample (Hanson & Lang, 2016). The fact that this is one of the first efforts to address the perspectives of professional caregivers is, however, a positive aspect of the Hanson and Lang study. The researchers recommended that further research should be undertaken to establish the validity of the key principles of trauma-informed care.

There are different kinds of interventions used in treatment of juvenile offenders. Over the recent years, there has been increased focus on trauma-specific interventions. Rhoden et al. (2019) conducted a systematic review of different psychological interventions for juvenile offenders. The reviewers included sixteen peer reviewed articles in their study on trauma-informed care in juvenile justice institutions. Only two studies used a qualitative approach and nine researchers addressed PTSD in particular. Therapeutic approaches covered included desensitization of eye movement, art therapy, and trauma-focused CBT, amongst others. Overall, the researchers reported successful reduction of the symptoms related to trauma. The reviewers concluded that trauma specific interventions are effective in reducing the symptoms of PTSD. However, there is

limited information on the effects of these interventions on externalizing behavioral problems by the juvenile offenders.

There is evidence to demonstrate the effectiveness of trauma-focused cognitive behavioral therapy (TF CBT) for children and the youth in different types of trauma. Trauma-focused intervention practices are shown to be important in dealing with different mental health issues that are a result of past traumatic experience and exposure to current trauma (Sanders et al., 2015). Failure to address the past traumas of juvenile offenders increases the likelihood of future involvement with the criminal justice system. Cognitive behavioral therapy is one of the many possible approaches of treatment that are trauma-focused. The specific kind of trauma that juvenile offenders experienced is a determinant factor in choice of the most appropriate treatment.

Underlying mental issues could contribute to development of self-destructive and problematic behaviors in children and adolescents. In order to successfully deal with mental health issues, there is a need to invest in trauma-focused practices (Adams, 2010). Such practices lead to ease in assessment of wounds that would be otherwise invisible. Cassidy and Mohr (2016) showed that factors such as abandonment and abuse in childhood can lead to behavioral problems in the future. Such behavioral problems in turn increase the likelihood of involvement in the criminal justice system. In the family environment, there are different kinds of trauma that children may be exposed to (Champine et al., 2018). Family focused interventions are therefore important in correction of juvenile offenders and preventing recidivism.

There are certain individuals who are more exposed to risks of trauma, for example, based on the family background (Hagan et al., 2016). According to Forrest et al. (2018) there have been efforts to describe trauma-focused principles to guide residential treatment of offenders to maximize positive outcomes while simultaneously reduce the costs involved in corrections. An example of a common approach that has become popular in residential treatment is cognitive behavioral therapy (Cohen et al. 2016).

Complex Trauma

There has been more and more application of evidence-based practice to improve the juvenile justice system. Different approaches are used in juvenile corrections depending on the seriousness of offences committed by the minors. In the juvenile justice system, there is the possibility of detention or incarceration. The youth in detention or incarceration in most cases have a history of trauma. Complex trauma can contribute to behavioral problems, for example, anxiety and other problems that can lead to reactive aggression (Ford et al. 2012). Exposure to different kinds of trauma over a long period of time leads to a lot of complexity (Spinazzola et al., 2017).

Effective assessment strategies are needed to understand complex trauma exposure in children and adolescents. There are different approaches used in correction of juvenile offenders. McCuish et al. (2018) showed that the custody experiences of offenders influence community reentry. Effective reentry into society is important in preventing recidivism. Trauma-informed practice is important in ensuring that the

custody experience of offenders contributes to rehabilitation and positive support rather than retraumatizing of the offenders.

The kind of corrections juvenile offenders are subjected to has an influence on their future lives. Recidivism is a major concern in different kinds of offenders after release from detention. De Ruigh et al. (2019) examined the quality of life of juvenile offenders during and after detention. Trauma-focused treatment is shown to contribute to the quality of life of juvenile offenders when they are released from detention. In addition, De Ruigh et al. asserted that the quality of life was higher for individuals that were no longer detained compared to those still in detention. This shows that the environment in detention has the possibility to cause or trigger trauma. This leads to emphasis on the importance of development of trauma-focused practices in corrections of juveniles.

Trauma-Informed Practice

In his book on trauma-informed justice, Oudshoorn (2016) showed that treatment of offenders is important in facilitating proper transition back into the community from incarceration. Oudshoorn has extensive experience as a scholar, demonstrated by his current position as editorial board member of an online journal on restorative justice. In addition, he has practical experience of providing trauma-focused intervention to incarcerated youth. The book by Oudshoorn is a scholarly, but practical, discussion of trauma-focused practice with inclusion of related phenomena such as the effects of trauma and retraumatization, gender differences in offender practices, and restorative

justice. Oudshoorn pointed to potentially retraumatizing treatment of juvenile offenders (e.g., stop and frisk and restrictions in activities or movement, which achieve the opposite from trauma-informed practices and serve to further isolate youth offenders). Oudshoorn argued that a trauma-informed approach to juvenile justice brings healing of the juvenile offender and the community, which prevents reoffence. Through a trauma-informed approach, the youths learn to make responsible choices and establish relationships which counterbalance their feelings of isolation. Oudshoorn provided an extended text on the trauma-informed approach in juvenile justice which is valuable to professionals.

Feierman and Ford (2015) contributed a theoretical chapter to a handbook on trauma-informed care in juvenile justice. The authors identified the need to address the effects of past trauma in trauma-focused interventions. Feierman and Ford (2015) asserted that trauma-focused services for juveniles contribute to reduction of the impact of traumatic stress and prevents retraumatization of youth. This view was later confirmed by Branson et al. (2017).

A study by Levenson and Willis (2019) examined the implementation of trauma-informed care in correctional treatment. The approach used by Levenson and Willis was a translation of trauma-informed concepts into practice behaviors. The findings showed that trauma-informed concepts may improve successful reentry and reduce recidivism. Viewing of criminal behavior through the lens of trauma leads to implementation of intervention strategies that align with the specific traumatic history. Research has led to different guidelines that are relevant in the implementation of trauma-focused treatment

in corrections. The Substance Abuse and Mental Health Services Administration formulated guidelines for trauma-focused care. Such guidelines are important in showing the best practices in juvenile rehabilitation and correction.

A study by Everhart Newman et al. (2018) examined the effectiveness of trauma-focused cognitive behavioral therapy for adolescents with illegal sexual behavior who were placed in secure residential treatment and correction facilities. The study showed that the adolescents that completed trauma-focused cognitive behavioral therapy had a significant reduction in PTSD symptoms compared to those who did not receive the intervention. Everhart Newman et al. used a qualitative approach with a combination of face-to-face interviews and group interviews and compared outcomes of the offenders after treatment. The method used was effective in getting authentic evidence from the juvenile offenders about which intervention delivered the best results. A limitation was that there was no possibility of experimentation. PTSD symptoms can lead to an increased likelihood of engaging in other illegal behaviors even after corrections (Hayes et al. 2017).

Safe Environment. The kind of environment juveniles are exposed to while in detention influences the risks they face. Leone et al. (2017) provided information that emphasized the need to not only create but sustain safe environments for incarcerated juveniles. Safe environments refer to environments that do not contribute to trauma and victimization. In juvenile correctional facilities, there is the possibility of exposure to issues such as violence and other kinds of abuse. Normalizing of such abuses contributes

to development of a negative environment that is not safe and that contributes to retraumatizing of offenders with traumatic history and causing new trauma to other offenders. There is therefore pressure that has contributed to reforms that involve positive transformation of juvenile corrections.

Gender Differences. There are different discussions on gender differences in juvenile corrections. Kelly et al. (2019) studied anger and depression among male youth. The researchers conducted baseline anger assessments within 48 hours of male child offenders' arrival at the correction facility and repeated the measures twice at one month intervals. In addition, they interviewed the participants to determine what triggered violence within the facility, these verbal reports were controlled by studying institutional reports. The study showed that there were different kinds of challenges and traumatic experiences that the incarcerated male youth faced while adjusting to incarceration. Participants with higher levels of anger at baseline were more likely to become involved in violence within the facility (Kelly et al., 2019).

Summary and Conclusions

This section presented a review of relevant academic and professional literature. The literature was relevant in exploring the issue of trauma-focused interventions for incarcerated male juvenile offenders. Understanding the existing body of knowledge is important in understanding the perspectives of different administrators and practitioners on trauma-focused interventions. Understanding different factors related to trauma-focused treatment is important, for example, gender differences, mental health issues and

juvenile justice reforms. The sections in the literature review all contributed to understanding the existing body of knowledge on the key variables of interest.

The theoretical framework that guided this study theory of social construction of policy. Policymakers tend to reinforce the status quo when devising new policy, and ideals such as egalitarianism, justice, and morality may be neglected in policy decisions because of biases held by the policymakers. By influencing group opinion, the policy design impacted upon participation opportunities and the distribution of resources. In addition, the behavior and beliefs of the target group are sculptured by the policy messages (Ingram et al., 2007; Pierce et al., 2014). Social construction of policy is an important approach in exploring the perspectives of practitioners and administrators on trauma-focused interventions and treatment of incarcerated male juveniles.

Sawyer (2019) reported that there are more than 48,000 juvenile offenders in some kind of confinement. There tends to be an overrepresentation of Black and Indian males in juvenile residential facilities (Sawyer, 2019). This underlined the need for research on intervention strategies for male youth offenders. Researchers asserted that up to 90% of youths in juvenile justice experienced trauma before their 18th birthday (Connor et al., 2015; Hagan et al., 2016). Continued trauma has adverse effects on a child's physical and emotional development and apart from developing mental health issues, traumatized youths often become involved in juvenile delinquency that led to them being arrested (Young et al., 2017).

Researchers differed about the need to provide gender-sensitive intervention to boys and girls in detention. Results from different studies indicated that boys and girls do not process traumatic experiences in the same manner. Furthermore, there were indications that the types of trauma boys and girls are exposed to differ as girls are often subject to traumatizing situations at home while boys are more often exposed to traumas away from home. Based on the kinds of trauma they were exposed to and their responses on the trauma, some researchers believe that gender-sensitive approaches are indicated. Other viewpoints are that gender-neutral approaches, such as trauma-informed care and trauma based cognitive behavioral therapy, may be better ways to address youth trauma, criminal behavior and possible recidivism (Pusch & Holtfreter, 2018; Underwood & Washington, 2016; Vitopoulos et al., 2019).

Recidivism is problematic as more than half of previously incarcerated youth reoffend and reenter the correctional facility (Mathys, 2017). For this reason, recidivism is used to determine the successfulness of the intervention program within residential correctional facilities. Intervention programs should be developed with a long-term focus and be aimed at improving the offenders' quality of life as well as the way they respond to stressors to be successful and reduce recidivism (Ellison & Munro, 2017; Welch, 2019).

Trauma-informed care points to the fact that practitioners and administrators take into consideration that the offenders were traumatized and that harsh actions may serve to further traumatize the youths. This may imply that the incarcerated youths do not benefit

from being in detention, worse even, they may leave the facility being even more traumatized and hopeless than when they first arrived. The principles of trauma-informed care determine that staff should create an atmosphere conducive to the offenders feeling safe and secured, assisting them to build a positive self-image and engage in skill development that complement their unique set of abilities. The youth should be afforded opportunities to make decisions to regain control of their lives. Above all mutual respectful relationships must be established between the adult caregiver and youth offender. Trauma-informed care has been found to be successful in reducing recidivism in youth and adult offenders.

Chapter 3: Research Method

Introduction

The purpose of the generic qualitative study was to explore facility administrators' and practitioners' perceptions of their roles in administering and choosing to administer trauma-focused treatment interventions for incarcerated male juvenile offenders. In this chapter, I discuss the research design I used in this study. I also provide the rationale for my selection of a research method and design. The chosen generic qualitative design including individual interviews with participants is explained in detail. Qualitative research is exploratory while quantitative research focuses on obtaining measurements which are statistically analyzed (Creswell, 2013). Qualitative research plays an important role in studying attitudes, perceptions, and opinions on specific phenomena. There are different kinds of qualitative research designs. I used a generic quantitative design. In qualitative research methods, data sources include interviews, focus groups, observation, and artifacts (Merriam & Tisdell, 2016).

Administrators and practitioners in the juvenile justice system play an important role in rehabilitation of juvenile offenders. A qualitative approach was effective in understanding the participants' perspectives on trauma-informed care. In this chapter, I provide comprehensive information on the research design used in the study, the data collection approach, the population and sample, and the approaches used in data analysis. A discussion of the rationale for choosing the chosen research design is followed by discussion of the role of the researcher, which is important in qualitative studies where

the researcher forms part of data collection (Merriam & Tisdell, 2016). The methodology section includes a description of the population and sample together with participant recruitment and inclusion criteria, the instrumentation and process for data collection, and, last, the data analysis plan. A management plan to avoid bias and engage in a professional manner with participants is vitally important in research. To that end, I discuss the procedures that I followed to ensure trustworthiness and the ethical considerations I had in managing data involving human participants. A summary of the chapter concludes Chapter 3.

Important Concepts in the Study

In this study, I explored the perspectives of administrators and practitioners in juvenile justice systems on trauma-focused interventions for incarcerated male juvenile offenders. Important concepts of interest in this case included trauma, ACEs, rehabilitation, re-traumatization, trauma-informed care, recidivism, and problematic behaviors. Studying the perspectives of the administrators and the practitioners contributed to understanding of how trauma-focused interventions for juvenile offenders take place and the role professionals in the field play in promotion of effective use of trauma-informed practices.

Recidivism was an important factor of interest in this study. This term refers to the likelihood of an offender repeating an offence in the future even after receiving punishment and rehabilitation (King & Elderbroom, 2014). According to lawmakers, researchers and advocates, there are concerns about repeat offenders which make it

necessary to effectively study issues having to do with correction of young offenders. These offenders may reoffend, for example, because of their history with trauma, which, research shows, contributes to the development of problematic behaviors (Forrest et al., 2018). I explored the use of trauma-focused treatment and what administrators and practitioners think about their involvement in these trauma-focused interventions.

Research Design and Rationale

In deciding on a research design, researchers must align the problem, purpose, and RQs with the research design. Researchers can choose from quantitative, qualitative, or mixed methods when deciding on an approach to conduct their research. In essence, quantitative studies are concerned with obtaining numerical data through surveys or test results such as achievement tests (Creswell & Creswell, 2018; Graff, 2017). The central question in quantitative research centers on quantity, such as how many or how often, which points to the need for numerical data to be collected (Graff, 2017). The current study was not focused on obtaining numerical data as the RQ involved the opinions and experiences of participants in a real-world situation. Instead, the current study focused on the unique opinions and experiences of the participants, which can be better explored in a narrative manner or per conversation (Percy et al., 2015). Qualitative research with its instruments of in-person interviews or discussions was better suited for the purposes of the current study.

Mixed methods researchers make use of both quantitative and qualitative data to answer the RQs and achieve the purpose of the study (Graff, 2017). The purpose and RQs

of the current study did not indicate the need for numerical data. In fact, in reviewing the literature I found no appropriate questionnaires available to measure the opinions of the participants in this study. After careful consideration, it was evident that a qualitative research design was best suited for this study.

Although the RQs posed in this study are qualitative, the study was not appropriate for a specific qualitative design such as case study or narrative. The rationale for the choice of generic qualitative inquiry was in the study's focus on the practical experiences and opinions of the corrections staff who use trauma-informed care with male juvenile offenders. These data could provide answers to a problem that is, in Patton's (2015) words, a concrete practical one. In generic qualitative inquiries, researchers used qualitative research characteristics to elucidate and understand the perceptions of those who are directly involved in the phenomenon (Patton, 2015). According to Merriam and Tisdell (2016), generic qualitative inquiry involved the use of interviews to find out "how people make sense of their lives and their world" (p. 25). Although I used the same set of semi-structured questions in all interviews, I expected to elicit different perspectives from the participants that, together with my field notes, would allow for triangulation of the results from this study. Triangulation is a broader way to study the problem posed in the research and can bolster the findings and also the validity and credibility of the study (Merriam & Tisdell, 2016; Patton, 2015).

Within the qualitative method, a number of research designs exist. Researchers use a phenomenological design when participants, who have firsthand experience of a

phenomenon, describe their lived experiences of the phenomenon. In phenomenological research, the focus is on the personal reactions, beliefs, or attitudes of the participant (Percy et al., 2015). The topic of interest is not the external world as was the case in the current study.

Qualitative case study designs are often used in qualitative studies where a case may consist of an individual or a group of people who are linked through a common phenomenon under study (Percy et al., 2015; Yin, 2017). Importantly, there should be clear and definite boundaries when describing and selecting a case to distinguish the different cases (Njie & Asimiran, 2014). Multiple sources of data are usually used in case study research to compare and triangulate the information obtained (Njie & Asimiran, 2014). In this study, the participants worked in different facilities and were chosen based on their different ways of relating to the male juvenile offenders.

Researchers use ethnographic designs to study a specific culture or social group. The unit of interest is usually the customs or practices, beliefs, or attitudes of the particular culture under scrutiny (Percy et al., 2015). In the current study, I did not focus on a culture or social group; instead, my focus was on the trauma-informed care used with male juvenile offenders. Ethnography was therefore not ideally suited for this research. Grounded theory, another qualitative approach, has the development of theory as its focus. In this design, researchers use the data they obtain from individuals serve to construct a theory about the process being studied; the data are usually collected over a

longer term (Corbin & Strauss, 2008). The focus of this research was not developing a theory; therefore, grounded theory was not a suitable design.

The research design chosen to answer the RQs in this study was a generic qualitative design. Generic qualitative research designs are effective in exploring the perceptions and opinions of individuals on a given issue (Percy et al., 2015). This design is focused on collection of qualitative data rather than measurements. Generic qualitative designs focus on understanding a phenomenon and the perspectives of the people involved (Percy et al., 2015). In this study, the phenomenon of interest was trauma-focused treatment for incarcerated male juveniles, and the people involved are administrators and practitioners in the juvenile justice system. The participants for this study included teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches, dealing with the juvenile offenders.

There were aspects of phenomenological research and ethnographic research in the chosen design for this study. There was this mix because generic qualitative designs do not fully use a single established methodology (Percy et al., 2015). Understanding the characteristics of a research design is important in capitalizing on the advantages and avoiding potential disadvantages. An advantage of using generic qualitative approach is that it contributes to the development of techniques that align with the epistemological stance of the researcher (Percy et al., 2015). The main limitation about this research design, however, is questions about the validity of generic research designs as a

qualitative methodology. The research design used in this study was interpretive and exploratory.

In generic qualitative studies the researcher's focus is not only on the beliefs, attitudes or perceptions of the participants although these may emerge during the study (Worthington, 2013). So too, may the experiences of participants become evident during the study (Worthington, 2013), but it goes further in exploring the participants' views, feelings, and changes in opinions or behaviors while dealing with the incarcerated male juvenile offenders. Using a generic qualitative research design gives the researcher a lot of freedom because the design is not guided by fixed philosophical assumptions as opposed to other qualitative methodologies (Percy et al., 2015). This means that the generic qualitative design blends the aspects of other qualitative designs such as ethnography and phenomenology. While using a generic qualitative approach in a study a researcher can blend these different designs or can also just state that the approach is qualitative and not claim any formal methodological approach. A generic qualitative design is therefore broad and can be utilized for different kinds of topics such as the current study. I sought to answer two RQs, which were as follows:

RQ1. What are the perceptions of practitioners (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches) at youth detention centers who administer trauma-focused treatment interventions to incarcerated male juvenile offenders of their role in deciding whether and how to administer such interventions?

RQ2. What are the perceptions of administrators of such centers about their role in deciding whether and how trauma-focused interventions are administered to juvenile offenders?

Role of the Researcher

In this study, as with qualitative studies, my role was both that of scholar and collecting data that included all the arrangements for data collection and involvement in the actual interviews. Being part of the data collection process, I had the challenge to maintain a professional attitude without allowing my opinions becoming part of the process to achieve this, staying close to the interview protocol was of essence (Janesick, 2011). In addition, as researcher, it was my task to decide on the form of in-depth interview to be used in this study (Rubin & Rubin, 2012). Apart from inperson interviews and focus group meetings, virtual or online versions thereof were also an option and the format of these data collection interviews could be more formalized or take on the form of a casual conversation (Rubin & Rubin, 2012). In the current situation with COVID-19, virtual interviews and discussions were preferable.

The roles of the researcher included identification and selection of research participants, collection and analysis of data, and interpretation of findings. It is the role of a researcher to monitor bias in a qualitative study. For this study, my role was to objectively explain about the study and its objectives to the participants and conduct the study while following the design that was proposed. Using a reflective journal during the research process assisted me in becoming aware of my thoughts and feelings which

assisted in creating an awareness of my preconceived ideas and attitudes, thus facilitating in the process of bias removal. Collecting and analysis of data as per the chosen design was important in ensuring that there is trustworthiness (Creswell & Creswell, 2018). In addition, the use of direct quotations of participants to illustrate identified themes added to trustworthiness and removed possibilities of bias.

Interviews were used in this study and they required exercising interviewing skills. Face to face interviews with the practitioners and administrators played an important role in understanding their experiences with trauma-focused treatment. In order to conduct interviews, there was need to establish rapport with the participants and to make the participants comfortable. This is an important role of a researcher in qualitative research. Furthermore, it is the role of the researcher to ensure that the participants are not exposed to any kind of harm. I conducted this research with transparency and integrity, setting aside any bias by acknowledging and journaling about it to maintain an academic focus.

Methodology

Participant Selection Logic

In the juvenile justice system, incarceration of offenders in correctional facilities is an approach to correction and rehabilitation. In correctional facilities, the incarcerated offenders are subjected to different kinds of interventions. There are different facility administrators and practitioners involved in correction of juvenile offenders. The population of the study in this was composed of facility administrators and practitioners

such as juvenile correctional officers, teachers, case managers, psychologists, dorm supervisors, and behavioral coaches.

The research design led to virtual or direct contact with a sample of members of this population. Convenience sampling was used in selection of research participants from the population. Using purposive sampling enables researchers to recruit participants who fit criteria set by the researcher to suit the purpose of the study (Etikan et al., 2016). Purposeful sampling is often used in qualitative research and was an appropriate sampling strategy for this study with its focus on participants who should have specific knowledge and experience of trauma-informed care of male juvenile offenders in a correction setting. Purposeful criterion sampling affords the opportunity to recruit a sample that is homogeneous in relation to the study phenomenon (Etikan et al., 2016; Palinkas et al., 2015).

Contrary to quantitative research, where the aim is to include large sample sizes to increase the robustness of the research, qualitative studies use fewer participants (Malterud et al., 2015). The reason for the smaller sample size is twofold, namely that qualitative studies yield large quantities of data obtained through interviews and that data collection reaches a point of saturation where collecting more data does not provide more useful data (Fusch & Ness, 2015; Malterud et al, 2015). Saturation of data is reached when data collection yields sufficient information to replicate the study, and further data collection does not yield any additional information or more themes (Boddy, 2016; Fusch & Ness, 2015). According to Fusch and Ness, sample sizes of as little as six participants

could yield enough data to reach saturation. Boddy (2016) indicated a range of sample sizes to be used in qualitative of between 5 and 30 participants. Instead of aiming at a large sample size, Fusch and Ness recommended that researchers aim to collect both thick (quantity) and rich (quality) data. Rich data refers to narratives that include different perspectives and layers of information. This study included five to 10 participants to understand their perspectives on the issue of trauma-focused treatment for incarcerated male juvenile offenders. Participants were recruited by posting a recruitment flyer on the internal communication system of the identified juvenile corrections facilities (see Appendices A and B). Interested parties were requested to email the researcher to indicate their interest, all parties who expressed an interest to participate received a phone call from the researcher to establish eligibility. There was a clear eligibility criterion to be used in selection of research participants. All the participants involved in the study must have had experience with trauma a focused treatment while dealing with juvenile offenders. Participants must have been currently employed at the chosen corrections facility in one of the identified roles of administrator, teacher, case manager, psychologist, juvenile correctional officer, dorm supervisor, and behavioral coach. The aim was to include at least one participant per identified role.

Instrumentation

The main data collection method for this generic qualitative design was semi-structured, audio recorded interviews. While face to face interviews play an important role in collecting qualitative data to answer the RQs, virtual interviews can also be

conducted. The qualitative interview protocol for the participants contained open ended questions to give the participants to give their opinion. The questions were developed based on the purpose of the research, the RQs, and insights from the literature review (see Appendix C). The field notes that I made during and directly after the interviews were used in conjunction with the transcribed interviews during the data analysis process. The semi structured interview protocol was field tested on three individuals who work in similar capacities as the potential participants to ensure that the questions were clear and would elicit enough discussion. The field test participants were requested to provide feedback on the questions used in the protocol and make suggestions as to clarity or the use of language and terminology. The interview protocol was submitted to the dissertation committee as the questions should have been devoid of bias and not lead participants in any manner. After receiving the feedback from these two groups the interview protocol was adjusted to reflect the suggestions received.

There are differences in data collection techniques and instrumentation in quantitative and qualitative research (Creswell & Creswell, 2018). Apart from the data collected through the in-person interviews, this study used secondary data from existing literature and data available in the public domain, for example, relevant reports. All the data collected were triangulated (Yin, 2017) during the qualitative data analysis process.

Field Testing

The finalized interview protocol was field tested on a small group of retired juvenile officers to ensure that the language used in the questions were appropriate. It is

important to do field testing as the process can identify any faults with the interview questions especially when the instruments are newly developed (Dikko, 2016). The field test participants provided feedback to the researcher regarding the language used in the interview questions. The field test data were not included in this study, however, the feedback on the instrument was used to adapt the language of the interview questions, if this was needed.

Procedures for Recruitment, Participation, and Data Collection

In this section collection and management of data is described clearly to ensure the trustworthiness of this generic qualitative study. Two sources of data were collected in this study: (a) semi structured interviews with 20 participants and (b) archival documents in the public domain. This section included information on the data collection process and archival documents.

I collected audio recorded interview data from 5-10 participants using face to face or virtual interviews. Participants were recruited using social media postings. Targeted participants included those who were currently employed at juvenile correctional institutions and preferably represented the different role players involved with the juvenile offenders, namely teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches, dealing with the juvenile offenders. In addition, archival data in the public domain such as reports were also accessed. This section explained the chosen methodology and processes to be used leading to the data analysis process of this research.

Recruitment and Selection of Participants

Permission to recruit participants and conduct the research was not needed since social media postings were used to recruit participants. The names of the juvenile facilities the participants work at was not collected and virtual interviews were conducted after work hours. No permission was needed to access archival data in the public domain. The IRB-approved recruitment flyer was provided in electronic format to the corrections facilities interest group on Facebook to be posted on Facebook. In addition, I also posted the flyer on my status page on Facebook and LinkedIn. The recruitment flyer provided a short explanation of the purpose of the research, eligibility criteria, and participant activities.

Interested parties were requested to contact me via email and to provide their personal telephone number. I phoned all interested parties to determine eligibility after the informed consent form was emailed to them. The first two participants who provided consent from each group of role players (teacher, case manager, psychologist, juvenile correctional officer, dorm supervisor, and behavioral coach) were selected to participate. This yielded the core group of 5-10 participants, the rest of the participants were included according to the date and time that consent was received per email, using a chronological approach. I accessed published reports on the facilities that did not require specific permission from the facilities or government.

Participation and Data Collection

The primary source of data was the individual interviews to be conducted with the study participants. The interviews focused on the participants' opinions and experiences of using trauma-informed care with juvenile offenders in a correction setting. Each interview lasted approximately 30-60 minutes with each participant. A secondary source of data was researcher field notes made during the audio recorded virtual interviews. Field notes are commonly made during interviews taking the form of short notes adding context. These may include conversational conventions such as if the participant takes particularly long to respond to a question or use vocal leads (e.g., ahmm), or changes in breathing such as sighing or taking a sharp breath during the interview process (Phillippi & Lauderdale, 2018). Records and reports in public domain such as news reports on recidivism at the facility in question or officially published reports on the website of the facility were consulted. Consenting participants were chosen to represent each of the identified roles and the rest were chosen according to the time and date when consent was received. The first two participants who provided consent from each group of role players (teacher, case manager, psychologist, juvenile correctional officer, dorm supervisor, and behavioral coach) were selected to participate. This yielded the core group of 12 participants, the rest of the participants were included according to the date and time that consent was received per email, using a chronological approach.

I arranged interview times and dates with the individual participants to suit their availability. Preference was given to virtual interviews via Skype or Zoom due to the

social distancing requirements linked with COVID-19. This also provided more privacy to the participants who could participate from the privacy of their own homes if preferred. Participants were requested to choose a private, quiet, and safe location from which to participate in the virtual interview which lasted between 30 and 60 minutes.

Prior to the interview, I discussed the informed consent, emphasizing the voluntary nature of participation and requesting participants not to use names of persons or places, with the participant and then asked the participant to indicate verbally their consent to participate by stating their code name and consent (e.g., Code name consents to participate in the research on trauma-informed care in a juvenile justice setting). This consent marked the beginning of the audio recorded interview. Throughout the interview, I used the interview protocol to guide the discussion and ask questions for clarification or examples if needed. Examples of probing questions that were asked include (a) could you give an example, (b) please tell me more about that, or (c) why is that the case? At the conclusion of the interview, I arranged for member checking of the transcription and thanked the participant for taking part in the research.

I personally transcribed the audio recordings of the interviews and de-identified the data if a participant accidentally named a person or place. Transcription software was used to assist with the transcription. After completing transcriptions, the researcher checked the written text against the audio recording for correctness. A summary of the transcribed interview was emailed to participants for member checking. Participants had 10 working days to provide feedback on the transcription after which time the researcher

assumed that the transcript was correct. All electronic data were stored safely in password protected files on a removable hard drive which was password protected and stored in a lock box in the researcher's locked file cabinet.

Data Analysis Plan

Data from the semi structured interviews were analyzed for this study. Data obtained from the archival documents will be used during triangulation to confirm or disconfirm themes gained from the data analysis. The further steps of this qualitative research process included the organization, and interpretation of the collected data. Data analysis was carried out with the assistance of data analysis software, NVivo 12. NVivo software was used to store the data and to support codification and data management. The data were uploaded onto NVivo after the transcription and member checking process was completed. The analysis process commenced with reviewing and a cursory analysis of participants' responses to identify commonalities among the responses to identify over-all themes and patterns (Clarke & Braun, 2014). The six-step thematic data analysis process of Clarke and Braun (2014) was used to analyze the data. Thematic analysis is an analysis technique through which patterns and meanings in narrative data are identified. The six steps of the Clarke and Braun (2014) thematic analysis method are as follows:

1. Familiarize with the data:: Read and reread data and listen to audio recordings. Start to write down interesting aspects of questions about data.
2. Develop initial codes: Systematically code by labelling small interesting and possibly meaningful pieces of data. The code aims to summarize data.

3. Find themes: Create themes by finding broader patterns between codes and grouping codes. NVivo will be used during steps 3 and 4.
4. Review potential themes: Check themes against codes and against the dataset ensuring each theme is clear and significant with boundaries and a clear central organizing notion.
5. Define and name themes: Develop complex definitions per theme to capture its essence and indicate relation to other themes. Note quotations to illustrate theme for use during report writing.
6. Write report: Produce a report is produced to tell the story of the analysis by integrating literature and presenting the themes in the best order. (p. 6626)

The field notes were constantly integrated during the thematic analysis process. The notes provided contextual information and critical thoughts of the researcher noted during and shortly after the interviews (Vaismoradi et al., 2016). Field notes were not coded and analyzed separately only in conjunction with the transcriptions since these were made to further illuminate the interview transcriptions (Vaismoradi et al., 2016).

Issues of Trustworthiness

In qualitative research, the trustworthiness of findings is an important measure of quality. Trustworthiness involves four important issues which are credibility, dependability, confirmability and transferability (Creswell & Creswell, 2018). This is similar to what reliability and validity referred to in quantitative studies. Conducting a study as per the design proposed is important in ensuring that there is trustworthiness.

The trustworthiness of findings in research influences their applicability, for instance, the implication of research findings on policy and practice. In qualitative studies, it is the role of the researcher to collect data, analyze data and interpret findings from the analysis. Therefore, it is the role of the researcher to ensure that there is a high level of trustworthiness. In this case, there were clear measures to ensure trustworthiness, for example, avoidance of bias using reflective journaling.

Credibility

Triangulation of data increases the credibility of a study (Anney, 2014). This study used two different sources of data for triangulation. In addition, the researcher made use of member checking to ensure the correctness of the transcriptions which also served to increase the credibility of the research. The rather large number of participants (5-10) in this qualitative study contributed to reaching saturation in data collections which enhanced the credibility of the research (Anney, 2014).

Transferability

This transferability of this study was achieved by including representatives of six different role players working with male juvenile offenders as this ensured variation between participants (Anney, 2014). The interview protocol was structured such that thick and rich data was elicited from the participants, according to Anney this further served to increase the transferability of the research.

Ethical Procedures

In this study, the focus was on administrators and practitioners involved in correction of incarcerated male juvenile offenders. These were therefore the participants of the study and they included teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches. There are different ethical considerations in research that involves human subjects (Creswell & Creswell, 2018). It is the responsibility of the researcher to ensure that the participants are not exposed to any kind of harm.

Institutional Review Board (IRB) approval is essential in showing compliance to ethical standards in research. Prior to any research activities IRB approval was obtained. The IRB approval process is designed to ensure that the Belmont principles or beneficence, justice, and respect for the rights of the participants are observed by researchers. In compliance with the requirements of the IRB, I completed the CITI certification training, this training alerts researchers regarding conducting research with human participants in a responsible and ethical manner.

Participants were recruited in a transparent manner and prior to participation in any research activities participants were required to sign the informed consent document. This document explained the purpose of the research, participant activities, any risks, and data storage measures. Emphasis was placed on the voluntary nature of participation and that participants could withdraw at any time without penalty or negative consequences. Participants were also informed that they could choose not to answer a question without

any penalty and that they were free to provide as much detail in their responses as they wished to. Should a participant have withdrawn, all collected data would have been immediately destroyed. Measures to ensure participants' confidentiality were included in the informed consent and comprised of using code names only on all data and the final report, safe storage of data, and destruction of data. This step was important to enable participants to provide informed consent to participate or not. Prior to commencing the virtual interview, the researcher discussed the informed consent with participants and provided another opportunity to participants to decide about their participation before commencing with the interview.

To protect the confidentiality of the data, the following measures were followed. All electronic data were stored safely in password protected files on a removable hard drive which was password protected and stored in a lock box in the researcher's locked file cabinet. All paper data were stored in unmarked envelopes placed in different drawer of the locked file cabinet which was in the home office of the researcher. Only the researcher has access to the data and the home office is locked when not in use. Five years after the successful completion of this research all data will be destroyed by shredding paper data and by permanently deleting and formatting the external hard drive with electronic data.

Summary

This chapter provided comprehensive information on the research method and design. The research design was a generic qualitative study and aligned with the purpose

of the study. This chapter also provided information justifying the choice of a generic qualitative design to answer with the RQs. Interviews were the main data collection instruments in the study while dealing with the sample selected from the population of the study. The population of the study was facility practitioners and administrators in juvenile corrections which included juvenile correctional officers, teachers, case managers, psychologists, dorm supervisors, and behavioral coaches. This chapter additionally provided essential information on ethical considerations and trustworthiness. The next chapter provided information on the findings from the analysis of collected data.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to explore facility administrators' and practitioners' (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches) perceptions of their roles in administering and choosing to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. The RQs for the study were as follows:

RQ1. What are the perceptions of practitioners (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches) at juvenile detention centers who administer trauma-focused treatment interventions to incarcerated male juvenile offenders of their role in deciding whether and how to administer such interventions?

RQ2. What are the perceptions of administrators of such centers about their role in deciding whether and how trauma-focused interventions are administered to juvenile offenders?

I begin the chapter by describing the setting of data collection. Next is an overview of the demographic characteristics of the study participants, followed by a discussion of the data collection and data analysis procedures. This chapter proceeds with a presentation of the results, which are organized under the RQ they address. This chapter concludes with a summary.

Setting

I conducted a semi structured interview with each participant through the videoconference application Zoom. Each interview was conducted at a time of the participant's choice, outside of the participant's working hours, to ensure that there would be adequate time for the participant to provide rich, detailed responses to the interview questions. Participants were asked to join the interview on their device from a quiet location where they felt safe and comfortable, and where privacy was available. As part of the informed consent process, participants were assured that their identities would remain confidential, a procedure that may have contributed to minimizing anxiety about identity disclosure, which might otherwise have influenced responses (Kadam, 2017).

The unanticipated organizational condition that occurred during the planning for this study was the COVID-19 pandemic. I originally contemplated conducting in-person interviews for data collection to assist in establishing rapport with each participant and to enable making detailed field notes about interview settings, the participant's demeanor and body language, and other potentially relevant factors. To ensure participants' safety while social distancing recommendations associated with COVID-19 were in place, I decided to conduct the interviews remotely by videoconference. This circumstance limited my ability to view participants' behavior and body language during the interview and to document conditions in the interview settings.

Demographics

The purposive, criterion sample included seven participants. Each had experience with trauma-focused treatment while dealing with juvenile offenders. All participants were employed at the time of study in a juvenile corrections facility in one of the following roles: administrator, teacher, case manager, psychologist, juvenile correctional officer, dorm supervisor, or behavioral coach. Table 1 indicates each participant's role.

Table 1

Participant Roles in Juvenile Corrections Facilities

Participant	Roles in juvenile corrections facility	Age of offender population
P1	Administrator specializing in trauma-informed care	Up to 18
P2	Teacher (practitioner)	Not stated
P3	Facility director (administrator)	Up to 19, no minimum
P4	Administrator specializing in reentry services	17 (on average)
P5	Practitioner specializing in psychiatric social work	15 to 18
P6	Practitioner specializing in trust-based relational interventions for traumatized youth	Up to 18
P7	Administrator specializing in liaising with community organizations	Not stated

Data Collection

I collected data through a single one to one, semi structured interview with each participant, for a total of seven interviews. Data collection was conducted remotely

through the videoconference application Zoom. The interviews were audio recorded using Zoom's integrated audio recording feature. Each interview took approximately 1 hour to complete. Prior to data collection, I considered the possibility of needing to conduct interviews remotely to ensure participant safety during the COVID-19 pandemic. As such, no unexpected circumstances were encountered, and there were no deviations from the planned data collection procedures.

Data Analysis

I transcribed the audio recordings of the interviews verbatim in Microsoft Word documents. I verified each transcript by reading and rereading it while listening to the recording. A written summary of each interview and my interpretations was emailed to each participant for member checking. All participants verified the accuracy of the summary of their data.

I imported the transcripts as source documents into NVivo 12 software for inductive, thematic analysis using the six-step procedure described by Clarke and Braun (2014). The first step involved reading and rereading the data in full to gain familiarity with it and make notes of potential themes. In the second step, the data were coded by labeling transcript excerpts that were potentially relevant to addressing a RQ. In NVivo, coding involved assigning the transcript excerpts to nodes and labeling the nodes with brief, descriptive phrases. During the coding process, transcript excerpts that expressed similar, potentially relevant meanings were assigned to the same code. A total of 135 transcript excerpts were assigned to 16 codes. Of the 135 relevant transcript excerpts, 57

were identified in the transcripts of the three practitioner participants, and 78 were identified in the transcripts of the four administrator participants. Table 2 indicates the initial codes identified during this step of the analysis.

Table 2*Data Analysis Initial Codes*

Code	<i>n</i> of practitioners contributing (N=3)	<i>n</i> of practitioner excerpts assigned	<i>n</i> of administrators contributing (N=4)	<i>n</i> of administrator excerpts assigned
Assessing needs through interaction	2	2		
Being trauma-informed	2	3		
Building trust	3	16		
Building understanding of trauma in offenders	2	5		
Coordinating risk and protective factors			3	9
Developmental impacts of trauma	2	2	3	8
Environmental factors affect recidivism	3	5	4	13
Exacerbation of trauma in facility			3	5
Knowing that progress depends on persistence	3	7		
Monitoring progress			4	10
Nature of the trauma determines the intervention approach	3	6	4	18
Needing youth buy-in	2	3		
Programming to build capacity			3	7
Selecting modalities	2	7		

Transition support needed for long-term success	2	4	2	6
Underreporting of trauma	3	3	4	5

The third step of the analysis involved finding themes in the data by grouping related codes. Codes were identified as related when the data assigned to them converged on a more comprehensive proposition relevant to addressing a RQ. The effect of finding themes was to group the codes into a smaller number of broader categories that indicated overarching patterns of meaning in the data. In NVivo, related nodes were assigned as child nodes to a parent node, which represented the theme. The 16 codes identified during Step 2 were grouped into four preliminary themes.

In the fourth step of the data analysis procedure, the themes were reviewed and refined by checking them against the original data to ensure they accurately represented patterns of meaning in participants' responses. Themes were also reviewed to ensure that each of them expressed a single, central, organizing idea, and that each was appropriately presented as a standalone idea rather than combined with other emergent themes. During this step, sub-themes were identified under the major themes, with each of the major themes being subdivided into at least two sub-themes to add clarity to the findings. The fifth analysis step involved naming and defining the themes to clearly indicate their significance as answers to the RQs. The themes indicated in Table 4 are the finalized themes reached through this process. The sixth step of data analysis consisted of

presenting the results by writing the Results section of this chapter. Table 3 indicates how the codes from Step 2 were clustered to form themes and sub-themes.

Table 3

Grouping of Initial Codes into Themes and Sub-themes

Theme Sub-theme Code	<i>n</i> of practitioners contributing (<i>N</i> =3)	<i>n</i> of practitioner excerpts assigned	<i>n</i> of administrators contributing (<i>N</i> =4)	<i>n</i> of administrator excerpts assigned
Theme 1. Practitioner decision-making roles include trauma assessment, tailoring of interventions, and building treatment readiness in offenders			3	40
Sub-theme 1a. Assessing trauma			3	5
<i>Assessing needs through interaction</i>				
<i>Being trauma-informed</i>				
Sub-theme 1b. Tailoring interventions			3	13
<i>Nature of the trauma determines the intervention approach</i>				
<i>Selecting modalities</i>				
Sub-theme 1c. Building treatment readiness in offenders			3	23
<i>Building trust</i>				
<i>Building understanding of trauma in offenders</i>				

<i>Knowing that progress depends on persistence</i>		
Theme 2. Practitioners' decision-making role is limited by offender treatment readiness and environmental influences	3	17
Sub-theme 2a. Offender treatment readiness	3	8
<i>Developmental impacts of trauma</i>		
<i>Needing youth buy-in</i>		
<i>Underreporting of trauma</i>		
Sub-theme 2b. Environmental influences	3	9
<i>Environmental factors affect recidivism</i>		
<i>Transition support needed for long-term success</i>		
Theme 3. Administrator decision-making roles include tailoring interventions and monitoring progress	4	49
Sub-theme 3a. Tailoring interventions	4	34
<i>Coordinating risk and protective factors</i>		
<i>Nature of the trauma determines the intervention approach</i>		

<i>Programming to build capacity</i>		
Sub-theme 3b. Monitoring progress	4	15
<i>Exacerbation of trauma in facility</i>		
<i>Monitoring progress</i>		
Theme 4. Administrators' decision-making role is limited by offender treatment readiness and environmental influences	4	31
Sub-theme 4a. Offender treatment readiness	4	13
<i>Developmental impacts of trauma</i>		
<i>Underreporting of trauma</i>		
Sub-theme 4b. Environmental influences	4	19
<i>Environmental factors affect recidivism</i>		
<i>Transition support needed for long-term success</i>		

Evidence of Trustworthiness

Procedures were implemented in this study to strengthen the four components of trustworthiness. Lincoln and Guba (1985) identified the four components of

trustworthiness as including credibility, transferability, dependability, and confirmability.

Each of the components is discussed in one of the following subsections.

Credibility

Findings are credible when they are true of the setting from which they were drawn (Denzin & Lincoln, 2008). Threats to credibility include inaccurate documentation of data, which can make the documented data false when participants' interview responses were true. To mitigate this threat, all interviews were audio recorded and transcribed verbatim. An additional threat to credibility is that participants may be biased or otherwise inaccurate in giving their responses. To mitigate the threat that participants would consciously or unconsciously distort their responses because of anxiety about their identities being disclosed, participants were assured that their identities would remain confidential. To minimize the potential for individual participants' inadvertent errors or biases to influence the findings, a thematic analysis procedure was used to identify themes that incorporated the experiences of all or most participants. The potential for the researcher to make erroneous interpretations of the data is also a threat to credibility. To mitigate this threat, a member-checking procedure was used. A summary of the findings from each participant's transcript was sent to the participant. The participant was asked to verify the accuracy of the researcher interpretations or recommend modifications. All participants verified the accuracy of the researcher interpretations.

Transferability

Findings are transferable when they hold true of other populations or settings than the ones from which they were drawn (Denzin & Lincoln, 2008). To assist readers in assessing transferability, descriptions of the study setting, and participants have been provided. Detailed inclusion criteria for the sample have also been included in Chapter 3. This information will allow readers of this study to compare the setting and sample from which the data was drawn to settings and populations in which they might be interested. Thick descriptions of the data have also been provided in the form of direct quotes from participants' responses. Quoting participants' own words in the presentation of results in this chapter will contribute to a richer understanding of the perspectives from which participants gave their responses.

Dependability

Findings are dependable when they could be reproduced in the same setting at a different time (Denzin & Lincoln, 2008). Threats to dependability include incomplete or vague descriptions of study procedures that would prevent readers of the study from replicating the procedures. To mitigate this threat, detailed descriptions of and rationales for the planned procedures were provided in Chapter 3, and detailed descriptions of the execution of those procedures are provided in the present chapter. Use of an interview protocol to guide data collection has also strengthened dependability by making the data collection procedure replicable.

Confirmability

Findings are confirmable when they reflect participants' perspectives rather than the researcher's (Denzin & Lincoln, 2008). The inclusion of direct quotes from the data as evidence for all the findings presented in this chapter will allow the reader to assess the confirmability of the researcher's interpretations. The member-checking procedure further strengthened confirmability by allowing participants to verify that the researcher's interpretations of their responses accurately reflected their opinions and experiences.

Results

This presentation of results is organized under the RQs. The findings are presented as the themes that emerged during data analysis to address the RQs. The discussion of each theme includes thick description in the form of sample quotations from the data to ensure the contextualization of the finding in the participants' individual perspectives. The quotations are also provided as evidence for the findings.

RQ1 focused on practitioner perceptions of their role in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. Two major themes emerged to address this RQ. The first RQ1 theme was practitioner decision-making roles include trauma assessment, tailoring of interventions, and building treatment readiness in offenders. The second RQ1 theme was practitioners' decision-making role is limited by offender treatment readiness and environmental influences.

Theme 1: Practitioner Decision-Making Roles Include Trauma Assessment, Tailoring of Interventions, and Building Treatment Readiness in Offenders

This theme indicated that practitioners described themselves as having three main roles in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. Each of the three main roles corresponded to a sub-theme associated with this theme. The three subthemes were (a) assessing trauma, (b) tailoring interventions, and (c) building treatment readiness in offenders. The following subsections are descriptions of these subthemes.

Subtheme 1a: Assessing Trauma

All three practitioner participants indicated that their decision-making role in assessing trauma in juvenile male offenders involved being trauma-informed and assessing needs through interactions with the offenders. P2 indicated that it was necessary for practitioners to be trauma-informed because of the perception that trauma was ubiquitous among juvenile male offenders: “I don't know that I've encountered any juvenile offenders who haven't experienced trauma . . . Most of the juvenile offenders that I worked with experienced some sort of violence in their own homes or watched that violence or were victims.” P5 perceived working with trauma victims as a primary function of the juvenile justice facility: “It's a walking trauma facility . . . Within the youth . . . They've written the book of trauma, whether it's experiencing community trauma, trauma within the facilities, trauma due to police brutality, trauma because of sexual abuse, physical abuse.” P5 stated that it was necessary for practitioners to be

trauma-informed to make proper decisions in relation to their work because, “[We’re] still seeing abuse through the adults that are caring for them in that system, that makes it even more triggering for the kids,” a systemic dysfunction that P5 associated with, “Adults [practitioners] who've only received trauma-informed training for maybe three weeks, and they're supposed to practice this on a daily basis.”

Practitioners perceived being trauma-informed as necessary for making accurate needs assessments for youth entering the facility. P5 expressed the perception that no standardized assessment instrument was available for assessing offender needs regarding trauma-informed care: “I don't have an assessment tool. There's no assessment tool for that really.” P5 added that in the absence of a standardized, validated assessment instrument, the needs of offenders regarding trauma-informed care needed to be assessed, “just by interaction, observation. That's the only way for me to really assess.” P6 stated that assessment of trauma-informed care needs could be influenced by input from other adults who worked with or cared for the youth: “Sometimes they might need to hear a word from the parents or either the case manager or they MH provider or sometimes even a coach because the coaches are at had a good rapport with them kids.” However, P6 stated that most assessments were made, “By knowing my kids . . . It could be communication, like letting them talk . . . Once you know them and you see them and you talk to them, you learn what method to use.”

Subtheme 1b: Tailoring Interventions

All three practitioner participants indicated that their decision-making role involved tailoring differentiated interventions to meet offenders' individual needs. P2 stated that tailoring interventions was necessary because, "I feel like you have to know the kid . . . because it's not a blanket [approach], what works for one [traumatized offender], doesn't always work for the next one." P5 reported experiencing pressure in the facility to apply only psychodynamic approaches in interventions with traumatized offenders, but they added that their decision-making role allowed them to apply a variety of other therapies if the nature of the child's trauma made them more effective. The therapeutic modalities P5 used their discretion to apply when the juvenile male offender's specific trauma made it appropriate to do so included cognitive behavioral therapy, dialectical behavioral therapy, cognitive behavioral school intervention treatment, trauma-focused cognitive behavioral therapy, cinema therapy, art therapy, and play therapy. P5 stated of why they used their decision-making role to implement art therapy,

I use art therapy, despite being told, "No, don't do that because that's not a billable therapy." I use it anyhow. Just because that really connects the more internalized stuff and it connects the right and the left sides of the brain, so it really allows for kids to open up in a different way . . . they just start talking. They're just kind of out of this world [disassociated], so I use that a lot and it really shows me a lot of things in terms of behavior, what their feelings are for them in the moment.

P6 offered examples of using intuition to tailor individualized treatment for offenders on an as-needed basis, based on personal knowledge of the offender gained

through interaction. Of one offender, P6 said that if he appeared to be getting upset, they would avert an outburst by prompting him to engage in a performative activity he enjoyed: “He loves to sing. And when he has his little down moment, I say, ‘I need my song. I need you to sing my song for me.’ And he’ll go in, he’ll sing it.”

Subtheme 1c: Building Treatment Readiness in Offenders

All three practitioner participants indicated that their decision-making role involved finding ways to build treatment readiness in offenders, such as by building trust and providing information. P2 stated of the need to build trust in juvenile male offenders before trauma-informed treatment would be effective, “You have to make sure kids feel safe and that they can trust you to talk to you.” P2 used their decision-making role to build trust by maintaining a safe environment: “In the regular classroom, to make that be a safe environment, to be a learning environment, to make them feel trust.” P2 added that when an offender felt trust, it became possible to, “Show them that there are other [, more positive] ways to cognitively deal with situations that impact them.” P2 stated that building treatment readiness in offenders also required providers to use their decision-making role to find ways to convince the youths that constructive problem-solving and coping skills were accessible to them:

Some kids don't know any other way to act than to throw a walleyed fit anytime anything happens, because they've seen that work for them and it's worked for them in the past. And lots of them are in trouble because they don't know any other way to be. Everybody they know is the same. And so you have to help to

guide them in a way that they understand there's a different way of life . . . We get a kid to redirect their behavior to change and modify how they react to the world because of the fact that they don't know another way to behave until we help them.

P5 said of one offender, “My second case was a 17-year-old. He came in action stage, but this kid trusted nobody.” P5 said that to build trust, “I did a lot of art therapy where he was able to draw and we were going back in pros and cons. It was art therapy, DBT all at the same time.” P5 said that patience and advocating for offenders in insisting on the most appropriate treatment for them helped to build trust because, “The improvement comes because they are like, ‘These people treat us like people. They don't treat us like we're just animals in a cage. They treat us like we're humans.’” Of the 17-year-old offender who was so distrustful at first, P5 said that using their decision-making role to find ways to build trust had the result of getting the youth to express feelings verbally instead of violently acting out: “He was seeking out more people, and his interpersonal skills definitely opened up, and he was more vulnerable . . . he was knocking on my door every single day to talk like, ‘Okay, this is stressing me out.’” P5 indicated that it was also important to build treatment readiness in offenders by teaching them on a conceptual level what trauma means, and on a practical level that experiences they might regard as normal may in fact have been traumatizing: “A lot of psycho-education for the youth, so they can understand what it [trauma] means . . . knowing that

when we talk about trauma with male offenders in a juvenile justice facility that, for them, they're desensitized and this is normalized.”

P6 expressed the perception that building trust was especially difficult for traumatized offenders because they understood distrustfulness as a means of self-defense: “What I have learned by working with these traumatized youth already have been abused physically, sexually, emotionally, it causes them not to trust nobody, to have built this wall.” Building trust with traumatized offenders to make them receptive to treatment (“They had to trust me”) required practitioners to prove themselves, P6 said, by, “Letting them know that I have their best interests at heart and showing that I care.”

Theme 2: Practitioners’ Decision-Making Role Is Limited by Offender Treatment Readiness and Environmental Influences

This theme indicated that practitioners’ role in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders was limited in two main ways. Each of the two limitations corresponded to a sub-theme associated with this theme. The two sub-themes were: (2a) offender treatment readiness, and (2b) environmental influences. The following subsections are descriptions of these sub-themes.

Subtheme 2a: Offender Treatment Readiness

All three practitioner participants indicated that their decision-making role was limited by their lack of control over several factors that influenced offender treatment readiness. Under Sub-theme 1c, practitioner participants indicated that they could build

treatment readiness in offenders to some extent by finding ways to build trust and knowledge. In data associated with the present sub-theme, however, practitioners indicated that their decision-making role was limited by other factors affecting treatment readiness over which they had no control, including developmental impacts of trauma, refusal of youth to buy in to trauma-informed treatment modalities, and underreporting of trauma that limited the accuracy of needs assessments. P5 said of the effects of trauma on brain development that they could raise a number of refractory impediments to treatment readiness:

Their [offenders'] brain is affected [by trauma], so when we look at how the brain develops, and as teenagers and them not having their executive function even developed yet, it affects the way they cope. It affects the way they look at the world. It affects the way they look at themselves. It affects intrinsic motivation. It affects them on all levels.

P2 expressed a perception similar to P5's in stating that trauma could raise barriers to treatment readiness because it impeded intellectual and emotional maturation: "I think sometimes trauma keeps the kid where they were when it happened, behavior-wise. Obviously not physically, but sometimes their mental state stays where it was if they've been impacted by things [traumas]." As a result of trauma-based impediments to trauma-informed treatment readiness, P2 said, buy-in from the offenders themselves could be difficult to gain: "I just think some of them aren't ready for that intervention when I'm ready for them to be."

P5 stated that although individual practitioners could work to earn the trust of offenders, the youths' trauma might cause them to distrust other necessary individuals and institutions involved in their care to such an extent that treatment would be ineffective: "They don't trust anybody. They don't trust anyone because of that [trauma], and they won't trust the system. They won't trust their family. They won't trust themselves. They don't trust their therapist."

Offenders' trauma could also cause them to be too distrustful to report their traumas. P6 said that underreporting was especially problematic for youths who were abused in the juvenile justice system, because they distrusted the system's capacity to believe an offender over a staff member: "At times, there are incidents, and they don't report it because the first thing most of them would say is that, 'They ain't going to do nothing about it anyway. All they listen to is staff's word anyway.'" P5 said that offenders' distrustfulness deterred them from reporting trauma suffered before and during their incarceration because, "They don't want to throw people under the bus. They don't want to lose their family again, or what have you, and even in facilities, they don't want to piss off a probation officer."

Subtheme 2b: Environmental Influences

All three practitioner participants indicated that their decision-making role was limited by their lack of control over environmental influences on offenders' behavior, such as family and neighborhood conditions, and by the lack of adequate transition support to mitigate those factors after a youth's release. P2 indicated that environmental

factors could limit the behaviors a youthful offender saw modeled and thereby impede development of positive coping skills, as in neighborhoods where,

Everybody makes a living selling drugs and the violence that is associated with that. Because if somebody owes you money, it's okay, let's just go beat him up and that's what we do. And that over-the-top reaction to every little thing . . . they don't know any other way.

P5 spoke of the offenders' home and community environments as potentially increasing recidivism, stating, "I think that it's unfair to be like, 'Hey, can we reduce recidivism?' When we're putting these youth back into the same environments with a lot of poverty, highly gang-entrenched communities. We're putting them back in the ghetto, essentially." P5 indicated that wraparound transition support was needed to mitigate negative environmental influences on the long-term retention of behavioral improvements made through trauma-informed care:

If we're not giving real services in those communities, giving them opportunities to explore outside of [crime], . . . Even if they have the greatest full service partnership team, which is an intensive mental health service, there's no way that they cannot fall back. We're putting them back with the abusive parent. They're not going to get better.

P6 added that environmental influences might negate behavioral improvements through trauma-informed care altogether by increasing the risk of suicide: "A lot of the parents didn't want the kids back home. The children had to find either halfway houses or

places that will take them because of family, and that's why they wanted to give up [attempt suicide].” Rejection by family could also trigger recidivism through aggressive behaviors, P6 stated, because youth who had nowhere to go after their release from incarceration were, “Still holding in all the anger, the neglect, abandon, the abuse, they have no outlet. And the only outlet they have is . . . they want to hurt people because, ‘Nobody cares about me. My family doesn't want me.’”

RQ2 focused on administrators’ perceptions of their Role in deciding whether and how trauma-focused interventions are administered to juvenile offenders. Two major themes emerged during data analysis to address this RQ. The first RQ2 theme and third theme overall was administrator decision-making roles include tailoring interventions and monitoring progress. The second RQ2 theme and fourth theme overall was administrators’ decision-making role is limited by offender treatment readiness and environmental influences.

Theme 3: Administrator Decision-Making Roles Include Tailoring Interventions and Monitoring Progress

This theme indicated that administrators described themselves as having three main roles in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. Each of the two main roles corresponded to a sub-theme associated with this theme. The two sub-themes were: (3a) tailoring interventions, and (3b) monitoring progress. The following subsections are descriptions of these sub-themes.

Subtheme 3a: Tailoring Interventions

All four administrator participants indicated that their decision-making role involved tailoring differentiated trauma-informed interventions to meet juvenile male offenders' individual needs. P4 spoke of the administrator role of tailoring interventions by balancing each observed risk factor in the offender with a compensating protective factor, saying, "When I speak to groups and do presentations, I always tell people it's just a basic, fundamental practice that you have to have: when you see a risk, insert a protective factor." P1 said of tailoring individualized interventions that they could be used to build capacity in offenders through positive reinforcement, as with one offender who,

Was able to walk to the cafeteria, get a lunch tray, and participate in group. And for each of those maybe four or five things, he'll earn a point. And, for instance, if he has 10 points, he might be able to earn headphones for maybe two hours. Because that's one thing he likes to do. But if he was to earn maybe 15 points, usually what I'll do is try to go outside and walk with him and we'll walk around the track.

P3 discussed the obstacle of some offenders relapsing into negative behavioral patterns during incarceration, but P3 stated that from an administrator's perspective, a relapse in a controlled environment was constructive, because it created a teaching opportunity through which the youth could learn positive alternative ways of coping with similar situations: "The relapse is good, because he learns ways to not do it. He's getting

that practice of getting diverted. When he gets out, he'll already know how to cope and deal with stuff like that." P7 described inadequately differentiated interventions as a systemic problem in the juvenile justice system, saying, "I definitely don't think one size fits all. I think our system fails kids by assuming that . . . That's the treatment that somebody decided is best for kids, so everybody gets it." P7 relied on the more individualized approach of tailoring interventions based on the gathering of detailed information about a youthful offender and his circumstances: "I want to know all that I can possibly know, from multiple perspectives, about the guy or gal . . . I don't want to know what got you here. I want to know what you relied on before you got here."

Subtheme 3b: Monitoring Progress

All four administrator participants indicated that their decision-making role involved monitoring progress. Part of monitoring offenders' progress involved being vigilant regarding the potential for youth to suffer additional traumas while incarcerated. P1 stated that guarding against and responding to trauma during incarceration was essential because additional traumas could trigger significant setbacks to progress: "[If] at some point they're traumatized in our care, where we're supposed to promote safety first and foremost, and they don't feel safe then, where they feel that's our job, it's going to have a huge impact." P1 added in discussing a specific offender that trauma suffered during incarceration cancelled out progress previously made in stabilizing him: "A lot of the trauma, I think that happened unfortunately before and during our care has caused him to not be able to be stabilized." P7 described a specific incident in which a juvenile

female offender's progress regressed because of trauma incurred during incarceration as an example of how such traumas could reverse progress toward stabilization. P7 stated that the incident occurred when the juvenile offender punched them in the face, apparently without provocation. As the offender was being disciplined by other staff, P7 investigated the background of this troubling incident independently and discovered,

Two hours earlier, she'd been restrained by these white dudes because she wouldn't get out of her chair and they manhandled her. And then they put her in a paper gown and threw her in a four-point restraint, which if you know what that is, she was lying back on her back in a bed with straps. And what happens to a paper gown when you have straps? And then these dudes are walking around, and this girl had a ton of sexual [trauma] history. I mean, all the things that we did that day to her, we deserved to be punched in the face. And I just happened to be walking down the hall. She didn't know. She thought I was that dude, and so she came out. As soon as she realized it was me, she backed right down. But come on. We created that problem.

Monitoring progress also involved carefully tracking responses to interventions and investigating causes of relapses. P3 stated that this form of monitoring involved asking questions about responsiveness to interventions during incarceration, such as, "Did you stop him from acting out right away? And how long did that last? If he acts out again, was it because we failed the intervention, or was something else triggering him? You look at all that." P4 spoke more generally of systematically gathering data about

offenders' responses to interventions, saying, "We track it with data. I've learned that whenever you start something, you need to be thinking about how you're going to track it and how you're going to ensure quality assurance."

Theme 4. Administrators' Decision-Making Role Is Limited by Offender Treatment Readiness and Environmental Influences

This theme indicated that administrators' role in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders was limited in two main ways. Each of the two limitations corresponded to a sub-theme associated with this theme. The two sub-themes were: (4a) offender treatment readiness, and (4b) environmental influences. The following subsections are descriptions of these sub-themes.

Subtheme 4a: Offender Treatment Readiness

All four administrator participants indicated that their decision-making role was limited by factors beyond their control that influenced offender treatment readiness, including developmental impacts of trauma, and underreporting of trauma that reduced the accuracy of needs assessments. Developmental impacts of trauma that could reduce treatment readiness included the normalization of traumatic situations and behaviors, such that the offender had a limited ability to realize that those behaviors were negative and unnecessary. P7 offered an example of a normal response to a traumatic event from their own experience: "When I was in college, I was T-boned. And to this day, if somebody pulls out too quickly, I freak out a little bit. That's actually healthy." P7

contrasted the healthy response to a trauma trigger with desensitization to a repeated trauma, stating, “It's when you're so exposed to that for so long that you don't freak out a little bit . . . they're desensitized.” A consequence of desensitization was normalization, in which the offender expected and depended upon additional repetitions of the trauma to maintain a sense of normalcy: “They are not hesitant to get in a fight. They expect to get hurt. And some of these guys seek it out because that's how they feel better.” P4 expressed a perception similar to P7's in stating that normalization of trauma negatively impacted treatment readiness by inhibiting the realization that traumatic situations were aberrant: “It [repeated trauma] affects them. It normalizes something that should not be normalized in their mind . . . These kids never get an opportunity to really deal with it, and they don't know they're supposed to be dealing with it.

Underreporting of trauma impeded treatment readiness by reducing the accuracy of needs assessments. P1 stated that youth might not report trauma because of coercive pressure to protect fellow offenders: “We work at a place where there's a no-snitch mentality. So if there's certain things that happen, then they're scared to tell us because, I think, the fear of more trauma, or more instances happening.” P1 added that offenders might be unwilling to rely on staff who failed to discern needs independently of self-report: “I think they [offenders] are under impression that we should know, and that no matter what, we're the adults, so we should have just been there for them. So they probably won't have very trusting relationships.” P3 stated also stated that underreporting could negatively impact needs assessments because the “no-snitch mentality” P1

mentioned was extended to trauma perpetrators in the young offender's family via the attitude, "You don't tell them about what happens here [in the home]. You got the street code that 'don't snitch.' If I saw my mom getting beat up by my dad, I'm not snitching on my dad."

Subtheme 4b: Environmental Influences

All four administrator participants indicated that their decision-making role was limited by environmental influences in juvenile male offenders' homes and communities. P4 stated that environmental influences in the home and neighborhood were typically the causes of trauma in offenders: "When we're looking at trauma, generally it has to do with possible use of alcohol and drugs by a parent. And neighborhood, gang affiliation. An abusive household. Having been in foster care. Things like that." Similar to P4, P7 referred to environmental influences as reinforcing and exacerbating trauma in ways that trauma-informed treatment alone could not impact: "The part of the struggle is that, especially kids who are incarcerated, they go back to the communities that this stuff [complex trauma] occurred, and there's not a way for them to really escape it." P3 suggested that conditions in the homes of juvenile male offenders could seem shocking to administrators and practitioners from more privileged backgrounds, saying, "You can tell there's a lot of dysfunctional families out in the world because some of these kids that come in here, it's like, 'Man, who are your parents? Where did you come from?'"

Participants cited deficits in post-release transition supports as limiting the long-term efficacy of trauma-informed interventions administered during incarceration. P1

said of inadequate transition support, “The [trauma-informed] interventions [during incarceration] are great. We are giving them [offenders] a voice. We are making them feel empowered, but what are we doing to set them up success afterwards?” P1 added that without adequate transition support, “I don't believe that these interventions will help the recidivism rate.” P7 described themselves as a strong advocate for a wraparound approach to transition support as a means of improving environmental conditions that triggered initial offenses and recidivism. P7 said of the systemic causes of criminal offenses by juveniles, “Kids, they're not antibodies that grow in a Petri dish. We live in systems, and there's a reason why these boys and girls end up in institutions. Something's broken in their system. It doesn't mean that they are.” P7 described an approach to post-release transition back into the community that addressed juvenile offenders’ environmental risk factors in stating that it involved, “Really trying to coach the providers and support the providers in taking an ecological approach. And when I saw them doing that, when they actually started trying to match needs and supports to the family, I saw huge success.”

Summary

I sought to answer two RQs in this study. The first RQ was, What are the perceptions of practitioners (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches) at juvenile detention centers who administer trauma-focused treatment interventions to incarcerated male juvenile offenders of their role in deciding whether and how to administer such

interventions? Two major themes emerged to address this research question. The first RQ1 theme was: Practitioner decision-making roles include trauma assessment, tailoring of interventions, and building treatment readiness in offenders. This theme indicated that practitioners described themselves as having three main roles in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. Each of the three main roles corresponded to a sub-theme associated with this theme. The three sub-themes were: (1a) assessing trauma, (1b) tailoring interventions, and (1c) building treatment readiness in offenders. Assessing trauma involved being trauma-informed and assessing needs through interactions with offenders. Tailoring interventions involved differentiating treatment modalities to meet offenders' individual needs. Building treatment readiness in offenders involved building trust between offenders and practitioners and providing information to offenders.

The second RQ1 theme was: Practitioners' decision-making role is limited by offender treatment readiness and environmental influences. This theme indicated that practitioners' role in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders was limited in two main ways. Each of the two limitations corresponded to a sub-theme associated with this theme. The two sub-themes were: (2a) offender treatment readiness, and (2b) environmental influences. Practitioners indicated that their decision-making role was limited by factors affecting treatment readiness over which they had no control, including developmental impacts of trauma, refusal of youth to buy in to trauma-informed treatment modalities, and

underreporting of trauma that limited the accuracy of needs assessments. Practitioners also indicated that their decision-making role was limited by their lack of control over environmental influences on offenders' behavior, such as family and neighborhood conditions, and by the lack of adequate transition support to mitigate those factors after a youth's release.

The second RQ was, What are the perceptions of administrators of such centers about their role in deciding whether and how trauma-focused interventions are administered to juvenile offenders? Two major themes emerged during data analysis to address this RQ. The first RQ2 theme was: administrator decision-making roles include tailoring interventions and monitoring progress. This theme indicated that administrators described themselves as having three main roles in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders. Each of the two main roles corresponded to a sub-theme associated with this theme. The two sub-themes were: (3a) tailoring interventions, and (3b) monitoring progress. Tailoring interventions involved the gathering of detailed information, the development of protective factors to counterbalance risk factors, and creating detailed programs of incentives and redirections according to each offender's needs and preferences during incarceration. Monitoring offenders' progress involved being vigilant regarding the potential for youth to suffer additional traumas while incarcerated, and carefully tracking responses to interventions and investigating causes of relapses.

The second RQ2 theme was: administrators' decision-making role is limited by offender treatment readiness and environmental influences. This theme indicated that administrators' role in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders was limited in two main ways. Each of the two limitations corresponded to a sub-theme associated with this theme. The two sub-themes were: (4a) offender treatment readiness, and (4b) environmental influences. Offender treatment readiness was influenced by factors beyond administrators' control, including developmental impacts of trauma and underreporting of trauma that reduced the accuracy of needs assessments.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

There are approximately 2 million youths in the United States juvenile justice system; the majority are male and under the age of 18 (Leone & Fink, 2017). The rehabilitation of these youth is often unsuccessful at preventing recidivism and a return to jail (Hayne, 2019; Pusch & Holtfreter, 2018; Underwood & Washington, 2016). Sawyer (2019) confirmed the necessity of placing attention on male juvenile delinquents due to the significance of their numbers when compared to that of females in the juvenile justice system. Researchers have identified treatment interventions aimed at juvenile offenders as more successful than punishment in reducing undesirable behavior and recidivism (Manchak & Cullen, 2015; Yoder et al., 2017). Yet, it remains unclear how administrators and practitioners perceive interventions that are specifically focused on imprisoned male juvenile offenders (Branson et al., 2017). Acknowledging the differences in the perception of roles and approaches could cause a delay in the administering of trauma-focused care and medication (Hayne, 2019).

The purpose of this generative qualitative study was to explore the perceptions of the administrators and practitioners at juvenile facilities of their roles in administering and choosing to administer trauma-focused treatment interventions to imprisoned male juvenile offenders. This study can shed light on the difficulties experienced by this group, as well as the possibility of overcoming these challenges. I sought to answer the following two main RQs:

RQ1. What are the perceptions of practitioners (e.g., teachers, case managers, psychologists, juvenile correctional officers, dorm supervisors, and behavioral coaches) at youth detention centers who administer trauma-focused treatment interventions to incarcerated male juvenile offenders of their role in deciding whether and how to administer such interventions?

RQ2. What are the perceptions of administrators of such centers about their role in deciding whether and how trauma-focused interventions are administered to juvenile offenders?

Seven participants were included in the sample. All participants in the interviews had experience in administering trauma-focused treatment interventions to juvenile offenders. The findings from the interview responses indicate that the assessment of trauma involved being trauma-informed and assessing the needs of juvenile offenders through interactions. With understanding of these needs, participants reported tailoring interventions using different treatment methods to meet individual offender needs. Fostering treatment readiness in offenders involved building trust between offenders and practitioners by sharing information; however, there were also factors affecting treatment readiness over which participants had no control. Practitioners indicated that their decision-making role was limited by their lack of control over environmental influences on offenders' behavior.

Analysis of interview data revealed that tailoring interventions for administrators involved the gathering of detailed information, the development of protective factors, and

the formulation of detailed programs according to the needs and preferences of offenders. Administrators shared in these tasks, as they also engaged in progress monitoring and response tracking, as well as by investigating causes of relapses for offenders. Administrator participants reported struggling with offender treatment readiness, a factor they found outside their control. This included the developmental impacts and underreporting of trauma that reduced the accuracy of needs assessments.

In this chapter, I will review the results from the interviews and interpret them in an effort to support the conclusions from the study. I will also offer recommendations for practice and theory. The last section of this chapter will contain a summary of the study and the problem that was addressed, as well as a discussion of the importance of the findings for research and practice.

Interpretation of the Findings

I collected the data through semi structured interviews with seven individuals: three practitioners and four administrators within juvenile facilities. The results are discussed according to the RQs, with themes and subthemes described. The results provide insight into how the respondents viewed their roles as practitioners or administrators, with further reference to the relevant and appropriate literature to substantiate their viewpoints.

RQ1 concerned practitioners' perceptions of their role in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile

offenders. Under this RQ, two major themes developed. I will address the findings according to these themes.

Theme 1: Practitioner Decision-Making Roles Include Trauma Assessment, Tailoring of Interventions, and Building Treatment Readiness in Offenders

During the interview process, the respondents identified as practitioners indicated that they have three main roles to consider when determining the process of administering trauma-focused treatment interventions to imprisoned male juvenile offenders.

Subtheme 1a: Assessing Trauma

The respondents reported that their role in decision making when assessing trauma in male juvenile offenders was to evaluate their needs through interaction. This practice is aligned with recommendations from Young et al. (2017), who concluded that the juvenile justice system should employ a child-friendly system where the needs of youth offenders and the influence of the traumatic events are taken into consideration. This response applies to the sentencing of the offender and also at such time when treatment interventions are undertaken. For the current study's participants, it was important to consider and take the relevant needs into consideration as a deciding factor when determining the appropriate trauma-informed intervention.

The requirement for practitioners to be trauma-informed when working with male juvenile offenders was highlighted by P2. This is due to the perception that all male juvenile offenders are exposed to some form of trauma. P5 stated that practitioners at

juvenile facilities need to be trauma-informed since the experience of trauma in various forms is an integral part of the juvenile justice system. The perception is that interaction with victims of trauma is a primary function, and to make appropriate decisions and accurate assessments requires a trauma-informed attitude. In a study by Rijo et al. (2016), the need for trauma-focused interventions as an approach for juvenile offenders was highlighted due to the different experiences of trauma by minors. The development of criminal behavior can be influenced by traumatic experiences. Therefore, the correct trauma-informed approach can result in a positive outcome in the rehabilitation of juveniles (Rijo et al., 2016).

Respondent P5 indicated the lack of a standardized assessment instrument for offenders resulted in the assessment of the needs by interacting with and observing them. P6 agreed, adding that caseworkers assigned to juvenile youth can have an influential impact on their care needs. According to the literature, the effective rehabilitation of juvenile offenders is dependent on the type of intervention administered (Cullen, 2017). Reflecting the responses of participants, there has been increased interest and focus on the conditions of trauma by practitioners and representatives (Skinner-Osei et al., 2019). This interest, according to Skinner-Osei et al. allows practitioners to take an optimistic view of themselves and develop trauma-informed skills according to their unique abilities.

Subtheme 1b: Tailoring Interventions

The practitioner respondents felt that the individual needs of juvenile offenders were met by customizing the different interventions they had at their disposal. P2 made a comment about interacting and getting to know the child first, which makes tailoring of the intervention necessary. The opinion of P5 was to understand the nature of the child's trauma and then use their decision-making role to apply what they felt best. P5 reported feeling pressure at times from the facility to use a psychodynamic approach in interventions for traumatized offenders. Simpson et al. (2018) argued that, regardless of the approach, any successful intervention should consider the mental health problems and challenges and the management of an adolescent's emotions, as these feelings are partly what influenced their criminal behavior. Therefore, it is important to be mindful of the intervention chosen and focus on what can work for the child to prevent further trauma.

The importance of the intervention chosen was also evident from a response by P5, who at times used art therapy to connect across the left and right sides of the brain. Such an intervention, to P5, may be successful in getting clarity on the internal issues the child was experiencing; children taking part in art therapy start to open up, showing their real feelings and engaging with the treatment process. Pfeiffer et al. (2019) spoke to the power of these kinds of interventions, noting a marked difference in the achieved results between normal and trauma-focused interventions on juvenile offenders. Tailored interventions could be utilized as they were needed from knowledge obtained from the offender through interacting with them.

Subtheme 1c: Building Treatment Readiness in Offenders

All of the practitioner respondents noted the importance of building treatment readiness by establishing trust and sharing information with the offender. The need to build trust and create a safe environment for male juvenile offenders to ensure the effectiveness of trauma-informed treatment was emphasized by P2. A study by Pickens (2016) revealed that practitioners should consider the effects of the correctional facility itself on offenders, creating a safe environment during treatment to help offenders engage and heal. This protection is important because of the violence that may mark the correctional facility, and which may impact treatment readiness. A safe environment therefore has a direct relation to treatment readiness.

In the interview, P2 discussed building treatment readiness through showing offenders other ways to deal with situations that have an impact on them. This required them as practitioners to utilize their decision-making role to determine ways to effectively communicate problem-solving and coping solutions to offenders. Trauma-focused care with a need for different approaches in dealing with juvenile offenders requires the teamwork of all staff to ensure that trust is built in the youths being treated (Olafson et al., 2016). P5 referred to a specific case where art therapy was used to build the trust of an offender; however, patience was needed to eventually achieve success. At the same time, treatment readiness is also developed by teaching the offenders the effects of trauma and how to understand and differentiate between traumatizing events in their life.

P6 expressed the difficulty of building trust in traumatized offenders who have been abused on various levels. They protect themselves by not trusting other people; they may close themselves off to treatment, which requires practitioners to prove themselves as being trustworthy and caring. Leone et al. (2017) emphasized the need to create and sustain safe environments for imprisoned youth to ensure their trust and to prevent further trauma and victimization.

Theme 2: Practitioners' Decision-Making Role Is Limited by Offender Treatment Readiness and Environmental Influences

With the analysis of the interview data, two main methods that the practitioners utilize in deciding whether and how to administer trauma-focused treatment interventions to incarcerated male juvenile offenders were revealed.

Subtheme 2a: Offender Treatment Readiness

The practitioner respondents to the interview reported that several factors not always within their control influenced the treatment readiness of offenders. The decision-making role of practitioners was limited by factors such as the developmental impact of the trauma, the refusal of cooperation to treatment methods, and the underreporting of the trauma, which limited a correct needs assessment. According to P5, offender treatment readiness could be affected by the effect trauma has on brain development. In a review of literature on the trauma experiences of in juvenile offenders, Connor et al. (2015) commented that approximately 60% of all youths in the juvenile justice system had been exposed to multiple traumatic experiences before the age of 18. P2 noted that this trauma

decreases offenders' motivation and negatively impacts their intellectual and emotional readiness. The perception is that trauma in offenders prevents healthy development and limits mental growth, both of which impede their treatment readiness.

P6 responded that the traumatic experiences could cause offenders to not trust anyone—not even those seeking to treat that trauma. In a study of the juvenile justice system, Gaylord-Harden (2020) found that this lack of trust may be compounded when imprisoned youth experience traumatic events within the confines of juvenile facilities. This was noted as being a significant problem, where youths were abused in the juvenile justice system. According to P6, the perception these youths have was that it is their word over that of the staff at the facility; therefore, they do not report on the experience of trauma.

Subtheme 2b: Environmental Influences

All of the practitioner respondents noted the limits placed on their decision-making due to environmental influences on the behavior of offenders and the lack of support they receive. These influences included the conditions and factors within the youths' neighborhoods because this is where they are also released back into after treatment. The concern highlighted by P5 was that placing youth back in the same environment as before following trauma-informed intervention programs could potentially erase any gains from treatment and thus increase recidivism. Sanders et al. (2015) noted that failure to address the traumatic background and past experiences of juvenile offenders increases the possibility of future involvement with crime in these

neighborhoods. P5 referred to providing opportunities to the treated youth after release to ensure that they reenter their past environment as reformed individuals and not resort to criminal activity.

The potential risk of harm to self, in the form of suicide, was noted by P6 when releasing treated youth back into their previous environment following trauma-informed care. The positive behavioral improvements may be counteracted by parents rejecting children upon their return home. This rejection and the trauma of abuse and neglect may prompt recidivism. Oudshoorn (2016) also noted a concern regarding recidivism of imprisoned juvenile offenders as a result of experiencing repeat trauma following release back into society. A need to effectively deal with this population was highlighted to improve the outcomes of rehabilitation programs at juvenile facilities.

RQ2 concerned administrator perceptions of their role in deciding whether and how trauma-focused interventions are administered to juvenile offenders. Two major themes emerged in response to RQ2 regarding the administrator's decision-making role: the tailoring of interventions and the monitoring of progress, and the limits of this role by offender treatment readiness and environmental influences. These themes are similar to the those identified for practitioner roles in RQ1. These themes will be discussed under the findings identified for each theme.

Theme 3: Administrator Decision-Making Roles Include Tailoring Interventions and Monitoring Progress

During the interview process, administrator respondents described the two main decision-making roles in administering trauma-focused treatment interventions to imprisoned male juvenile offenders.

Subtheme 3a: Tailoring Interventions

All of the respondents acting in an administrative capacity noted the requirement for tailored trauma-informed interventions in their decision-making roles when working with male juvenile offenders. Preventing retraumatization by taking effective action is crucial to avoid recidivism, and it is here that the juvenile justice system has an important role in the rehabilitation of juvenile offenders (Tamburello et al., 2017). At times, certain imprisoned offenders take on negative behaviors in the controlled environment of the correctional facility, resulting in teachable moments, according to administrators. According to P3, these moments allow practitioners and administrators to coach the offender in alternative coping and behavioral strategies. P7 described relying on an individualized approach, tailoring interventions by studying the background and circumstances of the youth offender. This approach finds support from Rhoden et al. (2019), who conducted a review of the different psychological approaches used for the treatment of juvenile offenders in recent years due to an increase in trauma specific cases requiring uniquely structured interventions.

Subtheme 3b: Monitoring Progress

The respondents with administrator backgrounds agreed that youth can be exposed to additional trauma while imprisoned. It is therefore a requirement to attentively monitor their progress. Yoder et al. (2017) referred to the need to address factors causing criminal behavior, such as retraumatization, which can prevent healing and encourage recidivism. On this point, P1 confirmed the importance of watching for and responding to trauma while offenders are imprisoned to prevent potential setbacks to the progress made during the treatment interventions. According to P7, incidents of repeat trauma while imprisoned have the potential to undo any successes made with treatment interventions up to that point. P7 stated that it was essential to monitor progress and to investigate the causes of any setbacks, since they could be directly related to additional trauma at the juvenile facility.

Theme 4. Administrators' Decision-Making Role Is Limited by Offender Treatment Readiness and Environmental Influences

The method of administering trauma-focused treatment interventions by the administrators was limited by the offender's treatment readiness, as well as environmental influences. These are discussed under the appropriately named sub-themes.

Subtheme 4a: Offender Treatment Readiness

According to participants, the developmental impacts that influence offenders' treatment readiness include the normalizing of situations and negative behavior that cause trauma with offenders. These factors affected the treatment readiness of the offender but

were outside the control of the administrator. Respondent P7 described a situation where a child is repeatedly exposed to trauma; the child habituates to the trauma, become dependent on it by thinking of it as normal. Conner et al. (2015) noted that trauma is an experience associated with a significant number of youths in the juvenile justice system, where most reported more than one traumatic event over a period. P4 expressed that through this normalization of trauma, the offender is not aware of how they are supposed to deal with traumatic experiences.

Treatment readiness was also inhibited due to underreporting of traumatic incidents, as this leads to improper and incorrect needs assessments. P1 stated that certain traumatic events were not reported due to victimization from other offenders and the fear of exposure to more trauma. There was also the fear of the offender being labeled as a squealer or taleteller by other juveniles in the facility. Another reason for not reporting these traumatic events was due to a lack of trust, as offenders did not feel they could rely on the staff to show concern and take action on the reports.

Subtheme 4b: Environmental Influences

The consensus of administrator respondents was that the environmental influences in the homes and communities of juvenile male offenders limited their decision-making. According to P7, the effects of environmental influences in emphasizing and aggravating trauma cannot necessarily be effectively treated with trauma-informed interventions. There is a concern that the youths go back to their communities and are unable to escape a life of trauma. P7 noted that the system needs to be improved, and it is not necessarily

the fault of youth that they commit offenses. Criminal behavioral patterns need to be corrected, and the achievement of this goal can prevent the reentry of juveniles into juvenile facilities (Jencks & Leibowitz, 2018). A successful intervention as described by P7 involved the coaching and encouragement of the providers in matching the needs and supporting the families of released juvenile male offenders.

Limitations of the Study

Limitations affected this study. First, only a small sample size of practitioners and administrators at juvenile justice facilities were identified and participated in interviews. This low number of respondents from each identified grouping limited the generalizability of the study. With the low number of respondents, I needed to trust that the responses provided were correct and relevant to the topic with minimal allowance for deviation from the interview protocol.

Additionally, the qualitative approach of the study increased the possibility of research bias. To address this limitation and mitigate its effects, I developed the interview protocol using the research literature, and an expert panel validated the questions. A systematic, inductive analysis method was employed, also to prevent confirmation bias and other influences that might compromise the trustworthiness of the study.

An unplanned limitation to the study was the advent of the COVID-19 pandemic. This limited the ability of the researcher to conduct personalized, one-on-one interviews. Therefore, the researcher could not view the behavioral and body language aspects of the respondents during the interview, which is an important aspect to consider. The

interviews were conducted outside of the working hours of the respondents. When considering that this is normally leisure or family time for most people, a potential limitation to consider could be that the respondents were not focused or dedicated to providing detailed responses and were pressed to conclude the interview.

Recommendations

A number of recommendations for future research emerge from the current study. First, all respondents described the potential for retraumatization from violence and other factors in juvenile correctional facilities, and this specific phenomenon should be investigated more fully. Frydman (2020) highlighted the importance of research to understand the causes and effects of trauma on juveniles. Furthermore, there is a need to develop relevant and effective interventions to address the different types of trauma experienced by juvenile offenders in juvenile facilities. The purpose of the juvenile justice system is to rehabilitate young offenders and reduce recidivism and effective trauma-informed interventions play a significant role in achieving this purpose.

Second, because the current study relied on self-report from individuals, further research should examine the actual trauma-informed practices of practitioners and administrators to determine how these individuals make decisions and administer interventions in practice. Latessa (2018) commented that a reduction in recidivism is an indicator of administrators and the practitioners' commitment to implementing efficient policy and evidence-based interventions. The chosen theoretical framework for this study is the theory of social construction of policy which aims at creating an understanding of

the unintended failure of public policies. It is important to further research this topic and meet the intended purpose of effective rehabilitation of youth offenders and thereby preventing recidivism.

A continuance of the study of the viewpoints of administrators and practitioners in the juvenile justice system leads to further consideration of opportunities and challenges in the application of trauma-focused interventions. An increased sample size and inclusion of a proportional population of youth offenders, could place additional focus on the frustrations, challenges, and needs of the trauma workers as well as opening up suggestions from offenders on effective strategies they have been exposed to. The possibility of providing opportunities to released juvenile offenders outside of their known environment also needs to be investigated and researched further. This removes them from potential recidivism when falling back into old negative behaviors, violent conditions, and abusive persons.

Implications

Despite its limitations, this study generates a number of implications for practice. King and Elderbroom (2014) alluded to the vital task of the juvenile justice system in addressing juvenile delinquency and recidivism. This study was conducted from the perspective of practitioners and administrators in the juvenile justice system who have first-hand responsibility to address this issue caused by traumatic events. Juvenile criminal behavior is associated with trauma which again is associated with ACEs which includes historic cases of abuse (Cauffman et al., 2015; DeHart & Moran, 2015; Wolff et

al., 2017). Given that both practitioners and administrators saw their role as implementing trauma-informed practices, a model of collaborative practice should be developed, where practitioners and administrators work in concert to determine juveniles' needs, select treatment modalities, administer interventions, assess fidelity, and measure outcomes for juveniles in correctional facilities.

Ultimately, understanding the perspectives of practitioners and administrators administering trauma-focused treatment to imprisoned juveniles, can lead to insights that can facilitate and develop more effective interventions. This can result in the reduction of behavioral and trust issues of juvenile delinquents and allow for more effective treatment programs. Such practice aligns with the aim to allow reformed youth offenders to be released into society who are a benefit to communities and assist in the prevention of recidivism.

The reduction and effective treatment of trauma in juvenile facilities will not only have a direct impact on the offenders, but it will also ensure a positive inflow of reformed youth that can impact their immediate surroundings once released. With effective treatment and skills in dealing with trauma, they can share and live out this knowledge in their neighborhoods and ensure positive impact. This may reduce overall recidivism in the community and also eventually impact correctional facilities by the reduction of offenders. It is also vitally important for successful and effective trauma-informed interventions to be documented and shared with other practitioners and administrators alike. This will broaden the treatment and knowledge base in a platform that can be

accessed for reference in seeking specific or similar type traumatic events; practitioners could access that knowledge base when initiating treatment with offenders. A database for accessing relevant and similar case studies can be of great benefit for juvenile correctional facility staff, practitioners, and administrators in creating a better understanding of the reason and background linked to the behavior of male juvenile offenders.

Conclusion

The rehabilitation of juvenile offenders and the prevention of recidivism is an essential role of the juvenile justice system (Tamburello et al., 2017). This research aimed at impacting positive social change by potentially reducing the negative behavioral tendencies of male juvenile offenders. This has the potential of reducing recidivism among this population group once they are released back into society. The effective understanding of the required trauma-focused interventions needed to ensure the aim of reducing recidivism and preventing juveniles from becoming a social problem is an important research topic.

The principles of trauma-informed care are to create an atmosphere conducive to the offenders feeling safe and secure. These protections assist them in building a positive self-image and engaging in skill development that complements their unique abilities. This vital responsibility falls on the practitioners and administrators in juvenile justice facilities. It is therefore important to understand their viewpoints and frustrations when administering trauma care and interventions and create improved methods for them to

deal with the challenges they face. Ultimately the aim is to reduce recidivism by addressing the negative behavioral tendencies of male juvenile offenders to ensure that all of society benefits from these actions

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Appendix A: Invitation Flyer to Participate in the Research Study

VOLUNTEERS ARE NEEDED

Invitation to Participate in a Criminal Justice Research Study

Hello, you are invited to participate in this research study, which is part of my doctoral degree program. The purpose of this study is to identify perceptions and feelings regarding their role within trauma-focused treatment interventions of juvenile offenders who have histories of exposure to trauma.

You can take part in this research study if:

- **An employee in a juvenile trauma focused correctional facility**
- **Age 21 and older**
- **Employed with any juvenile facility for at least 6 months**
- **Trained in trauma focused interventions**

If you meet these requirements and would like to be interviewed, please contact **Tatrina Bailey, M.A. (doctoral candidate)**. During the telephone call, you will be asked some questions to see if you are qualified for this research study. If you decide to participate, you will be asked to meet via telephone conference or zoom two times for interviews. The interviews will last 45-60 minutes, giving you the chance to share and tell your experiences with trauma focused interventions. This information will be verified with you for accurate and correct information giving at the time of interview.

Researcher will be recruiting 6-15 qualified participants and the first 15 that qualify will be considered for the study.

Appendix B: Invitation Flyer for Staff to Participate

VOLUNTEERS ARE NEEDED**STAFF ONLY****Invitation to Participate in a Criminal Justice Research Study**

Hello, you are invited to participate in this research study, which is part of my doctoral degree program. The purpose of this study is to identify perceptions and feelings regarding their role within trauma-focused treatment interventions of juvenile offenders who have histories of exposure to trauma.

You can take part in this research study if:

- **An employee in a juvenile trauma focused correctional facility**
- **Age 21 and older**
- **Employed with any juvenile facility for at least 6 months**
- **Trained in trauma focused interventions**

If you meet these requirements and would like to be interviewed, please contact **Tatrina Bailey, M.A. (doctoral candidate) at (XXX)XXX-XXXX**. During the telephone call, you will be asked some questions to see if you are qualified for this research study. If you decide to participate, you will be asked to meet me face-to-face two times for interviews. The interviews will last 45-60 minutes, giving you the chance to share your experiences helping ex-offenders with the reentry process. This information will be verified with you for accurate and correct information giving at the time of interview.

Thank you for your support and participation

Appendix C: Interview Protocol for Participants

First Name: _____

ID code: _____

Interview Protocol for Administrators and Practitioners

Before we begin, the researcher would like to thank you for agreeing to participate in this research study and to this interview. The purpose of this interview is to hear how trauma focused interventions for male juvenile offenders have reduced at risk behaviors. The researcher is interested in your trauma focused implementation process and interventions to assist male juvenile offenders reintegrating back into the community and society. The researcher is interested in your feelings and opinions; there are no right or wrong answer, feel free to tell your story.

Your identity and the confidentiality of your answers will be secured and protected. Please let me know if you need to stop or would like to stop the interview at any time. If you would prefer not to answer a question, just let me know.

Question for Participants

Gender: Male or Female _____

Job Title: _____

Years of service: _____

Personal Background Information

What is your level of education completed?

Interview Questions

1. Please tell me about your role and responsibilities working with male juvenile offenders.
2. Please tell me about some of the experiences you have had with respect to trauma undergone by male juvenile offenders.
3. How do you try to prevent the occurrence of such incidences?
4. Do you feel that there is a tendency for such incidences to go unreported?
5. What is your opinion of the affect that such incidences have on the individual who undergoes a traumatic incidence?
6. Do you apply trauma faced intervention methods to traumatized individuals at this facility?
7. How do you decide what intervention methods to apply?
8. Do you think that these methods are effective in terms of an improvement of welfare of the individuals?
9. Can you please describe to me a case study of an individual for whom such an intervention was planned and applied?
10. Can you please tell me the results of the intervention?
11. How do you assess the results of the interventions in general?
12. How do you assess the overall effectiveness of the trauma-focused interventions that are applied at this facility?
13. Do you think that the welfare of individuals increases overall as a result of such interventions?
14. As a follow-up of the above question, do you think that these intervention methods are able to reduce the prevalence of recidivism?