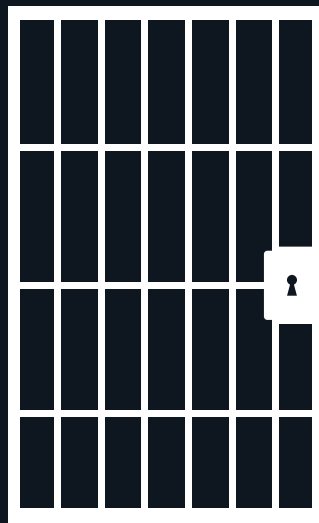




THE CHILDHOOD TRAUMA-TO-PRISON PIPELINE



The Prosecution and Incarceration of
Traumatized Children as Adults

This report is dedicated to the 2,220 people who bravely shared their most painful and traumatizing childhood experiences with us to make this report possible. May the window they have provided us into the lives of children tried as adults help us to create a more compassionate, caring, and just society for all children who encounter the U.S. criminal justice system.

Acknowledgements

We would like to thank our major philanthropic partners whose support made this publication possible.

THE JUST TRUST



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We also want to thank all of the advocates and policymakers who work alongside us to end human rights violations against children in the U.S. criminal justice system. Finally, we want to acknowledge the contributions of our partner, Richard Ross, and his team at Juvenile-In-Justice, who provided the powerful imagery profiled throughout this report; as well as the contributions of Ciara Robertson, Kate Loughran, and Zoe Wen, whose work was essential not just to the administration of the ACEs surveys and the analysis of the findings, but also to the research and writing that makes up this report.

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If you care about children

who have been victims of

physical and sexual abuse,

human trafficking, and neglect,

you have to care about the kids

who end up in our adult criminal justice system.

They are the same kids.

”

Introduction

Since the first juvenile justice system was established in Illinois in 1899, the creation of separate justice apparatuses for minors and adults followed the simple tenet that children and adults were fundamentally different, and thus required a different approach – one more focused on treatment and rehabilitation as opposed to punishment. However, this philosophy came under attack in the 1990s, with the prediction of the rise of a new generation of “Super Predator” child criminals.¹ Labeled as “fatherless, jobless and Godless,” these children were prophesied to be more violent and less remorseful than previous generations. This theory was propped up on racist tropes and other descriptions painting Black “inner city” youth as the main driver of the Super Predator epidemic. While the theory was swiftly proven false (juvenile crime dropped by more than half, and the political scientist that authored the theory later renounced it), the damage had already been done.

Lawmakers across the country began adopting draconian policies stripping children of their child status and violating their human rights. “These reforms lowered the minimum age for transfer [to adult court], increased the number of transfer-eligible offenses, or expanded prosecutorial discretion and reduced judicial discretion in transfer decision-making.”² As a result, over a six-year period beginning in 1993, the number of children housed in adult jails more than doubled.³ By 2009, approximately 200,000 children were being charged as adults annually,⁴ with every state in the country permitting children to be tried, convicted, and sentenced as adults. In our 2023 *Crimes Against Humanity* report, Human Rights for Kids (HRFK) identified over 32,000 people currently incarcerated for crimes they committed as children.⁵ This represents approximately three percent of the total U.S. prison population and is larger than that of the respective prison populations of almost 80% of the independent countries and territories around the world.⁶



Who are these children? What might have happened to lead them to engage in criminal behavior? And where were their families and communities when they needed them most? These are difficult questions that the United States has been unable, or perhaps unwilling, to answer because of the responsibility it bears for the human rights crisis it now faces.

Over the past 40 years, U.S. courts have slowly chipped away at the notion that the treatment of children as adults is consistent with constitutional standards. Much of American jurisprudence, however, has focused on child brain and behavioral development science demonstrating critical differences between adolescent and adult brains. While this scientific consensus has correctly influenced case law and juvenile sentencing reform efforts, research into the external events, including both familial and community circumstances, inextricably linked to children who commit serious crimes, has not been widely studied or adopted by the criminal justice system despite admonitions by the Supreme Court that these factors must be considered.

In 1988, while banning the imposition of the death penalty for anyone under the age of sixteen, the Supreme Court in *Thompson v. Oklahoma* first posited the need to consider the environment in which a youth has been raised in considering criminal culpability: “[Y]outh crime . . . is not exclusively the offender’s fault; offenses by the young also represent a failure of family, school, and the social system, which share responsibility for the development of America’s youth.”⁷ Then in 2005, in extending the bar against capital punishment for children under eighteen, the Court in *Roper v. Simmons* expressly noted that “children” are more vulnerable . . . to negative influences and outside pressures,” including from their family and peers; they have limited “contro[l] over their own environment” and lack the ability to extricate themselves from horrific, crime-producing settings.”⁸ Accordingly, the Court concluded: “Their own vulnerability and comparative lack of control over their immediate surroundings mean children have a greater claim than adults to be forgiven for failing to escape negative influences in their whole environment.”⁹

Seven years later in *Miller v. Alabama*, the Court applied this rationale to ban mandatory life without parole for child offenders, noting that such a mandatory minimum “preclude[s] a sentencer from taking account of an offender’s age and the wealth of characteristics and circumstances attendant to it.”¹⁰ The Court drew particular attention to the juvenile defendant’s horrific upbringing:

“[I]f ever a pathological background might have contributed to a 14-year-old’s commission of a crime, it is here. Miller’s stepfather physically abused him; his alcoholic and drug-addicted mother neglected him; he had been in and out of foster care as a result; and he had tried to kill himself four times, the first when he should have been in kindergarten.”¹¹

Either through legislation or judicial precedent, many states have now adopted the so-called *Miller* test, requiring courts not only to consider the juvenile’s age and related cognitive maturity, but also the mitigating factors arising from external pressures over which they have no control, in their sentencing determinations.¹²

Serious efforts to document the experiences of children prior to justice system involvement are few in number, and with the exceptions of a 2014 Adverse Childhood Experiences (ACEs) study of children in Florida’s juvenile justice system,¹³ and abuse among girls in the juvenile justice system by Rights4Girls,¹⁴ are limited to HRFK’s efforts in 2024, which focused on ACEs among girls tried as adults nationally and ACEs among children tried as adults in Maryland.¹⁵ A comprehensive study investigating the trauma among children tried as adults nationally has never been conducted. Until now.

Our report details the results of ACEs surveys administered to incarcerated individuals who committed their crimes as children and were prosecuted as adults. We received responses from more than 2,200 individuals in 38 states, the vast majority of whom reported experiencing severe trauma, exploitation and neglect prior to their involvement in the criminal justice system.

The average respondent had an incredibly high ACEs score of 6.31.

Our findings revealed that children prosecuted as adults predominantly fall into one of three categories:

1. Those suffering abuse, neglect and trauma resulting in behavioral issues and anti-social coping mechanisms that ultimately lead to incarceration;
2. Victims of forced criminality – a form of human trafficking, who were coerced into committing their offense; and
3. Victims of sexual abuse or exploitation who commit offenses against their abusers.

These findings are consistent, both across populations and states, exposing the unconscionable reality that children tried as adults are often victims long before they became offenders. They are products of chaotic home lives where parental incarceration or absenteeism, substance abuse, domestic violence, neglect, and mental illness were the norm. In many cases, they also suffered continuing physical, emotional, and sexual abuse, with six years old being the *average* age of onset of such abuse. These desperate circumstances increased their vulnerability to exploitation by third parties, including gangs and human traffickers, propelling them into a vicious cycle of recurring violence. The justice system often exacerbates this trauma, particularly when children are transferred to adult court, subjected to mandatory sentencing, and incarcerated in adult prisons where they are further abused by staff or other prisoners. This results in a loss of access to critical mental health treatment and diminished educational opportunities, handicapping children’s ability to return to society as fully engaged and productive members.

These tragic findings reveal the justice system’s complete failure to recognize the root causes of youth crime and take appropriate steps to remedy them. We owe our most vulnerable children more than this. The first step is to acknowledge the pervasiveness of trauma among justice system-involved youth. This report not only describes the problem and the consequences of our misplaced efforts, but provides recommendations for reform, proposals that maintain public safety while providing the necessary assistance to troubled youth that, perhaps surprisingly, can be delivered at less total cost than current practices.

In the past, a lack of data informed by scientific research made it far too easy to deny this victimization and its pivotal role in youthful offending. We can no longer, conscientiously, turn a blind eye to this reality.

METHODOLOGY

Methodology

Survey Population

We derived the population for the administration of this study from the names we received in response to FOIA requests to State Departments of Corrections for our 2023 *Crimes Against Humanity* report,¹⁶ specifically, for information on individuals incarcerated as adults for offenses committed as children. Because five states did not respond to our initial requests,¹⁷ and an additional seven withheld individual information necessary for this report,¹⁸ only 38 states are represented here.

Keeping accurate track of this population was difficult because of its fluidity, but absolutely essential to ensure that only those individuals still incarcerated received surveys. Accordingly, every name in our database was checked against each state's "offender search engine" to confirm their name and facility prior to survey distribution. Approximately 19,840 surveys were mailed to individuals in 38 states, reflecting a decay rate of our database to 62.93% of its original size. In all, 2,220 individuals returned surveys, a 11.19% response rate.

STATE	TOTAL LETTERS SENT	SURVEYS RETURNED	RESPONSE RATE
Alabama	257	28	10.89%
Arkansas	445	46	10.34%
California ¹⁹	2,515	329	13.08%
Colorado	180	22	12.22%
Connecticut	162	24	14.81%
Florida	1,748	111	6.35%
Georgia	861	68	7.90%
Hawaii	4	1	25.00%
Idaho	13	2	15.38%
Illinois	682	180	26.39%
Indiana	133	26	19.55%
Iowa	189	19	10.05%
Kansas	143	23	16.08%
Kentucky	6	1	16.67%
Louisiana	1,500	211	14.07%
Maine	4	1	25.00%
Maryland	881	128	14.53%
Minnesota	96	8	8.33%
Mississippi	567	40	7.05%
Missouri	668	38	5.69%
Nebraska	86	3	3.49%
New Jersey	142	11	7.75%
New Mexico	69	0	0.00%
New York	516	24	4.65%
North Carolina	635	54	8.50%
North Dakota	12	2	16.67%
Ohio	524	84	16.03%
Oklahoma	132	35	26.52%
Oregon	151	20	13.25%
Pennsylvania	521	139	26.68%
South Carolina	729	129	17.70%
South Dakota	2	0	0.00%
Tennessee	587	49	8.35%
Texas	3,307	165	4.99%
Washington	319	35	10.97%
West Virginia	42	5	11.90%
Wisconsin	1,009	158	15.66%
Wyoming	3	1	33.33%
TOTAL	19,840	2,220	11.19%



Survey Construction and Wording

Because this survey was conducted over two years, changes in several state's youth justice policies during that time triggered variation in some of the questions individuals received. The majority of questions, however, were asked either universally or across a broad range of states.

The wording of the first ten questions for the ACEs survey received by each respondent was adapted from the National Council for Juvenile and Family Court Judges.²⁰ The only question that was revised was the seventh, becoming more inclusive by replacing "mother" with "parent" in asking whether the respondent had witnessed domestic violence in their household.²¹ An eleventh question was added to clarify if an incarcerated household member was a parent.²²

Additional questions included in the surveys varied on a state-by-state basis for 2024, but were universal for those administered in 2025. When the additional questions were first compiled, they were only sent to those states where HRFK's State Ratings Report²³ indicated the state did not protect children in the related category. For example, respondents were not asked questions about whether they were sentenced for an offense with a mandatory minimum sentence if the state allowed for judges to deviate from mandatory minimums for children. Once we decided to compile a national report, we simplified and standardized the questions to have a broader common data set. As a result, many of the 2024 questions included in the 2025 survey maintain their original wording. A table for which questions respondents received for each state can be found in the Appendix, along with the wording of each additional question administered in 2024 and 2025. These additional survey questions were formulated to address the child's experiences prior to their incarceration, those occurring as a result of interaction with the justice system upon their arrest and trial, and their experiences post-conviction.

The only state that had no additional questions submitted to them was Louisiana, which we surveyed in 2020 using only the original ten ACEs questions. As a result, many of the national breakdown analysis beyond the general ten ACEs questions omit Louisiana.

The names of individual respondents have been kept confidential to maintain their privacy. The only identifying information included in the reported survey responses (beyond questions on race, gender and sexual orientation) is the state from which the survey was returned. Those personal narratives submitted with survey responses, and recounted in this report, are also anonymized.

Demographics of Respondents

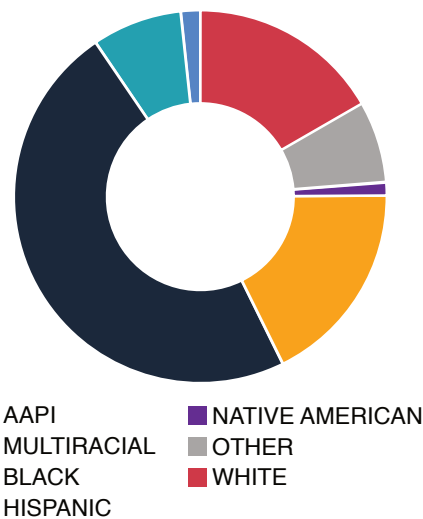
When we published *Crimes Against Humanity*, the population demographics were reported to us by the respective state Departments of Corrections. For all surveys administered in 2025 for this report, we allowed individuals to self-report their own demographic information, as well as their gender and sexual orientation. As a result, there were a few changes in the population's composition.²⁴

Race

Most notably, biracial or multiracial individuals were identified far less frequently in *Crimes Against Humanity*, so infrequently that they were lumped together into the group classified as "Other," making up 1.52% of the population in that report. Biracial individuals were far more common in this survey, comprising more than 7% of respondents and warranting their own category. This population almost exclusively shifts the Black population from its original count in *Crimes Against Humanity*, falling from 58.17% to 47.91% in this survey. This is perhaps because biracial or multiracial individuals who have a Black parent presented as Black, and were classified as such when incarcerated. It is also possible that there were simply fewer Black people who responded to the survey relative to their percentage of the population in *Crimes Against Humanity*.

Gender

As in *Crimes Against Humanity*, those identifying as male comprised the vast majority of respondents. Women have a lower representation in the current survey, possibly because many of them were receiving a survey from us for a second time and decided no further participation was necessary. We had previously submitted ACEs surveys to the women in our database in 2023 for the *Unheard* report. That said, when counting those who fell into the "Other" category, the percentage of Male and non-Male participants in this report largely tracks those in *Crimes Against Humanity*. We did use the information gathered in the *Unheard* report, however, in our breakdown discussions of the ten basic ACEs questions as they applied to women, because it represented a larger and more accurate sample size of female respondents. However, aside from the ACEs data for the analysis of girls tried as adults, no other responses from the survey from the *Unheard* report were included in any other calculations for this report.



GENDER	COUNT	PERCENTAGE
Male	1,024	96.79%
Female	26	2.46%
Other ²⁵	14	1.32%

Sexual Orientation

Because there was no such categorization in *Crimes Against Humanity*, we do not have a previous comparison point for this population to see if there were any differences. Compared to the general population, however, the number who reported their sexual orientation and identified as not heterosexual in this survey is slightly higher than the general population, at 9.74% compared to 7.6%.²⁶

SEXUAL ORIENTATION	COUNT	PERCENTAGE
Heterosexual	695	90.26%
Homosexual	16	2.08%
Other ²⁷	59	7.66%

Additional Response and Decay Rate Discussion

Response rates varied from state to state. Most states averaged around a 10% response rate, but there were a few notable exceptions. At 26.68%, Pennsylvania had the highest response rate. Differences in state procedures for allowing prisoners to respond to the survey likely reduced our response rates in other states. Several states shifted to a regime of digitizing all of their mail to prisoners, thereby eliminating the ability of our respondents to obtain a physical copy of the survey to fill out and return.²⁸ As a result, we had to advise respondents to manually write out their responses. We suspect this did cause a notable drop in responses in those states. Additionally, New York flagged, and then disallowed dissemination of our survey, after only a few individuals had returned their responses. The state's denial was based on its decision that the survey did not meet its criteria requiring "the proposed study ... to have some value for the Department."

Additionally, the decay of our original database meant that we were unable to provide surveys to individuals who had been incarcerated after 2022 (although copies of our survey were passed along by word of mouth to a few individuals who fit this description and subsequently sent them in to us).

There is much to be said about the decay rate, but the main point is that this is a very fluid population. Individuals incarcerated in their teens could have come into the system decades ago and are just now being released. Some incarcerated more recently may have been convicted for lower level offenses, with a correspondingly low sentence resulting in their release. Moreover, new populations of children continue to be tried and convicted as adults. When *Crimes Against Humanity* was being developed, it took nearly a year for us to receive all the participating states' responses to our requests for these databases. Assuming that the decay of these databases happened at a regular rate, nearly 10% of the population could have cycled out of the system between when those requests were issued and the publication of the report. Better tracking of this population is needed, both to properly assess their needs and to ensure that we know who these children are. The Office of Juvenile Justice and Delinquency Prevention's One Day Count, and similar organizational efforts, while helpful, miss a large number of individuals, including those:

1. Who are incarcerated in adult jails or prisons but miss the one-day count because they are moved back to a juvenile facility or released;
2. Who had turned 18 since their offense and are now incarcerated or being held as adults.

Accuracy and Limitations of Study

To help understand the accuracy of our findings and whether we could extrapolate it to the larger population of children tried as adults who remain incarcerated today, we utilized online survey calculation tools.²⁹ Based on our findings in *Crimes Against Humanity*, our original population was approximately 32,000 people. To achieve a 99% confidence level in our results with a margin of error of 3% we would need a sample size of approximately 2,133. With more than 2,200 total surveys returned, we are very confident in how our findings reflect the lived experiences of the broader population of children tried as adults in the United States. That being said, there are important limitations readers should still keep in mind.

As a voluntary survey, there is a degree of response bias to account for when viewing the findings. Individuals for whom childhood trauma resonates more powerfully may want to participate in the survey more than those for whom it does not. Because a large cohort of respondents are now years, or even decades, into their prison sentences, they may not remember events with the clarity they would have had if questioned contemporaneously. The accuracy of these results is also dependent upon our respondents being 100% truthful when recounting their experiences and answering the survey questions.

On the other hand, an adult reflecting on their childhood might be able to view their experiences with the clarity and objectivity that comes with age. Their responses might, in fact, be more candid than if questioned when the experiences were more recent. The remarkable consistency of the survey responses, notwithstanding geography, race, or age, indicates to us that the conclusions we draw respecting the childhood trauma this population experienced, are largely sound.

That said, more research needs to be done on the population of children who come before the justice system. Besides the 2014 OJJDP survey done in Florida, there has been little to no concrete studying of this population aside from reports issued by organizations like Rights4Girls and HRFK. We encourage others to continue surveying this population to gain further insight into the lives of children who come into conflict with the law, help identify their needs and develop best practices setting the stage for a better future for our children.

TRAUMA & THE JUSTICE SYSTEM

Trauma and the Justice System

Our society's existing focus on addressing children's behavioral issues after a child commits an offense is outdated, not supported by data, and demonstrably ineffective. We need to reorient our efforts to address the root cause of juvenile anti-social behavior—*victimization*—by addressing the causative factors and intervening in the early years to provide appropriate support and treatment.

“Preventing delinquency... in the first place not only saves young lives from being wasted, but also prevents the onset of adult criminal careers and thus reduces the burden of crime on its victims and society. It costs states billions of dollars a year to arrest, prosecute, incarcerate, and treat juvenile offenders. Investing in successful delinquency -prevention programs can save taxpayers seven to ten dollars for every dollar invested, primarily in the form of reduced spending on prisons.”³⁰

As discussed later in this report, effective preventive programs exist. The most successful are those that deter youth from engaging in delinquent behavior in the first place, but community-based divergence programs are also essential as they have been shown to materially reduce a first-time offender's subsequent contact with the justice system. The earlier the state can intervene to address behavioral issues associated with trauma, the greater the likelihood that the child will not recidivate.

Childhood Trauma Arising from Untreated ACEs

The cognitive immaturity of children is but the first consideration officials need to recognize when dealing with child offenders. Unambiguous neurophysiological studies have long confirmed what every parent knows: the still developing adolescent brain lacks judgement.³¹ The portion of the brain responsible for this “executive function,” is simply not physiologically mature. The Supreme Court has embraced this understanding in holding that children cannot demonstrate the degree of criminal culpability that we assign adults.³²



Source: “Dynamic mapping of human cortical development during childhood through early adulthood,” Nitin Gogtay et al., *Proceedings of the National Academy of Sciences*, May 25, 2004; California Institute of Technology

Ongoing research reveals the compounding effect of early childhood trauma on this cognitive immaturity which in turn augments the risk of impaired self-regulation and subsequent delinquent behavior.³³ As of 2024, researchers report that the link between untreated ACEs and involvement in the justice system is now undeniable.³⁴

In a review of 124 studies conducted across 13 countries, the 2024 report's author found that the odds of having experienced at least one adverse or traumatic event were more than 12 times greater for justice system-involved youth versus non-system-involved youth.³⁵ Another study found that 93% of children entering the justice system had one adverse childhood experience, while over 50% had six or more.³⁶

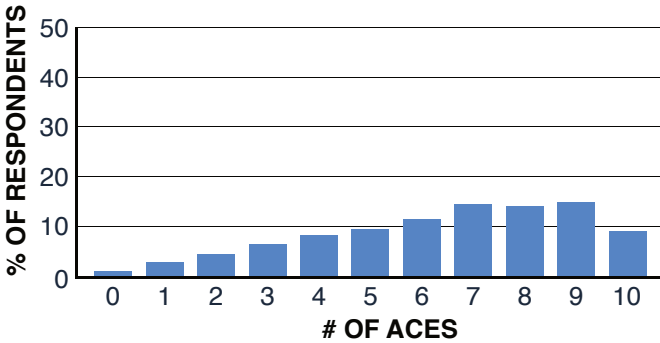
Exposure to potentially traumatic events (PTEs), of which ACEs are a subset,³⁷ and trauma symptoms play causal roles in children engaging in behaviors that can be classified as criminal offending.³⁸ While exposure to one or more PTEs alone may not necessarily result in trauma, it is

“the accumulation of risk and repeated activation of the stress response system ... that separates ... PTEs from trauma: Trauma is not the event itself but the physiological, cognitive, psychological, emotional, behavioral, and social wounds that remain after exposure to a PTE has passed.”³⁹ Where the PTE is threatening or overwhelming and where the individual has failed to receive rehabilitative support, trauma is likely.⁴⁰

This is exactly the situation the majority of the 2,200 respondents to our survey endured. Their average ACEs score is 6.31 out of 10 with nearly 40% of the population experiencing 8 or more ACEs. CDC studies show that only 17.3 % of the general population display ACE scores of four or higher.⁴¹ Moreover, 94.55% of our survey respondents reported suffering more than one type of ACE.

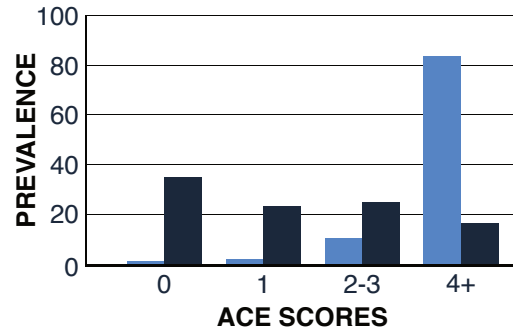
PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults



RATE OF ACES

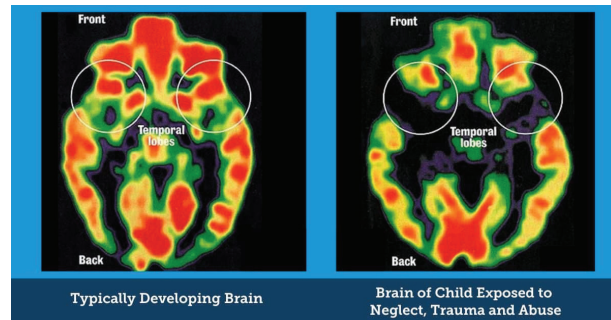
CHILDREN TRIED AS ADULTS
GENERAL POPULATION



M. Keels, the author of the 2024 review, provides a disturbing, but informative, tri-partite framework for assessing the correlation between PTEs or ACEs, unhealed childhood trauma and justice system involvement, revealing the inevitability of the resulting antisocial behavior and the woefully inadequate, misguided responses of the criminal justice system. This three-phased approach first identifies the child's triggering experience(s), then describes their maladaptive attempts to manage the fallout of untreated trauma and, finally, catalogues the exacerbating effects of justice system responses to their victimization.

The Neurobiological Effects of Trauma Impair Executive Function

"The primary effects of trauma are first neurobiological dysregulation and then cognitive, psychological, emotional, and behavioral dysregulation...." Numerous studies confirm traces of the physical manifestation of trauma on brain scans and altered activation of the nervous system, such as reduced size and activity of the hippocampus and prefrontal cortex, increased size and activation of the amygdala, and increased dopamine and decreased serotonin secretion.⁴²



Chronic activation of the hypothalamic pituitary adrenal axis can further impair neurobiological development resulting in long term psychological, cognitive, emotional, behavioral, and social dysfunction.⁴³ Brain scans of abused and neglected children show lower cerebral and cerebellar volumes, damage associated with earlier onset of posttraumatic stress disorder (PTSD) and adverse development in areas related to executive functioning. The executive, attentional, and emotional dysregulation evidenced by these brain scans in traumatized children is similar to that seen in adults with PTSD. When these kids are also exposed to domestic violence, they exhibit further reductions in executive functioning, attention and IQ standardized scores.⁴⁴

The prevalence of specific ACEs our individual survey respondents suffered is heart-breaking.

ACE	PREVALENCE
Emotional Abuse	71.94%
Physical Abuse	69.68%
Sexual Abuse	44.59%
Emotional Neglect	68.11%
Physical Neglect	46.49%
Parental Separation	83.02%
Witnessing Domestic Violence	55.32%
Household Substance Abuse	74.95%
Severe Mental Illness in Home	53.96%
Household Member Incarceration	62.12%
Parental Incarceration	41.57%

The Effects of Abuse, Neglect, and Familial Instability

Parents, and other primary caregivers, are the most important individuals in a child's life. They are expected to nurture their children, instill values and provide models for success in life. Many of our respondents, however, were deprived of such care and support. 72% reported emotional abuse, almost 70% cited physical abuse, and almost 45% reported experiencing sexual abuse at the hands of an older adult. One respondent recounted:

"Since I was four years old, I've been abused. Mentally, physically, emotionally, and sexually. My mother had severe mental health problems, and my father was a drug addict. I was burned over my heart, and did six months in a coma at the age of four."

Nearly 70% reported emotional neglect while more than 46% reported physical neglect.

"One of my earliest memories was from being abandoned in a GA pine forest by my mother when I was very young. Many hours later, maybe 10 to 12 hours, she came back for me, but that was only due to pressure from my step-dad."

While the consequences of abuse may be more readily apparent, child victims of chronic neglect also experience severe negative health outcomes, including delays in cognitive and physical development, and serious impairment of the body's stress response and self-regulation skills.⁴⁵ In adulthood, these issues tend to manifest in a greater prevalence of psychopathy and other mental disorders that severely impact the individual's quality of life.⁴⁶

A breakdown in the parental-child relationship, either from parental separation or incarceration, was the most common ACE shared across our survey respondents [62.12% of them reported having a household member incarcerated, while 41.57% reported parental incarceration]. One study further raises the possibility that criminal justice system involvement of one's parents may be the causal agent of trauma among children.⁴⁷

Even in families where one or more of the parents were present, the majority of our respondents reported familial instability, ranging from parental drug or alcohol addiction to mental illness and domestic violence. Over 55% reported frequently witnessing a parent or caregiver being pushed or hit, having something thrown at them, being kicked or bitten, or threatened with a gun or knife by another adult. Almost 75% reported living with a problem drinker or drug addict.

This pervasive lack of a stable family life is especially relevant because the presence of secure parental figures is one of the most important factors for mitigating the negative impacts of childhood trauma.⁴⁸ Family resilience, similar to the presence of a loving parent, can allow families to mitigate the effects of numerous negative events and promote well-being.⁴⁹ Secure, affectionate attachment allows children to build resilience and mitigate the emotional impacts of trauma, affording them the opportunity to rise above their circumstances and move forward to lead healthier lives. When these ties are disrupted, however, the home stops being a safe place, becoming yet another source of trauma and stress that places children at greater risk of worse long-term consequences, including diminished physical, educational, and socioeconomic outcomes, as well as behavioral outbursts.⁵⁰ As one survey respondent reported:

"Though I know my grandparents loved me, the home lacked the companionship needed. It did not help that once my mother joined us in California, her addiction forced me to witness her prostitute herself to some of my friends' fathers and older brothers."

Tragically, trauma and its impact does span generations. For some children, knowledge of their parents' ACEs, combined with their own experiences and that of peers in their communities, doesn't appear abusive or out of the ordinary.⁵¹ This normalization of unstable, violent and problematic environments means that children become even more vulnerable to antisocial behavior and negative influences. When domestic violence, drug abuse, and poor mental health becomes a child's "normal," they carry that with them, increasing their likelihood of externalizing their trauma through more unsafe and antisocial behaviors.⁵²

Maladaptive Coping Strategies Leading To Further Victimization

Children experiencing difficulties, injury, pain or fear would normally turn to those closest to them, including their parents, relatives and siblings, to provide support, help, guidance and love. Tragically, for our survey participants, the ACEs they suffered were often inflicted by parents or caregivers. Being harmed by those who should be your most loyal and fiercest defenders constitutes an additional betrayal, only serving to intensify the impact of their trauma.

Because the need to manage the stress is so profound, children will look elsewhere for support. If they are fortunate, they may have a relative, teacher, coach, mentor or other third-party adult with whom they have a positive relationship and to whom they can turn for help. If not, they will reach out to whoever is available; whoever will accept them; whoever shows them any kindness, support or understanding. Too often, this results in relationships with unhealthy individuals and groups that, while initially providing some solace, ends up causing further trauma. The attraction to gang membership and the vulnerability to the “grooming” tactics of traffickers are two examples.

According to Keels, these secondary effects of trauma are “maladaptive coping behaviors used to manage, distract, and/or suppress untreated primary effects” that are “psychologically and emotionally painful” and cannot otherwise be managed.⁵³ “Maladaptive coping can include engagement in risk/stimulation seeking and aggressive behaviors, engagement with antisocial peers, disengagement from school, emotional numbing, and self-medication with nonprescribed substances.”⁵⁴

None of these strategies are effective. Without affirmative support, such as counselling, the traumatic event remains unprocessed, distress increases, and “[t]he individual remains highly vulnerable to stimuli that trigger sensory imprinted traumatic memories that make them emotionally and behaviorally volatile.”⁵⁵ “As internal distress and dysregulation escalate, so too do the behavioral manifestations of trauma, including behaviors that can be categorized as criminal offending.”⁵⁶

Substance Abuse

When faced with persistent familial instability, some children seek escape from their traumatic day-to-day life through drug use, as epitomized by one of our respondents:

“From 12ish on I needed drugs to escape my demons. By that time, I’d seen multiple men murdered. I had emotional pain. Throbbing physical pain. The threat of death because of that scary word people threw around my name, cancer. And the ever present threat of being beaten or abandoned by the person I loved most in the world, my mother. Sometimes I feel she was taking all the hurt [my father] caused her on me because I do look like him.”

Another respondent saw firsthand the results of trauma on their peers manifesting in substance abuse on the streets of their neighborhood:

“Several hoodlums consume alcohol, drugs and are engrossed in numerous other adjacent deeds as they congregate on a street corner...The occasion: customary incomprehensible delinquency in response to despair, maltreatment, abandonment, low self-esteem, and feeling unloved.”

Whether it be in the community or at home, exposure to substance abuse from an early age can have disastrous effects on a child down the road. One survey respondent noted that they were introduced to drugs through their own family’s addictions:

“I saw my cousin and my mom go behind the garages at our apartment complex. I went to see what they were doing and noticed my mom smoking marijuana and intravenously shooting up methamphetamine. This had me upset due to the fact that she had told me and my grandma that she had quit...I was shocked when my mom loaded her pipe full of marijuana and handed it to me...I remember my mom, telling me not to tell anyone that she let me smoke and that she was still shooting up.”

This generational trauma can be devastating, with the child not only losing the parental affection and care that the family should supply, but exposing them to drugs and debasing behavior to support their ensuing addiction. One respondent to our study linked her lack of companionship in the home, in part due to her mother’s drug addiction, to her own drug use which then devolved into her victimization through commercial sexual exploitation to finance her dependency.



Gang Involvement

Many of the violent behaviors associated with gang membership, one form of maladaptive coping, are particularly traumatizing because they often fall under the umbrella of compelled/forced criminality, which is a form of human trafficking.⁵⁷ Forced criminality occurs when an individual is forced or coerced to commit or be an accomplice to an illegal act.⁵⁸ Children who join gangs often do so seeking safety, stability and basic necessities. Members of gangs who have been pressured to commit violence against their moral codes have a greater likelihood of exhibiting PTSD and post traumatic emotional numbing.⁵⁹ Youth who have been victimized by forced criminality require more support in order to gain access to care and begin to recover from their trauma.

Forced criminality was, in fact, the most reported type of trafficking (27.55%) cited by the respondents in our survey. Additionally, only 32.17% of trafficking victims in our survey felt they received the support they needed from their community, down from nearly 40% of general respondents.

Lack of Community Support

Only 39.22% of our survey respondents felt they got adequate support from their communities, including teachers, coaches and other potential mentors in response to their experiences. Of the 60% reporting inadequate support, however, their individual ACEs scores, as detailed below, were largely the same as those of the total survey population, with the exception of slightly elevated rates of emotional abuse and neglect.

ACE	PREVALENCE
Emotional Abuse	76.56%
Physical Abuse	73.17%
Sexual Abuse	48.24%
Emotional Neglect	71.82%
Physical Neglect	51.76%
Parental Separation	83.60%
Witnessing Domestic Violence	58.54%
Household Substance Abuse	78.05%
Severe Mental Illness in Home	57.32%
Household Member Incarceration	59.49%
Parental Incarceration	42.41%

When children lack love and support at home, they desperately need the help and guidance of other adults to fill the void. Mentorship in the form of an “always available adult” has been shown to substantially assist youth in responding to, and coping with ACEs. Children with high ACEs scores engage in correspondingly high levels of “health harming” coping behaviors including drug use, smoking, and excessive drinking. When youth have access to an adult mentor, however, the prevalence of these behaviors - with the exception of smoking - declines, even as ACEs scores increase. Examining how youth build resilience after trauma, one study further concluded that having a healthy relationship with an adult was the single most important factor.⁶⁰

Receiving mentorship from non-parental figures also plays a crucial role in youth learning to navigate social relationships and process traumatic events.⁶¹ One analysis of youth mentoring programs further concluded that mentors positively impact a child’s academic performance, health, cognition and psychology.⁶² The impact of mentorship was also found to be greatest among underserved and minority youth. But, unfortunately, the likelihood of mentorship is tied to the economic status of a youth’s family and neighborhood safety.⁶³ As a result, youth who would most benefit from mentorship, are the least likely to receive it.⁶⁴ One study reported that “[u]nmet mentoring needs were higher for LGBTQ individuals, youth in lower-income households and people of color.”⁶⁵

Interestingly, however, unlike all other subgroups in Gowdy’s study, Black youths’ chances of mentorship did not increase even when their economic status improved,⁶⁶ highlighting the disturbing reality that deeply entrenched forms of systemic inequities continue to disadvantage communities of color.



Subpopulation Susceptibilities

Beyond the traditional ten ACEs, we also asked a series of questions to better understand other potential sources of trauma for children tried as adults. This section of the report details the prevalence of ACEs among different respondent subpopulations, including gender, race, sexual orientation, disability, and trauma-specific experiences.

Girls

Female respondents to our survey had slightly higher average ACEs scores than their male counterparts. With the exception of parental separation and household drug abuse, however, they had higher rates in every individual ACE category, with significantly higher rates of sexual abuse. Approximately 80% reported sexual abuse compared to 44.92% of males.

GENDER	AVERAGE ACE SCORE	ACE	PREVALENCE BY GENDER	
			MALE	FEMALE
Males	6.26	Emotional Abuse	68.86%	73.40%
Females	7.19	Physical Abuse	71.29%	82.98%
		Sexual Abuse	44.92%	79.79%
		Emotional Neglect	67.58%	86.17%
		Physical Neglect	44.53%	51.06%
		Parental Separation	83.30%	80.85%
		Witnessing Domestic Violence	56.45%	64.89%
		Household Substance Abuse	74.80%	73.40%
		Severe Mental Illness in Home	53.22%	64.89%
		Household Member Incarceration	60.74%	54.26%
		Parental Incarceration	41.60%	40.00%

Research into gender-linked differences in ACEs rates is now being actively investigated. HRFK produced a report in 2024 based on a survey, similar to that used in this study, to assess the ACEs women incarcerated since childhood experienced. It details the correlation between these girls' childhood trauma and later involvement in the criminal justice system. The report further chronicles the pervasiveness of sexual (84%), physical (84%), and emotional abuse (92%) among girls tried in the criminal justice system as adults, where their victimization was largely ignored. Most of the women surveyed in that report came from broken homes where parental separation, household incarceration, domestic violence, substance abuse, and mental illness were the norm.

The report also offers proposals for disrupting the trauma-to-prison pipeline and creating a system of accountability for these girls in a trauma-informed and age-appropriate way. For a detailed analysis of the report's findings, please refer to HRFK, *Unheard: The Epidemic of Severe Childhood Trauma Among Girls Tried as Adults* (May 2024).⁶⁷

LGBTQ POPULATION

Non-heterosexual respondents to our survey had generally higher average ACEs scores than their heterosexual peers.

SEXUAL ORIENTATION	COUNT	AVERAGE ACE SCORE
Heterosexual	695	6.33
Non-Heterosexual	75	6.81

They reported similar or slightly higher rates for individual ACEs, with notably higher rates of sexual abuse and household mental illness. The only ACE that heterosexual respondents reported suffering a higher rate was in witnessing domestic violence: 58.13% versus 42.67 %, a 15.46% difference. The ACEs comparison for respondents identifying as heterosexual as opposed to those who identify as non-heterosexual is included in the table below.

ACE	PREVALENCE BY SEXUAL ORIENTATION	
	HETEROSEXUAL	NON-HETEROSEXUAL
Emotional Abuse	72.52%	80.00%
Physical Abuse	69.21%	74.67%
Sexual Abuse	46.19%	74.67%
Emotional Neglect	68.63%	70.67%
Physical Neglect	45.18%	46.67%
Parental Separation	84.03%	88.00%
Witnessing Domestic Violence	58.13%	42.67%
Household Substance Abuse	74.10%	77.33%
Severe Mental Illness in Home	54.96%	66.67%
Household Member Incarceration	60.14%	60.00%
Parental Incarceration	42.16%	42.67%

Children With Disabilities

Children with disabilities face additional obstacles beginning early in life that isolate them from their peers and further compound the negative effects of justice system involvement. Initially, students with disabilities face school disciplinary action at higher rates than their peers.⁶⁸ The probability of suspension and expulsion is particularly high for disabled youth of color. Black children with disabilities have the greatest odds of disciplinary action compared to other ethnicities, both with and without disabilities.⁶⁹

More than half of respondents had been diagnosed with a physical, mental or learning disability.

Despite the intended warning nature of these disciplinary actions, the attendant time away from school contributes to further isolation from their peers. One study concluded that even one such experience (drop out, suspension, or expulsion) can increase recidivism rates for disabled kids.⁷⁰ Incarcerated youth with disabilities also have a higher likelihood of extended sentences, perhaps due to their inability to comply with program regulations.⁷¹ Characteristics of their disabilities, including poor social or communication skills, can be seen as purposeful lack of cooperation.⁷²

In our study, a majority of respondents, 55.29%, reported being diagnosed with a physical, mental or learning disability. This subgroup experienced higher rates of every individual ACE than the general population of respondents, and had a higher average ACEs score of 6.61. The ACEs breakdown for children with disabilities is included in the table to the right.

Federal education laws require: 1) free appropriate public education (FAPE) for all students in correctional institutions who have been previously identified as having a disability; 2) assistance to English learners, and 3) the provision of aids to students with disabilities.⁷³

ACE	PREVALENCE
Emotional Abuse	73.67%
Physical Abuse	70.79%
Sexual Abuse	49.35%
Emotional Neglect	70.50%
Physical Neglect	48.49%
Parental Separation	85.32%
Witnessing Domestic Violence	59.86%
Household Substance Abuse	76.98%
Severe Mental Illness in Home	61.87%
Household Member Incarceration	64.32%
Parental Incarceration	44.89%

As discussed below, however, this obligation is routinely breached. Moreover, about one third of disabled kids are eligible for an individualized education plan (IEP) which provides learning accommodation practices developed in consultation with a parent and a teacher.⁷⁴ While one third qualify, many do not have an IEP in place when they are incarcerated.⁷⁵

ACE	PREVALENCE (Children with IEPs)
Emotional Abuse	70.59%
Physical Abuse	66.97%
Sexual Abuse	46.61%
Emotional Neglect	68.78%
Physical Neglect	45.93%
Parental Separation	86.65%
Witnessing Domestic Violence	59.50%
Household Substance Abuse	76.92%
Severe Mental Illness in Home	59.95%
Household Member Incarceration	67.42%
Parental Incarceration	44.57%

In our study, 35.96% of respondents reported having an IEP, but even those with existing IEPs in place often do not receive the education to which they are entitled. Despite GED and career technical programs, adult facilities generally cannot accommodate IEPs.⁷⁶ A review of prisons in Florida found that IEP plans are either altered or shut down entirely.⁷⁷ When facilities do not meet youths' IEPs, they further marginalize students with disabilities.⁷⁸ In our survey, only 67.34% of respondents with disabilities and 63.57% of those with IEPs got their high school diplomas or their GEDs, compared to 74.46% of the general respondent population.

Respondents who had IEPs had slightly higher average ACE scores (6.49), than the general population, with slightly higher rates of each ACE aside from emotional and physical neglect.

Children with disabilities are three times more likely to suffer abuse,⁷⁹ showing stronger correlations with being both sexually and physically abused than their non-disabled peers.⁸⁰ As a result, they make up over a third of the youth in the custody of child protective services (CPS), and have longer stays, due to the complexity of their accommodations and additional support needs.⁸¹

Race and Ethnicity

While the average ACEs scores of respondents vary based on race and ethnicity, all present with incomparably higher average scores than the general population. As previously noted, the average respondent has an ACEs score of 6.3, whereas 60% of the American public has one or no ACEs.⁸²

RACE/ETHNICITY	RESPONDENTS	AVERAGE ACE SCORE
AAPI	32	5.44
Black	962	6.28
Hispanic	358	6.47
Native American	23	7.78
White	335	6.05

While this disparity between the two populations standing alone requires recognition and attention in addressing the circumstances underlying children's interaction with the justice system, the compounding effects of discrimination and racial disparities also needs to be considered.

White Children

While White respondents in our study trend slightly lower than the full surveyed population in terms of their average total ACEs score, many of their individual ACEs scores are similar to those of the entire surveyed population. They do show slightly higher rates of emotional abuse, sexual abuse, and household mental illness, and lower rates of emotional neglect, physical neglect, parental separation, and the presence of domestic violence and drug abuse in the home. Where they differ most significantly is in the rates of household and parental incarceration, falling 20.63% and 12.32% lower than the percentages for the overall respondent pool.

ACE	PREVALENCE
Emotional Abuse	76.12%
Physical Abuse	64.18%
Sexual Abuse	52.24%
Emotional Neglect	72.84%
Physical Neglect	39.70%
Parental Separation	74.93%
Witnessing Domestic Violence	48.06%
Household Substance Abuse	69.85%
Severe Mental Illness in Home	62.90%
Household Member Incarceration	41.49%
Parental Incarceration	29.25%

Black Children

Studies show that minorities, particularly Black youth, are overexposed to PTEs and underexposed to coping resources.⁸³ One study found that approximately 1 in 5 Black children experience maltreatment as compared to 1 in 10 White children.⁸⁴ In our study, Black individuals comprised 47.91 % of the surveyed population, while White individuals represented only 16.68%, as compared to their representation within the national population (12% Black, 58% White).⁸⁵ As the largest subgroup of the survey, Black participants' response percentages largely reflected that of the entire surveyed population, differing by no more than 5% in every ACE category. The greatest margins of difference were seen in higher rates of parental separation and household incarceration, and lower rates of household mental illness. But these percentages must be viewed in the context of the gross over-representation of this subgroup in our study.

ACE	PREVALENCE
Emotional Abuse	69.02%
Physical Abuse	68.71%
Sexual Abuse	44.49%
Emotional Neglect	64.97%
Physical Neglect	45.53%
Parental Separation	87.63%
Witnessing Domestic Violence	54.16%
Household Substance Abuse	75.47%
Severe Mental Illness in Home	49.38%
Household Member Incarceration	67.15%
Parental Incarceration	42.00%

In the United States, 61% of Black children have experienced at least one ACE, compared with 40% of White children.⁸⁶ Black children have been found to be 1.5 times more likely than White children to experience at least 3 types of PTEs. Moreover, as the number of PTEs accumulate, the Black-White disparity in risk for violent felony arrest, widens.⁸⁷ An increased risk of juvenile incarceration has also been linked to Black kids suffering multiple PTEs. Of a representative sample of Black children exposed to 2-3 PTEs, they had 1.73 higher odds of juvenile incarceration, while those with four or more had 4.86 higher odds. For those Black children also diagnosed with PTSD, the risk of juvenile incarceration increased by 3.74.⁸⁸

Hispanic Children

As the second largest respondent group in our study, Hispanics' responses were similar to those of the general survey population with the exception of showing higher rates of witnessing domestic violence in the home, reflecting a rate 7.81% higher than the broader respondent pool. Once again, this relative equivalence in ACEs scores with the full respondent pool must be viewed in the context of the over-representation of this ethnicity in the respondent population. As documented in our 2023 *Crimes Against Humanity* Report, twenty-one states disproportionately tried, sentenced, and incarcerated Hispanic children as adults.⁸⁹

ACE	PREVALENCE
Emotional Abuse	73.74%
Physical Abuse	73.74%
Sexual Abuse	39.66%
Emotional Neglect	70.95%
Physical Neglect	51.40%
Parental Separation	77.37%
Witnessing Domestic Violence	63.13%
Household Substance Abuse	78.77%
Severe Mental Illness in Home	56.70%
Household Member Incarceration	62.01%
Parental Incarceration	39.39%

As noted by one researcher, there is a paucity of studies with samples reflecting the current demographic diversity of the United States.

Twenty-six percent of children in the United States are now Latino; consequently, new prospective longitudinal studies are needed to adequately sample Latino and other non-Black racial and ethnic minority children to better understand subpopulation differences in the pathways to offending. Such studies also need measurements that consider subgroup differences in exposure to PTEs, such as the role of traumatic migration experiences and fear of deportation as potential sources of trauma.⁹⁰

Native American Children

While only 23 respondents identified as Native American, they had the highest overall rates of ACEs of any race/ethnicity group. With the exception of slightly lower rates of parental incarceration than Black or Hispanic respondents, they had higher rates for every ACE than any other racial demographic. Examples of racial disparities among Native youth are also revealed in the data compiled in our *Crimes Against Humanity* report which showed that eleven states disproportionately tried, sentenced, and incarcerated these children as adults.⁹¹

ACE	PREVALENCE
Emotional Abuse	95.65%
Physical Abuse	82.61%
Sexual Abuse	56.52%
Emotional Neglect	86.96%
Physical Neglect	65.22%
Parental Separation	91.30%
Witnessing Domestic Violence	73.91%
Household Substance Abuse	86.96%
Severe Mental Illness in Home	60.87%
Household Member Incarceration	78.26%
Parental Incarceration	39.13%

Asian American Pacific Islander Children

Asian American/Pacific Islander (AAPI) respondents had much lower average ACEs scores in general, with significantly lower rates of parental separation, sexual abuse, household drug abuse, and household/parental incarceration. However, they reported markedly higher rates of emotional neglect, with more than 84% reporting feeling that no one in their families loved or cared for them as compared with 68.11% of the general population of respondents expressing such feelings. Our *Crimes Against Humanity* report revealed that two states – Rhode Island and Utah – showed a disparate impact for AAPI children.⁹²

This is another population where more research must be undertaken to uncover/assess the link between ethnicity or race, the exposure to ACEs, and involvement with the criminal justice system.

ACE	PREVALENCE
Emotional Abuse	71.88%
Physical Abuse	75.00%
Sexual Abuse	25.00%
Emotional Neglect	84.38%
Physical Neglect	40.63%
Parental Separation	59.38%
Witnessing Domestic Violence	53.13%
Household Substance Abuse	56.25%
Severe Mental Illness in Home	46.88%
Household Member Incarceration	31.25%
Parental Incarceration	12.50%

Witnessing Violence

Children witnessing violence either at home, in school or in their neighborhoods may be just as traumatized as those who directly experience it.⁹³ 55.32 % of our survey respondents reported witnessing domestic violence, which are exemplified in the following personal accounts:

"When I was younger my dad was a heavy figure in the Heroin Business...My dad had me bagging drugs up for him even before I knew my ABCs...My mother on the other hand was the opposite. She was a drug addict addicted to crack cocaine. Yet, as her youngest of four children she loved me, and expressed it to me unconditionally. Unfortunately, I watched men, including my dad abuse my mother, until she was murdered."

"I received a 26 years sentence for protecting my father from harm from another a mere 4 years after my primary custody parent (my mother) was shot and killed in a domestic violence situation."

Another respondent described experiencing a series of violent episodes from their custodial mother, only to be placed with their father in a drug house where violence was the norm:

"When my mother got pregnant with me, she tried multiple times to try and kill me before she gave birth to me. She then gave life to me then she tried once again to kill me...My grandmother got so tired of what was happening to her grandson she made my father take me in his custody. Then that's when life got crazy, because I was in my father's drug house as an infant watching junkies get beat up, stabbed and shot."

Witnessing police violence was also reported.

"My older brother shot a security guard in my neighborhood that [who] was extorting drug dealers, forcing sex on indigent mothers, and molesting young boys. The police pointed guns with green beams at me and my four year old niece, laid us facedown on the ground, captured him and allowed the security guard to punch my mother in front of everybody in the hood...After that we were homeless."

Respondents who witnessed domestic violence experienced higher ACE averages than the general population of respondents as highlighted below.

ACE	PREVALENCE
Emotional Abuse	86.64%
Physical Abuse	84.36%
Sexual Abuse	51.87%
Emotional Neglect	77.44%
Physical Neglect	61.89%
Parental Separation	89.66%
Witnessing Domestic Violence	100.00%
Household Substance Abuse	86.81%
Severe Mental Illness in Home	65.80%
Household Member Incarceration	70.93%
Parental Incarceration	50.95%

Food Insecurity

Only 55.05% of those surveyed reported having access to sufficient quantities of healthy food while growing up, with one respondent noting:

"My mother was always missing. She'd show up maybe once every two weeks with very little food for us to eat/survive on for another two weeks. I decided that I would start stealing to help out."

Individuals who experienced food insecurity had a higher average ACE score, 7.51, than the survey population as a whole, and experienced higher rates of each individual ACE. They also reported rates of physical neglect nearly 30% higher than the overall population.

Nearly half of respondents had insufficient nutrition growing up.

Food insecurity is defined as a lack of "dependable access to enough food for active healthy living." Around 8.9% of households with children, or 3.2 million households nationwide, meet the criteria.⁹⁴ The effects of food insecurity have far-reaching consequences into the behavioral, emotional and academic development of children,⁹⁵ with even brief periods of food insecurity causing permanent shifts in development.⁹⁶ Youth who were malnourished early in life were later found to have attention deficits, reduced social skills, and less emotional stability than their non-malnourished peers.⁹⁷ They were also 7 to 12 times more likely to manifest a conduct disorder.⁹⁸

Food insecurity can also impact a child's academic performance. A study of kindergarteners in food insecure households found that they exhibited reading and math scores below the developmental benchmark.⁹⁹ Those who subsequently became food secure in the third grade were still unable to close the gap in their math scores.¹⁰⁰ Food insecurity has also been correlated to lower reported levels of social skills in girls.

Moreover, children are very aware of their family's food insecurity and the benefit programs on which they rely. This awareness is associated with chronic physiological stress and the development of coping mechanisms to deal with the situation.¹⁰¹

ACE	PREVALENCE
Emotional Abuse	84.46%
Physical Abuse	81.46%
Sexual Abuse	51.87%
Emotional Neglect	81.65%
Physical Neglect	75.28%
Parental Separation	88.76%
Witnessing Domestic Violence	69.10%
Household Substance Abuse	86.70%
Severe Mental Illness in Home	64.23%
Household Member Incarceration	67.79%
Parental Incarceration	49.63%



Victims of Abuse

Sadly, the earlier a child suffers trauma, the more likely they are to endure future traumatic events. An early onset age of trauma is also associated with mental health problems in both males and females.¹⁰² This intersection of different types of abuse and neglect at an early age is called “complex trauma,”¹⁰³ and engenders increased post-traumatic stress reactions, as well as difficulties in regulating emotions and internalizing problems.¹⁰⁴ Exacerbated by negative environmental factors including poverty, community violence, or household dysfunction, this toxic combination often manifests in specific externalized behaviors including rule breaking and lying that can create a “cycle of violence.”¹⁰⁵ In one study, more than 60% of children with recent system involvement reported that their first PTE encounter occurred before age 5, with almost 30% reporting chronic PTE exposure.

For respondents that reported experiencing abuse, the average age of onset for that abuse was six.

In our study, children who experienced emotional, physical, or sexual abuse, were first victimized on average at just six years old.

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	192	11.74%
Elementary (5-11)	1,149	70.28%
Post-Elementary (12+)	107	6.54%
Unsure/Non-Specific	187	11.44%

Respondents who reported first experiencing abuse under age 4 had the highest ACEs rates of any of the subpopulations analyzed, 7.79, and significantly higher rates of individual ACEs. Those who began experiencing abuse at ages 5-11 also had significantly higher average ACEs scores, a 7.1 average, while those who first experienced abuse at age 12 or older had generally lower rates of ACEs than the general respondent population.

ACE	PREVALENCE BY AGE OF ONSET FOR ABUSE		
	4 AND UNDER	5-11	12 AND OVER
Emotional Abuse	90.54%	85.02%	58.49%
Physical Abuse	88.51%	82.56%	54.72%
Sexual Abuse	64.86%	55.42%	36.79%
Emotional Neglect	81.76%	78.59%	58.49%
Physical Neglect	67.57%	53.30%	36.79%
Parental Separation	82.43%	84.85%	75.47%
Witnessing Domestic Violence	74.32%	64.14%	49.06%
Household Substance Abuse	86.49%	81.15%	72.64%
Severe Mental Illness in Home	70.27%	59.74%	46.23%
Household Member Incarceration	66.89%	64.23%	49.06%
Parental Incarceration	43.92%	41.94%	31.13%

There is a strong correlation between the accumulation of PTEs and poorer life outcomes.¹⁰⁶ Individuals suffering poly-victimization, defined as suffering three or more types of traumas, are 1.7–3 times more likely to have a violent felony arrest than those who experienced only one traumatic event.¹⁰⁷ One study further found that childhood mistreatment was the strongest indicator of recidivism for both males and females.¹⁰⁸ Other research provides evidence for a dose-response association between the accumulation of childhood exposure to PTEs and recidivism¹⁰⁹ and between serious incidents of child maltreatment and recidivism.¹¹⁰ Children with higher levels of exposure to PTEs have also been shown to exhibit shorter times between instances of recidivism.¹¹¹

Human Trafficking Victimization

Survey respondents who experienced human trafficking also reported higher rates of ACEs in each of the 10 categories included in the study, as well as higher average ACEs scores (7.45) than non-trafficked participants.

ACE	PREVALENCE
Emotional Abuse	87.26%
Physical Abuse	85.16%
Sexual Abuse	57.26%
Emotional Neglect	78.87%
Physical Neglect	62.26%
Parental Separation	87.10%
Witnessing Domestic Violence	69.68%
Household Substance Abuse	84.35%
Severe Mental Illness in Home	64.84%
Household Member Incarceration	68.23%
Parental Incarceration	50.32%

Those at highest risk of being trafficked are runaways, and kids who have been involved with CPS or the juvenile justice system.¹¹² Exploitation in trafficking can thus be linked to early childhood trauma. 31.01% of our survey respondents reported being a victim of trafficking: 4.15% reporting sex trafficking, 5.96% reporting labor trafficking, and **27.55% reporting being a victim of forced criminality**. 15.11% of these

31.01% of our survey respondents reported being a victim of trafficking

individuals suffered more than one form of trafficking. Nearly one in ten reported this victimization played a role in the offense that put them in prison, with **9.23% reporting that the victim or a codefendant had sexually abused, raped or trafficked them** prior to their offense. Victims of trafficking also had a slightly higher chance of being adjudicated delinquent prior to their adult charge, with 60.61% of respondents reporting as such.

Child trafficking results in a multitude of mental health challenges, including complex trauma, PTSD, and bipolar disorder.¹¹³ One study of child labor trafficking concluded that traffickers used

physiological violence in 91.4% of cases, and physical violence 41.2% of the time.¹¹⁴ A study of sex-trafficked, child welfare-involved youth found that many develop substance abuse issues while self-medicating to cope with their histories of exploitation.¹¹⁵ The same study showed that if sex-trafficked kids are not treated for trauma, they will often return to their traffickers as adults once they age out of the system.¹¹⁶

Child Welfare or Foster Care System Involvement

When children experience abuse or neglect in their home they can be placed into the child welfare or foster care systems, resulting in parental separation and potentially increased trauma exposure. Indeed, entry into the child welfare system is associated with worse life outcomes and a greater likelihood of justice system involvement during adolescence and adulthood.¹¹⁷

Factors triggering CPS involvement, and placement in foster care, including parental incarceration, are common ACEs.¹¹⁸ Additionally, children who have crossover between CPS and the juvenile justice system are particularly vulnerable to re-enter the justice system after they age out of CPS.

In our survey, 27.69% of respondents reported a history of foster care or CPS custody— a figure much higher than the 6% national average.¹¹⁹ This group also had higher rates of occurrence of almost every individual ACE, with an overall average score of 7.43, as well as significantly higher rates of abuse, neglect and household instability than the broader survey population.

ACE	PREVALENCE
Emotional Abuse	83.91%
Physical Abuse	82.82%
Sexual Abuse	56.86%
Emotional Neglect	80.62%
Physical Neglect	63.62%
Parental Separation	89.03%
Witnessing Domestic Violence	66.18%
Household Substance Abuse	84.46%
Severe Mental Illness in Home	64.72%
Household Member Incarceration	69.29%
Parental Incarceration	48.26%

Juvenile Justice System Involvement

A high ACEs score is positively and significantly associated with the risk of juvenile justice system involvement.¹²⁰ Moreover, kids who have been stopped by police, arrested, convicted, or incarcerated are less likely to interact with surveillance institutions (e.g. medical, financial, labor market, and educational institutions) than their counterparts who have not had criminal justice contact, resulting in further marginalization from institutions that are key to desistance from crime and reintegration into broader society.¹²¹

Girls are also especially vulnerable. Violence is a part of the lives of many of them, but the system is ill-equipped to handle that victimization. Abusers are shielded, while the victims are arrested and put in detention for status offenses like running away from home to escape an abuser. This treatment effectively punishes girls for being victims, leading to profound mistrust of the justice system.¹²²

Approximately 60% of our survey respondents reported being adjudicated delinquent prior to being charged as an adult. Although a delinquency adjudication typically does not subject youth to the same direct consequences as an adult criminal conviction, it triggers significant collateral consequences, whose lasting impact children often do not fully understand when entering a plea in juvenile proceedings or when they are adjudicated delinquent.¹²³

Respondents with prior juvenile justice system involvement had slightly higher ACE averages than the general population of respondents, with higher rates of sexual abuse, physical neglect, parental separation, witnessing domestic violence, household substance abuse, severe mental illness in the home, and household/parental incarceration.

ACE	PREVALENCE
Emotional Abuse	71.27%
Physical Abuse	69.46%
Sexual Abuse	46.16%
Emotional Neglect	66.95%
Physical Neglect	49.79%
Parental Separation	86.75%
Witnessing Domestic Violence	60.25%
Household Substance Abuse	78.80%
Severe Mental Illness in Home	55.65%
Household Member Incarceration	65.97%
Parental Incarceration	47.14%

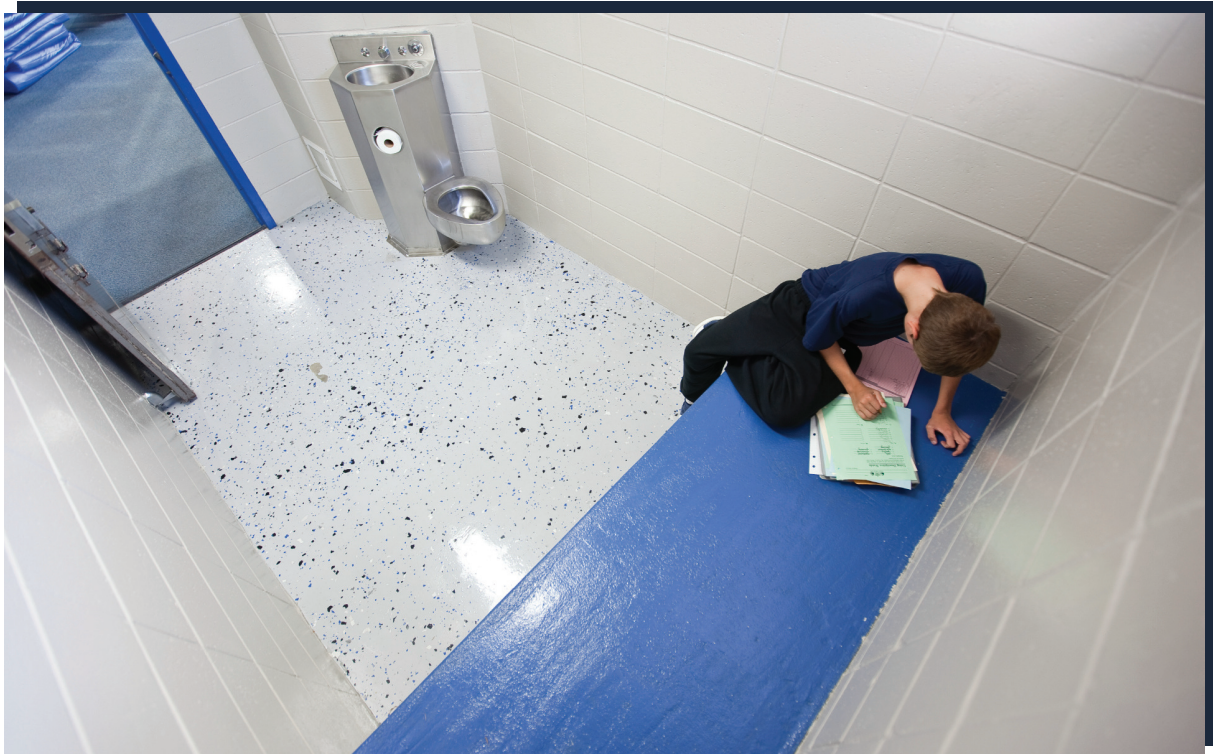
A meta-analysis of research papers found that of the thirty factors studied, age of first criminal activity and age of first contact with the law were the strongest predictors of recidivism.¹²⁴ Formal processing was associated with 17% higher rates of arrest and 11% higher rates of incarceration after five years when compared to informal processing.¹²⁵ While there is no definitive answer for why this may be, one possible explanation is that juvenile justice systems are not effectively screening for trauma associated with ACEs and tailoring services to address the specific needs of high risk youth. As a result, these children are more likely to re-enter the system because the underlying cause of their behavioral issues has not been effectively addressed. The percentage of respondents in our study identifying the age of their first justice system contact is shown in the following table:

AGE	PERCENTAGE
Elementary (Under 12)	18.46%
Middle School (12-14)	37.88%
High School (Over 14)	39.13%
Unsure/Non-specific	4.53%

Those who had their first justice system involvement when they were elementary or middle school age had higher rates of ACEs than the full respondent population, with slightly higher rates across the board and respective averages of 6.91 and 6.53. Those who had their first justice system involvement in high school had slightly lower rates than the full population, with notably lower rates of household incarceration and instability in the home and an average ACEs score of 5.86.

ACE	PREVALENCE BY AGE OF FIRST INVOLVEMENT		
	ELEMENTARY OR EARLIER	MIDDLE SCHOOL	HIGH SCHOOL
Emotional Abuse	78.47%	74.63%	67.87%
Physical Abuse	78.20%	72.91%	62.72%
Sexual Abuse	51.77%	45.42%	43.83%
Emotional Neglect	71.12%	70.52%	65.94%
Physical Neglect	52.32%	47.94%	41.77%
Parental Separation	87.19%	85.79%	78.66%
Witnessing Domestic Violence	62.12%	57.24%	51.67%
Household Substance Abuse	81.74%	77.42%	69.92%
Severe Mental Illness in Home	58.04%	55.64%	50.39%
Household Member Incarceration	68.39%	65.07%	53.21%
Parental Incarceration	42.78%	40.90%	35.09%

Studies across multiple countries show that early contact with the juvenile justice system and, in particular, experience of more severe forms of sanctioning at that time, is inherently criminogenic and trauma inducing. The deeper a child penetrates the formal system, the less likely he or she is to desist from offending; the key to reducing offending lies in minimal intervention and maximum diversion at the early stages,¹²⁶ while focusing on treating the underlying trauma at the root of the child's behavioral issues.



Trauma Derived From Treating Children Like Adults in the Criminal Justice System

It is these behavioral manifestations of trauma that create opportunities for arrest, leading to the third level, or *system-induced*, traumatic effects. Initially, a child diagnosed with trauma has more than triple the relative risk of being reported to the police for a suspected violent offense, excluding sexual violence, than their untraumatized peers.¹²⁷ Interrogation by law enforcement is often the setting for the first traumatic event occasioned by justice system involvement.

Only 6.92% felt safe when they first came into the justice system.

Children are particularly vulnerable to the psychological coercion, trickery and deception underlying the Reid technique routinely used in police interrogations. While these techniques are designed for adults, surveys reveal that police do not modify their strategies to take into consideration the cognitive infirmities of youth, much less any previous exposure to trauma.¹²⁸ Younger people's limited decision-making and

Only 13.68% reported having a lawyer or adult present during their questioning.

long-term planning abilities, combined with the stressful circumstances of interrogation, encourage them to relieve themselves of distress in the short term by waiving their rights and confessing, even if they are not guilty of the crime in question.¹²⁹ Children also often lack an adequate understanding of their legal rights, including their right to counsel and other Miranda rights.¹³⁰ Despite these risks, the vast majority of juvenile defendants are alone when interrogated by law enforcement, sessions which lasted **an average of 7 hours** for the participants in our study. Only 13.68% of our survey respondents reported having either an attorney or another adult present during police questioning,

leaving 8 out of 10 of them to endure stressful and prolonged police interrogations entirely alone, without any adult support or guidance. One respondent decried his treatment, noting how commonplace this was for so many children like him:

"I was sixteen and tried as an adult. I was interrogated for nine hours at the police station without a parent or Attorney... There's so many children like myself who went through the interrogation without knowing their rights."

This lack of meaningful consideration and advocacy continued into trial. 90.11% of respondents reported that the trauma they experienced was never considered during their prosecution or sentencing. Given these circumstances, it is no surprise that 93.08% of our surveyed population reported feeling unsafe when they first encountered the justice system.

Once incarcerated from a conviction in adult criminal court, Keels' third level of system- associated traumatic events only intensify, exacerbating the harm from pre-confinement trauma. Direct victimization by criminal justice system prison staff, peer victimization associated with being placed in unsafe institutional contexts,¹³¹ and further exposure to witnessing, perpetrating and experiencing additional violence inaugurate another phase of system-generated trauma. Strikingly, 35.71% of our survey respondents reported currently experiencing mental, physical, or sexual abuse or a form of domestic violence while incarcerated, even after reaching adulthood and years of "adjusting" to prison life. The compounding effects of this subsequent abuse must be evaluated in light of the data in our report showing that 71.94 % of our respondents suffered physical abuse and 44.59% endured sexual abuse before entering the justice system.

90.11%% reported that their childhood trauma was never considered during their sentencing.

The impact of this ongoing cycle of violence is amplified for youth incarcerated alongside adults. More than eighty percent (81.76%) of respondents reported being held in a jail or prison with other adult prisoners when they were under 18 years of age:

- 53.22% were confined in a jail with adults,
- 7.08% were confined in a prison with adults, and
- 39.70% were confined in both jail and prison with adults.

Of the over 50,000 youths charged as adults annually in the criminal justice system,¹³² on any given night, more than 2,000 are held in adult jails or prisons.¹³³ The repeated experiences of violence that are commonly associated with incarceration inside adult correctional facilities severely undermine children's mental, emotional, and physical health, which further complicate efforts towards their healing and rehabilitation.

Children incarcerated in adult facilities suffer higher rates of PTSD and depression than their counterparts in juvenile facilities.¹³⁴ They report being more afraid for their safety and are at greater risk for suicide and

sexual and physical assault.¹³⁵ Suicide is, in fact, one of the greatest risk factors for youth housed with adults: they are 36 times more likely to commit suicide in adult jail than in a juvenile detention facility.¹³⁶

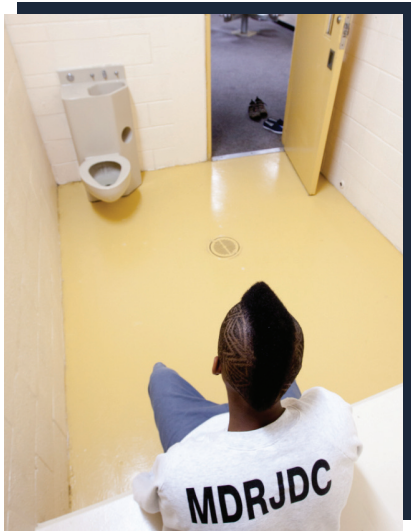
Incarceration in adult correctional facilities is drastically different from that in juvenile facilities. Adult institutions are not designed with the needs of youth in mind, lacking the educational and therapeutic services,¹³⁷ as well as the rehabilitation focus and capacity,¹³⁸ critical to children's continued development and healing. They are larger institutions, have higher resident-to-staff ratios, and invest less in treatment, counseling, and education than juvenile centers.¹³⁹

Child Abuse Inside Adult Correctional Facilities

Tragically, 46.08% of our respondents reported experiencing abuse while confined as a child in adult jails or prisons, either from correctional staff or the adults with whom they were incarcerated.

Exposure to violence is associated with feelings of being under threat from a hostile environment, and feelings of lack of safety are associated with an increased willingness to use physical aggression.¹⁴⁰ Abuse during incarceration increases children's risk of social and emotional maladjustment post-release, and youths more frequently exposed to abuse during incarceration are more likely to report post-traumatic stress reactions, depressive symptoms, and criminal involvement post-release.¹⁴¹

According to the National Prison Rape Elimination Commission's 2009 report, youth placed in adult facilities may be at the highest risk of sexual abuse of any incarcerated group.¹⁴² Children are five times more likely to be sexually assaulted in adult prison than in juvenile facilities. Thousands of young people have been assaulted, raped, and traumatized while being incarcerated with adults. In addition to a heightened risk of physical and sexual abuse, emotional abuse is most prevalent among children housed in adult correctional facilities.



These children suffer a higher level of social isolation and lack adequate services tailored to their needs. As discussed below, this combination of factors is detrimental to both their immediate and long-term mental health and places them at a much greater risk of early death.¹⁴³

Difficulties adjusting to prison life also contribute to children's higher rates of disciplinary infractions than adults, leading to further social isolation during this critical developmental period.¹⁴⁴ Their still maturing cognitive abilities further render them particularly vulnerable to criminal socialization with problematic adult prisoners, particularly in the absence of affirmative role models who should be helping them build a positive identity and develop problem-solving skills.¹⁴⁵

Laws limiting child-adult contact in prisons to prevent abuse are in place at both the federal and state level. However, these laws do not prohibit the placement of children in adult correctional facilities. As a result, many children, some as young as 10 years old, continue to be incarcerated alongside adults. When this happens they are frequently placed in 'solitary confinement' for their own protection.

State-Sanctioned Torture

The institutional responses facing youth incarcerated alongside adults would be classified as forms of child abuse or torture outside of the criminal justice system. A study of formerly incarcerated youth in Southern California revealed that 96.8% of youth experienced at least one type of abuse during incarceration, with excessive use of solitary confinement, peer physical assault, and psychological abuse by staff being the most common forms of direct abuse.¹⁴⁶ The experiences of our study's respondents confirms the prevalence of state-sanctioned torture, with **78.62% of respondents** being held in solitary confinement as children, with an **average longest stay in solitary of 10 months**.

The United Nations has deemed the use of solitary confinement "inhumane and torturous," calling for a complete prohibition of isolation for children, the mentally disabled and those in pre-trial detention.¹⁴⁷ In 2018, Congress passed the Juvenile Justice Reform Act which requires states to adopt policies, procedures and training for juvenile state correctional facilities staff "to eliminate the use of dangerous practices, unreasonable restraints, and unreasonable isolation."

Such restrictions do not apply, however, to children housed in adult jails and prisons. PREA requires the separation of children from adults to reduce abuse, commonly known as the "sight and sound policy." But despite the requirement that "Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision," solitary confinement is commonly used to comply with this policy.¹⁴⁸

When they were held as a child after being sentenced as an adult, more than 80% reported being held in facilities with adults.

The respondents to our survey are victims of this use of state-sanctioned torture: **Almost 80% reported having been held in solitary confinement before the age of 18, with an average length of confinement bordering on a year.** This translates into 23 hours a day of isolation, for virtually an entire year. One respondent reported that his angry response to his unaddressed plea for help was further isolation:

“Once I became hostile for not being heard or helped, they would put me in the hole and leave me down there in the cold for months, and would give me only an hour out.”

While solitary confinement has deleterious effects on anyone, according to the American Academy of Child and Adolescent Psychiatry, the associated risks for children and adolescents render it completely unacceptable for them.¹⁴⁹ Incarcerated youth should be receiving counseling, attending classes, and interacting with peers in a socially positive manner to foster rehabilitation. Youth in solitary confinement are denied all of this. Prolonged isolation from education, their peers, and the outside world only worsens their existing mental health conditions and disrupts cognitive development. In fact, children’s need for socialization, expressed in their exaggerated sense of the passage of time, makes each day of isolation seem even longer to them than it would for a similarly sanctioned adult.¹⁵⁰ Anxiety, anger, depression, insomnia, impulse control issues, paranoia, hypersensitivity, obsessive thoughts, cognitive disturbances, PTSD, loss of identity, and psychosis are further common repercussions of solitary confinement.¹⁵¹

Individuals held in solitary have five times a greater risk than the general prison population of committing self-harm and suicide.¹⁵² The likelihood of being admitted to a prison hospital for psychiatric morbidity also increases with time spent in isolation.¹⁵³ Moreover, the use of solitary does not improve safety and may actually lead to an increase in violence and recidivism.

Nearly 80% were held in solitary before they turned 18.

Many of the children entering the prison system already experience mental and emotional health challenges. Putting these vulnerable youth in conditions that only exacerbate their mental health struggles not only diminishes their prospects for adjusting to life outside prison, but actually increases their chances of future recidivism.¹⁵⁴ If the primary purpose of justice system involvement for children is rehabilitation, solitary confinement completely sabotages this goal.¹⁵⁵



Loss of Healthcare, Education, and Rehabilitative Services

The absence of adequate healthcare in adult correctional facilities is a particularly pressing issue. 54.70% of the respondents to our study reported losing access that was necessary to maintain their health or lost treatment for an active health condition. Minority youth tend to experience more major health issues than other groups, a disparity incarceration only exacerbates.

RACE/ETHNICITY	PERCENTAGE THAT LOST HEALTH CARE
AAPI	62.50%
Black	54.37%
Hispanic	51.12%
Native American	60.87%
White	57.01%

One study assessing the health needs of incarcerated youth found that fewer than one in five in need of health services actually received them, a lower percentage than that experienced in the general adolescent population.¹⁵⁶ This is a staggering statistic whose detrimental consequences are reflected in studies showing that incarcerated youth face disproportionately high morbidity rates.¹⁵⁷

Inadequate Mental Health Services Exacerbate Pre-existing Conditions

Among the myriad issues children in the justice system face, mental health needs are among the most universal and pervasive. Tragically, despite the fact that access to mental health care in correctional settings is legally required,¹⁵⁸ this right is routinely abrogated. Only six states require the standards for medical care in juvenile detention facilities to be the same as community standards.¹⁵⁹ This lack of essential mental health treatment for kids while detained or incarcerated compounds the pre-existing mental health issues many of them suffer.

Many mental health disorders initially appear in childhood and adolescence. Early treatment intervention not only allows for symptom management, but also increased social and emotional well-being.¹⁶⁰ The lack of appropriate care in our communities for children who have experienced significant childhood trauma or untreated mental health conditions can often lead to justice system involvement. Being classified as having moderate/severe mental health needs also increases the length of stay for youth jailed for both misdemeanors (7.7 days) and for felonies (54.1 days). These children also have higher rates of recidivism.¹⁶¹

Studies show that 50–70% of criminal justice system-involved children have a diagnosable mental health condition.¹⁶² One study estimated the prevalence of PTSD among juvenile offenders at 11.2% compared to 4.7% among a nationally representative sample of children.¹⁶³ Our study's respondents echo these statistics: **37.35% had been hospitalized for mental health care prior to incarceration.**

Survey respondents with previous hospitalization also experienced higher rates of each individual ACE as compared to the overall population, with the most significant disparities in the following categories: sexual abuse, emotional and physical neglect, and household mental illness categories. This subgroup had an average ACEs score of 6.96, higher than the average for the full survey population.

ACE	PREVALENCE
Emotional Abuse	78.27%
Physical Abuse	75.71%
Sexual Abuse	52.50%
Emotional Neglect	76.11%
Physical Neglect	54.52%
Parental Separation	85.29%
Witnessing Domestic Violence	61.94%
Household Substance Abuse	77.73%
Severe Mental Illness in Home	66.26%
Household Member Incarceration	66.53%
Parental Incarceration	44.13%

Children losing access to medical care or having care denied is only one part of the problem, however.¹⁶⁴ Studies on carceral care show that mental health care, when provided in the context of a punitive setting, sometimes fundamentally conflicts with the actual objectives of that care.¹⁶⁵ When prison health care can be altered or withheld entirely at the whims of the prison, it can become a weapon of coercion and control, which seriously damages the effectiveness of treatment.¹⁶⁶ Moreover, the inherently traumatizing experience of being incarcerated can create further barriers to treatment even when those systems are trauma-informed, but especially when they are not.

Additionally, incarcerating children with a history of trauma has the potential to intensify their maladaptive coping strategies or intensify negative interactions with peers or facility staff.¹⁶⁷ Increased risk of victimization, prevalence of solitary confinement, and lack of developmental programming all contribute to factors which may compound or intensify existing trauma. In particular, the presence of mental health concerns for incarcerated children is correlated to increased stays in solitary confinement and risk of self-harm.¹⁶⁸

Despite variations in age and condition, one factor consistently worsens mental health outcomes for incarcerated youth: confinement in adult facilities. The cycle of witnessing and perpetuating violence while incarcerated exacerbates existing mental health conditions.¹⁶⁹ “Many psychologically harmful standard practices, abusive practices, and overall lack of safety associated with the ... criminal justice system mean that engagement with the system can induce or worsen hypervigilance, interpersonal distrust, suspicion, alienation, exploitation, diminished self-worth, PTSD, and other symptoms of mental illness.”¹⁷⁰ Youth incarcerated in adult facilities have greater mental health challenges from ages 18-37 than those not in adult facilities. They also have poorer mental health outcomes related to depression and anxiety in early adulthood.¹⁷¹ More time spent in adult facilities correlates directly with worsening mental health outcomes, suggesting a dosage effect.¹⁷² The disproportionate risks to mental health challenges among youth incarcerated with adults highlights how children’s mental health needs are shaped not only by their current environment, but also by past experiences of trauma and abuse.

Lack of Educational Opportunities

Education provides a bridge to establishing financial security, gaining employment opportunities and social success.¹⁷³ When individuals participate in educational programs while incarcerated, their chances of recidivism drop by 13%.¹⁷⁴ GEDs are also associated with higher post-prison earnings.¹⁷⁵

Approximately 75% of the respondents in our survey were able to complete their high school diploma or obtain a GED while incarcerated. Despite the relatively high percentage of our respondents achieving high school level credentials, only 59.88% reported that further, higher educational resources were made available to them.



One of the best predictors of recidivism is the education level one obtains while incarcerated. Studies have shown that only 13.7% of prisoners who obtain an associate's degree reoffend, and only 5.6% of prisoners with a bachelor's degree reoffend.¹⁷⁶ There is no recidivism rate for prisoners who obtain a master's degree, which highlights the importance of making higher education accessible to incarcerated youth.

A study of Florida's prison educational practices found that in some counties, children were receiving worksheets but did not have access to a teacher, nor were they receiving school credit for their studies. When placed in solitary confinement, many of them did not even have pens or pencils to complete these worksheets. Female students were particularly affected as they were often placed in solitary confinement or segregated prison wings for their protection, where educational programs were unavailable.¹⁷⁷

Of all formerly incarcerated people with in-prison GEDs, less than 10% go on to take any college coursework, and less than 1% attain college degrees. Formerly incarcerated individuals' chances of obtaining a college degree are less than 1 in 20.¹⁷⁸ This can be partially attributed to the low number of in-prison college programs, but policies targeting formerly incarcerated people, including federal financial aid restrictions for higher education, discriminatory college admissions practices, and occupational licensing restrictions that negate educational achievements, are other major contributory factors.¹⁷⁹ These barriers to success only perpetuate the revolving door of release and recidivism for individuals denied the educational opportunities they need to become fully functioning members of society upon their release. People in prison want to, and do, succeed in post-secondary education if only given the opportunity.¹⁸⁰

Lack of Rehabilitative Services

With an average ACEs score of 6.31, our survey respondents have clearly been exposed to an array of devastating childhood events far in excess of those experienced by the general public. As our study further reveals: in combination, occurring over extended periods of time and left untreated, the abuse, neglect, unstable family life, and community failings endured by our respondents resulted in trauma with demonstrably detrimental effects on their development, behavior, and, particularly, their mental health. This victimization and the resulting emotional and behavioral responses, in turn, can be directly linked to their justice system involvement. A [2017 U.S. Department of Justice report](#) found that 37% of people in prison had a history of mental health conditions, resulting from early childhood trauma.¹⁸¹ Our respondents reflect this average, with **37.5% of them reporting pre-incarceration hospitalization for mental health issues.**

Despite the link between trauma, incarceration and recidivism, however, trauma-informed therapies for children tried as adults are extremely limited.¹⁸² Many facilities fail to provide equal access to counseling and screening for mental health needs, with many more likely to provide individual therapy rather than group or family therapy.¹⁸³ Despite the documented need for these services, only 39.52% of our respondents reported ever receiving any rehabilitative services, be they in the form of therapy, group work, or medication while incarcerated.

In Their Own Voice: Suggestions From Victimized Youth

This report is, in many ways, an opportunity for children who grew up in prison and who have spent their entire adult lives behind bars to have a voice, to tell their stories and to explain the circumstances that brought them before the justice system in the first place. Their narratives paint a clear, unambiguous picture: they were young, vulnerable children experiencing real traumas, whose problems and needs should have been addressed, but never were. The only question we asked our survey participants that has not yet been addressed in this report is a simple one:

“When you first came into the justice system, what do you think was the biggest need you had that went unaddressed?”

Their answers were detailed, covering a wide range of topics, but the commonly stated theme was the failure of people around them to listen to, or care about, them. They needed mental health care to address PTSD, substance abuse, depression, anger issues, and a host of other problems. They needed dedicated advocates including parents, mentors and lawyers invested in their well-being, who could explain the legal system they were navigating and provide the necessary advice and support. They needed rehabilitative care; many wanted to get on a better track but didn’t have the tools or resources to get there. They needed protection from being victimized in an adult system placing them at heightened risk of harm as it was not designed to address their needs. They even needed to have their daily needs met, from things as basic as good nutrition and adequate sleep, to necessary medical care and instruction in how to survive in prison.

These children were, in every sense, forgotten and discarded by their families and communities, those who should have protected and cared for them in the first place so that they never ended up in the justice system.



Recommendations

Invest in prevention, trauma-informed care models, and policy and practice reforms

It is important to keep in mind that while our respondents are often incarcerated for more serious crimes in the adult criminal justice system, 57.09% of them had prior contact with the juvenile justice system before their present case. In other words, there are multiple points for system stakeholders to disrupt the impact of trauma in a child's life before it escalates to the point where they commit a serious enough offense that leads to their prosecution in adult court. Summarized below are a sampling of programs designed to address ACEs and the resulting impact of the trauma triggered by this victimization, which left unaddressed may lead to further system involvement. The best option is prevention, but failing that, trauma-informed care (TIC) models implemented as early in the process as possible, and focusing on improving mental health, provide the next best alternative. These treatment and service models should be implemented alongside policy reforms that require courts and system stakeholders to center ACEs and childhood trauma as the primary consideration when determining how to hold youth accountable for harm they have caused.

Prevention Programs

While it is difficult to evaluate the success of interventions designed to prevent delinquency, as design flaws and evaluation inconsistencies, as well as the delayed effects of the initiatives, hinder accurate reporting, there are a number of successful programs. The most efficacious are those that prevent youth from engaging in delinquent behavior in the first place. They not only guide youth in a positive direction, but reduce the burden of crime on victims and society at large by preventing the onset of youthful offending. The challenge is to expand their use across jurisdictions to make them accessible to more at-risk children.¹⁸⁴

Home-visitation by nurses, (the Nurse Family Partnership), providing childcare training and social skills development for pregnant mothers and their at-risk children, has been shown to significantly reduce child abuse and neglect in participating families, as well as arrest rates for the children and their mothers.¹⁸⁵ For slightly older at-risk children, preschool education has also been shown to be an effective strategy, especially when it includes home visits or some form of parental involvement. The Perry Preschool in Michigan is the most well-evaluated model. In addition, school-based initiatives can help prevent drug use, delinquency, anti-social behavior and early school drop-out.¹⁸⁶ Community-based programs that divert first-time offenders from subsequent encounters with the criminal justice system are also important. The most effective of these are those that emphasize family interactions, likely resulting from their focus on providing skills to the adults who are in the best position to supervise and nurture the child's development.¹⁸⁷

A critical tool for prevention is also early screening and intervention. As we've noted in prior reports, it is essential that public institutions that interface with young children screen as early and as often as practical for the presence of ACEs. The earlier that trauma is identified and treated, the less likely it is to manifest in anti-social behavior or delinquency. With the average age of first abuse for our respondents occurring around first grade (six years old), there is a vital role for elementary schools, child care programs, and pediatricians in helping to detect signs of maltreatment or other types of trauma.

Effective Recognition and Treatment At First Contact

When kids reach out for help the first time, making sure that their needs are validated and addressed can provide vastly improved outcomes compared to the alternatives. High percentages of our survey's respondents had first contact with rehabilitative systems prior to facing their adult charges, whether through interactions with foster care or CPS, hospitalization for mental health issues, a disability diagnosis, or juvenile justice system involvement. Most of this population reported higher ACEs across the board than those who didn't have such interaction. Identifying these cases at these early points of contact and recognizing the child's need for special attention could have steered a large percentage of them away from the adult system, potentially preventing their offenses altogether. Better screening tools employed at first contact, combined with inter-agency communication if there are subsequent interactions, will help identify troubled kids earlier, arrange for the support they need, and facilitate better long-term outcomes.

Mentorship

As the Annie E. Casey Foundation highlighted in a 2024 report:

Mentors can help close opportunity gaps often observed for youth growing up in poverty or in disadvantaged communities by connecting them with new networks, resources and possibilities that otherwise may not be available.

The research is clear: Relationships play a powerful role in youth development and success. Young people need stable, caring relationships with adults in order to thrive, and mentors can provide this crucial support. In light of the alarming national youth mental health crisis, mentoring is poised to be a key part of the solution to this public health problem. Studies have found that mentoring during childhood can strengthen mental health.¹⁸⁸

Programs like Big Brothers Big Sisters (BBBS) help to fill a critical void in at-risk children's lives by pairing them with caring adults. Studies have shown that youth who participate in the BBBS program are 46% less likely to start using drugs, 27% less likely to start using alcohol, and 33% less likely to engage in violence.¹⁸⁹ Notably, 76% of children said they learned right from wrong from their mentor and 90% said they made better choices as a result of that relationship.¹⁹⁰ Another organization, Mentor, operates the "Mentoring Connector" which is the only national database of mentoring programs across the country. The database contains over 2,500 mentoring programs. Mentoring programs are a critical protective factor that mitigate the impact of ACEs and decrease the likelihood of justice-system involvement. Most youth who participate in such programs come from single-parent households or live with other caretakers (71%), such as grandparents.¹⁹¹ BBBS reported in 2018 that approximately 18% of children paired with mentors also had a parent who was incarcerated, further highlighting the importance of investing in community mentoring programs to prevent system involvement.

Bolstering Points of Intervention

We need to identify vulnerable children who are currently slipping through the cracks. This includes those who have yet to be identified, as well as those having multiple contacts without getting better. Improved access to community service and care programs must be provided allowing kids to voluntarily seek help and get the services they need before it's too late. Active community participation to address poverty, educational limitations, familial instability, and community violence - the factors that propel kids towards justice system interaction - must be encouraged and supported.

Better Legal Support for Children

When children face an adversarial legal system designed for adults that confuses them at every turn, they need professional help to participate in the preparation of their own defense, make sure their voice is heard, and prevent violations of their rights. If arrested by law enforcement, a child must be provided a lawyer prior to interrogation to inform them of their rights. To prevent potential false confessions, coercive interrogation practices, including lying to children, should be prohibited.

Better Conditions of Confinement

When a child is detained, conditions must prevent further victimization and provide a better chance for returning to the community, something the vast majority of these children are going to achieve. Solitary confinement and housing children in adult jails, both pre-trial and post-conviction, should be prohibited. When confined, even for serious offenses, children should be in environments tailored to their needs. Appropriate educational programs must be available so children can acquire the skills necessary to successfully reintegrate into society. A trauma-informed care approach, designed to help children address the problems that precipitated their incarceration, will do more to reduce recidivism and encourage personal accountability, than the compassionless, formulaic approach the current system employs.

Trauma-Informed Care Delivered via Sequential Intercept Model

Trauma-informed Care (TIC) is a systemic and systematic intervention approach that first aims to minimize victim re-traumatization and then uses juvenile interactions with the justice system to assist recovery and prevent recidivism. TIC in the juvenile justice system aligns with the principles of the sequential intercept model for reducing the criminalization of mental illness.¹⁹² This model recognizes six points of potential interception where officials can change their policies and procedures to prevent mentally ill individuals from penetrating deeper into the system:

(a) preventative community resources, (b) law enforcement and emergency services, (c) initial detention and hearings, (d) jails, courts, and forensic evaluations, (e) reentry from jails, prisons, and forensic hospitals, and (f) community corrections This model includes a range of implementation strategies for repeated screening and response to screening that can be taken at each stage to catch and divert mentally ill individuals who were missed at earlier stages.¹⁹³

For juvenile offenders, TIC must happen at every level of the system, including interactions with police officers, who have discretion over which laws they chose to enforce and how they enforce them, as well as with prosecutors and judges, who have life-altering discretion in the charges brought and the sentences imposed. As Keels underscores: “This discretion is most significant for first-time offenders and can place them on either a rehabilitative pathway by prioritizing diversion, community placement, and mental health treatment or a criminal career pathway by prioritizing residential detention and transfer to adult courts.”¹⁹⁴

Keels further identifies schools as the most promising place to maximize prevention and diversion from the formal justice system as they are the primary place where juvenile mental illness is detected and reported. While only about 25% of American children diagnosed with mental health illness receive services, approximately 75% of them receive them through their schools.¹⁹⁵ Studies further confirm that strong school bonds and academic achievement are protective factors, simultaneously increasing the likelihood of positive outcomes while reducing the probability of negative outcomes among children exposed to PTEs.¹⁹⁶

The “school-to-prison” pipeline can also be materially disrupted through use of diversion programs when officers respond to school incidents. The Philadelphia Police School Diversion Program initiated in 2014 is one such successful example: School-based arrests dropped by 54% in the first year of the initiative and dropped by 84% by the end of the fifth year. Moreover, only about 27% of the diverted children experienced a recidivism arrest within two years of their initiating incident.¹⁹⁷

Particular attention must be paid to the potential trauma-inducing nature of juvenile contact when it leads to residential confinement. As highlighted in connection with the Mendota Juvenile Treatment Center program discussed below, staff’s response to manifestations of trauma in the form of disciplinary sanctioning rather than developmental supports, will only increase anti-social behavior. Training facility staff in universally accepted trauma precautions along with TIC-focused mental health interventions has been shown to reduce staff use of traumatizing behavior management practices such as seclusion and restraint, while decreasing children’s symptoms of psychological distress.¹⁹⁸

California’s Juvenile Mental Health (JMH) Court

California’s JMH courts are courts with specialized models for children with a mental health diagnosis. They were designed in response to the recognition that community-based services are far more effective in addressing children’s complex trauma and mental health needs than placement in juvenile detention facilities. They focus on access to treatment, and consistent supervision and support for the child and the family, to ensure access to community-based treatment and support.¹⁹⁹ Program eligibility is determined through a mental health assessment that screens for risk, and is further used to develop an individualized treatment plan, but it does not specifically screen for trauma or ACEs²⁰⁰ and access to services for detained youth continues to be a barrier.²⁰¹

**Mendota Juvenile
Treatment Center for
Youth Who Commit
Serious Offenses**

The treatment program for violent child offenders at the Mendota Juvenile Treatment Center (MJTC) has demonstrated levels of effectiveness in improving institutional adjustment and reducing community violence for the hardest-to-treat youth in the justice system.²⁰² Studies have found that it can reduce violent recidivism in these youth by approximately half.²⁰³ And, importantly, it has the ability to be scaled.

The program integrates two seemingly incompatible approaches, high security in the face of dangerous adolescent behavior and emotionally supportive interventions. It is based on the so-called “decompression” model which is underpinned by the understanding that an offender’s defiant response to deterrent sanctions becomes a recurring cycle with each iteration resulting in the individual becoming less invested in social conventions (non-defiance) or “compressed” as their pro-social inclinations give way or are “squeezed out” under the force of increasingly punitive sanctions. The counteracting treatment focuses on engaging these youth in developing basic pro-social bonds that gradually “decompress” them and reorient their existing skills towards pro-social bonding.²⁰⁴

Unlike the standard intake procedure used by most DJS/DYS agencies across the country, the MJTC undertakes a comprehensive, multidisciplinary initial assessment that sets the stage for a mixture of services for each individual specifically designed for their needs. Behavioral information is recorded by each treating staff member at the end of their shift for use in counselling, to monitor treatment progress and adjust services, as well as to provide accurate information to court personnel and other decision-makers.

The program does not rely on unique or uncommon therapeutic techniques, rather operating within a conventional cognitive behavioral therapy framework. It is unique, however, in its use of structured components intended to manage the staff’s emotional responses to the youth’s negative behavior and to engender greater therapeutic engagement in the youth. There is no dedicated security staff on the units, rather all staff have both security and therapeutic responsibilities. Frontline staff are extensively trained in basic counseling and de-escalation skills, as well as motivational interviewing and cognitive behavioral therapy techniques. They work closely with professional staff. Based on an ongoing, comprehensive behavioral assessment tool, the program seeks to help youth develop basic social bonds within the facility’s social ecology. If these components can curtail the individuals’ violent institutional behavior, the outlook is optimistic that more psychiatric interventions, and educational and recreational activities, will follow suit.

Perhaps surprisingly, the MJTC approach is cost-effective. After accounting for the increased costs of MJTC treatment versus the standard services and costs of criminal justice processing, MJTC generated a 7:1 cost–benefits ratio over a 4.5-year study period. Thus, for every \$1 in the additional cost of MJTC treatment over the usual treatment costs, the program generated a return of \$7 in reduced criminal justice processing and incarceration costs.²⁰⁵ As the study did not include costs for pain and suffering, lost wages or other indirect costs of recidivism, their inclusion may easily double the benefits associated with MJTC’s treatment approach.

The MJTC model is one of the most effective programs for treating the most violent youthful offenders without having to resort to lengthy prison sentences in the adult criminal justice system. States would be well counseled to develop similar treatment programs to maximize treatment effectiveness, cost-savings, and public safety.

When interacting with the criminal justice system, a child must have both their youth and any evidence of trauma or victimization taken into consideration. To ensure that these children are identified and referred to the systems that will serve them best, HRFK recommends that state legislatures pass the following reforms:

1. Raise the minimum age of transfer into the adult criminal justice system to sixteen (16) while simultaneously extending juvenile court jurisdiction of 12 to 15-year-old children who are adjudicated delinquent for serious offenses up to age twenty-five (25) to ensure they receive the treatment they need and to account for public safety concerns.
2. Ensure that 16- and 17-year-old children who are charged with a serious crime have their transfer petitions heard by a juvenile court judge prior to being transferred into the adult criminal justice system by ending direct file and statutory exclusions.
3. Prohibit prosecuting a child as an adult if their offense was committed against, or alongside, an individual who had sexually abused or trafficked them prior to their offense.
4. Require juvenile courts to consider exposure to ACEs and childhood trauma during both transfer and delinquency disposition hearings.
5. Require criminal courts to consider the mitigating factors of youth, including exposure to ACEs and childhood trauma, prior to sentencing children convicted in the adult criminal justice system.
6. Allow courts to depart from any otherwise applicable mandatory minimums or sentencing enhancements, or to suspend any portion of a sentence, when a child is sentenced in adult court.
7. Retroactively resentence those individuals whose crimes were committed when they were 15 or younger to mirror the proposed change in transfer laws detailed above.
8. Retroactively resentence those currently incarcerated for crimes they committed as children to reflect the proposed change requiring trauma history to be considered and allowing judicial discretion to depart from mandatory minimums and sentencing enhancement laws.
9. Ensure that all children convicted and sentenced as adults are eligible for release through judicial or parole review after no more than 15 years of incarceration.

Conclusion

In the words of our survey respondents:

"I was not born bad but rather I was ill equipped to handle my early traumas and used criminality as a coping mechanism. I did not know how to voice that I was hurting and needed help."

"I was totally mistreated as a juvenile by the juvenile justice system...and that's why I have such a hard time trusting or cooperating with those of authority. This trauma stems from juvenile institutions...When I would cry out for help back then from those that could have, and should have helped me, but didn't."

This report had its genesis in 2023, over two years ago, when HRFK administered its first ACEs surveys. In the interim, in addition to direct responses to our survey questions, we received hundreds of letters further detailing the horrors these children experienced. This was, for many of them, the first time these perpetually voiceless children were even asked about their suffering. Their traumas were routinely ignored (or inflicted) by the very people who should have cared for and sheltered them from the worst of the world. The systems that should have stepped in, failed to protect them, and when the worst happened, their chances for grace and compassion were denied. These children needed to be heard. Instead, collectively, we turned our backs on them, perpetuating the hell they were living, the hell that was all they ever knew. For some, this was the totality of their lives, for when we looked them up to see if they were still incarcerated, we found that they had died in prison.

This decision to simply throw away our troubled children, without hearing their stories and addressing the root cause of their behavior, is more than just callous ignorance. Waiving a child into adult court is a conscious decision that they cannot be redeemed, that their lives and their pain are not worth acknowledging, that they're not worth the effort to try and save.

The message of this report stands in stark contrast: **All children are worth saving.** For the sake of our respondents, and all those who came before them and who will follow them, we owe it to them to try. This isn't about excusing behavior or not holding children accountable for the harm they cause. Rather, it's about acknowledging the impact that violence and unaddressed trauma has on a child's behavior. This is the minimum that any morally just society should be willing to do. The most vulnerable children in our country deserve no less.





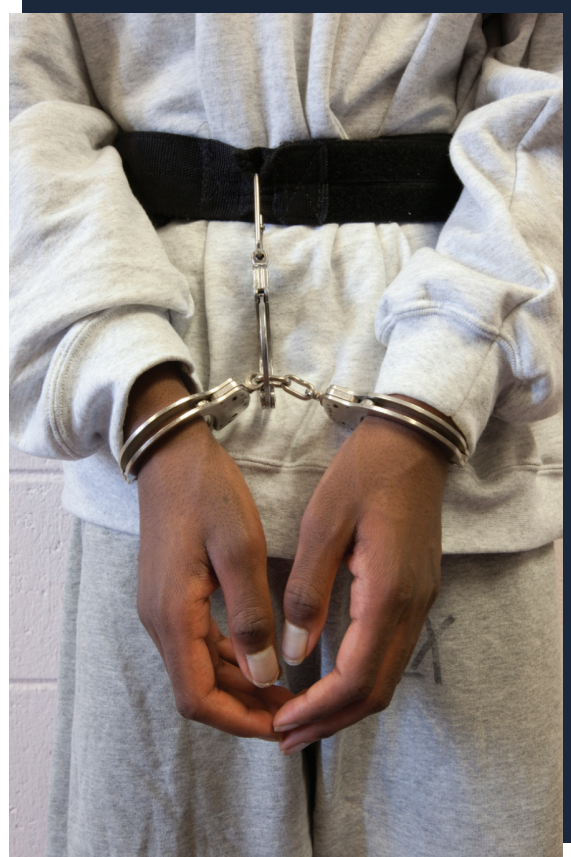
A SPOTLIGHT ON STATES

State-by-State Breakdown of ACEs

A Spotlight On States

The findings of our survey detailed a national epidemic of extreme childhood trauma and exploitation prior to the offenses that led to our respondent's incarceration, with the just system doing little to acknowledge that trauma let alone effectively treating it. At the state level, the picture remains the same. What follows are individual state-by-state analysis highlighting the responses we received from the states represented in this report with a few notable exceptions. Namely, states that had less than 10 respondents did not receive an individual state page, but were included in the overall national data analysis. The consistency of our findings across many diverse states tells a clear national story of the relationship between unaddressed childhood trauma and justice system involvement. We hope that the information presented here provides a clear picture for policymakers, system stakeholders, and the public about the nature of the problem before us, and the responsibility we have as a nation to address it.

STATE	AVERAGE ACE SCORE
Alabama	5.43
Arkansas	5.98
California	6.83
Colorado	6.76
Connecticut	6.58
Florida	6.21
Georgia	5.35
Illinois	6.48
Indiana	7.54
Iowa	6.42
Kansas	5.26
Louisiana	6.33
Maryland	6.42
Mississippi	6.03
Missouri	6.89
New Jersey	6.20
New York	6.65
North Carolina	5.85
Ohio	6.07
Oklahoma	6.14
Oregon	6.95
Pennsylvania	6.42
South Carolina	5.40
Tennessee	5.22
Texas	6.38
Washington	6.77
Wisconsin	6.64



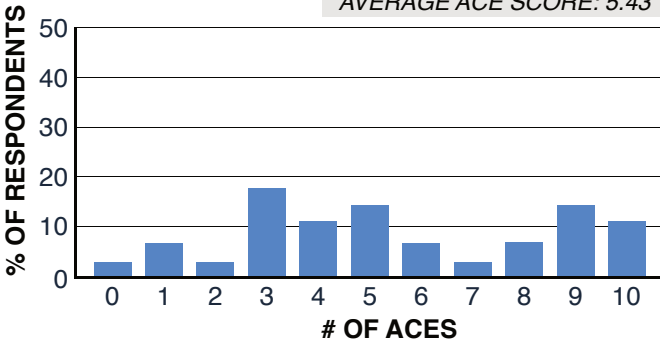
ACE Scores: A Spotlight on States

ALABAMA

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

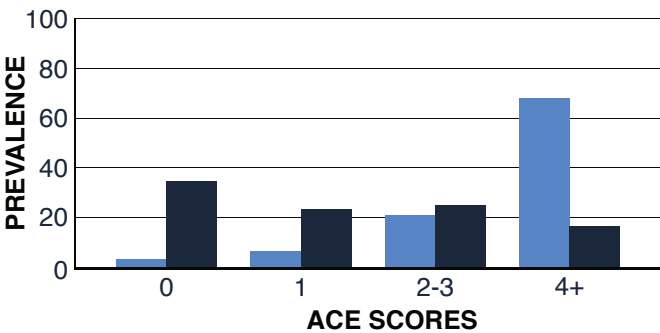
AVERAGE ACE SCORE: 5.43



RATE OF ACES

Children Tried As Adults in Alabama vs. General Population

ALABAMA
GENERAL

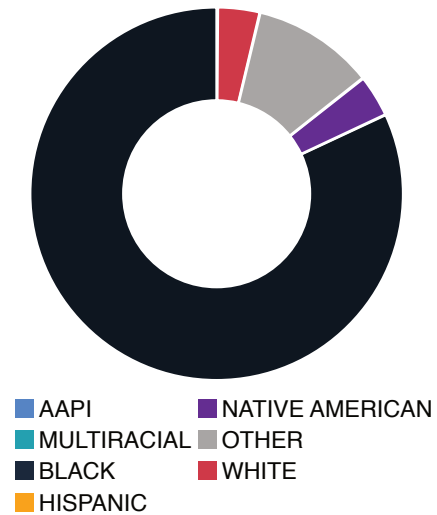


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	64.29%
Physical Abuse	57.14%
Sexual Abuse	35.71%
Emotional Neglect	60.71%
Physical Neglect	35.71%
Parental Separation	89.29%
Witnessing Domestic Violence	50.00%
Household Substance Abuse	60.71%
Severe Mental Illness in Home	39.29%
Household Member Incarceration	50.00%
Parental Incarceration	35.71%

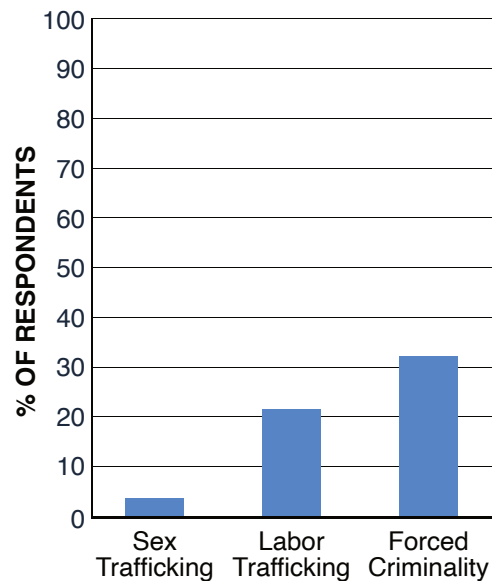
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 257
RESPONDENTS: 28



TRAFFICKING SCREENING

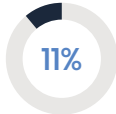
39.29% of respondents reported being a victim of some form of trafficking. 7.14% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	2	7.14%
Elementary (5-11)	16	57.14%
Post-Elementary (12+)	0	0.00%
Unsure/Non-Specific/Wasn't Abused	10	35.71%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability, and had an individualized education plan



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 3.91 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	6	21.43%
Middle School (12-14)	13	46.43%
High School (Over 14)	8	28.57%
Unsure/Non-Specific	1	3.57%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (3.57% held in Jails; 96.43% held in both)

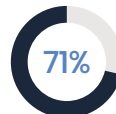


Experienced abuse from adults they were incarcerated with



Held in solitary confinement before they turned 18 (Average longest stay: 10.91 months)

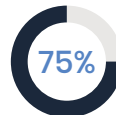
LACK OF SERVICES



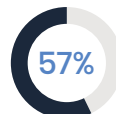
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

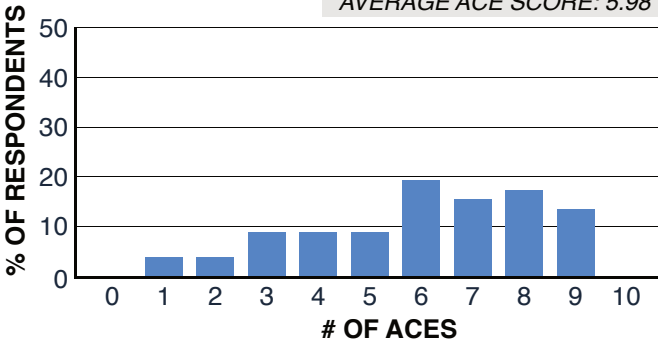
ACE Scores: A Spotlight on States

ARKANSAS

PREVALENCE OF ACE SCORES

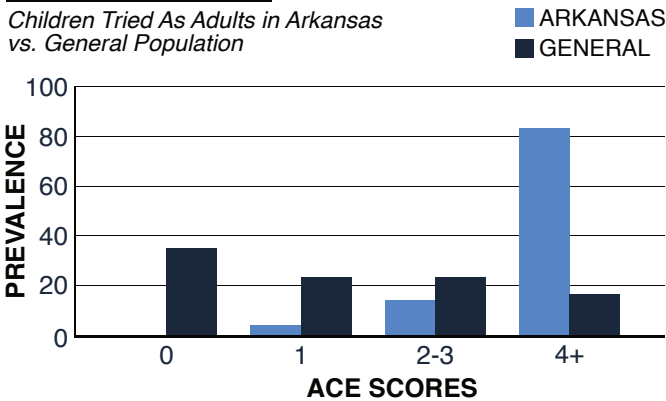
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 5.98



RATE OF ACES

Children Tried As Adults in Arkansas vs. General Population

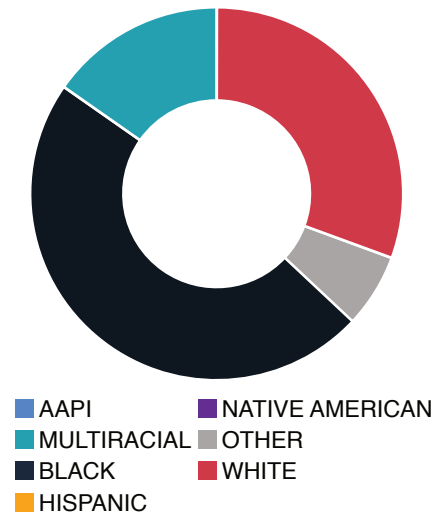


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	63.04%
Physical Abuse	56.52%
Sexual Abuse	32.61%
Emotional Neglect	76.09%
Physical Neglect	47.83%
Parental Separation	91.30%
Witnessing Domestic Violence	47.83%
Household Substance Abuse	69.57%
Severe Mental Illness in Home	54.35%
Household Member Incarceration	58.70%
Parental Incarceration	39.13%

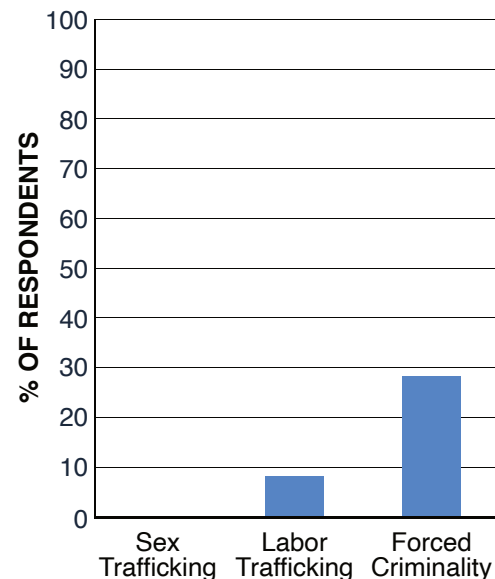
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 445
RESPONDENTS: 46



TRAFFICKING SCREENING

30.84% of respondents reported being a victim of some form of trafficking.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 8.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	0	0.00%
Elementary (5-11)	28	60.87%
Post-Elementary (12+)	5	10.87%
Unsure/Non-Specific/Wasn't Abused	13	28.26%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



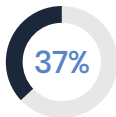
Had attorney/parent there to assist them (questioned for an average of 2.25 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	14	30.43%
Middle School (12-14)	18	39.13%
High School (Over 14)	13	28.26%
Unsure/Non-Specific	1	2.17%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (37.78% held in Jails; 20% held in Prisons; 13.33% held in both)

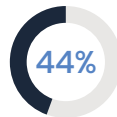


Experienced abuse from adults they were incarcerated with

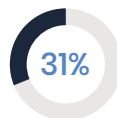


Held in solitary confinement before they turned 18 (Average longest stay: 7.16 months)

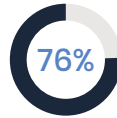
LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

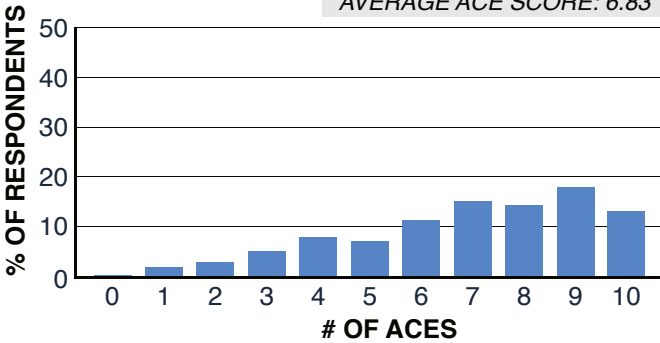
ACE Scores: A Spotlight on States

CALIFORNIA

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

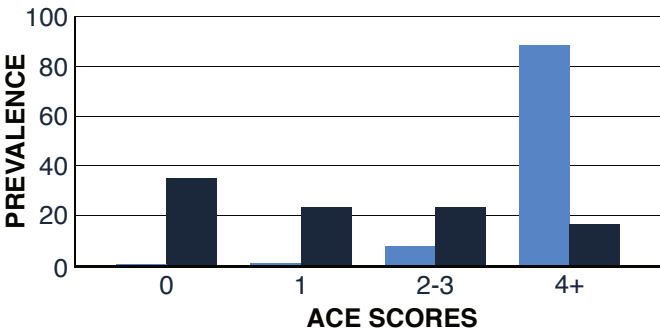
AVERAGE ACE SCORE: 6.83



RATE OF ACES

Children Tried As Adults in California vs. General Population

CALIFORNIA
GENERAL

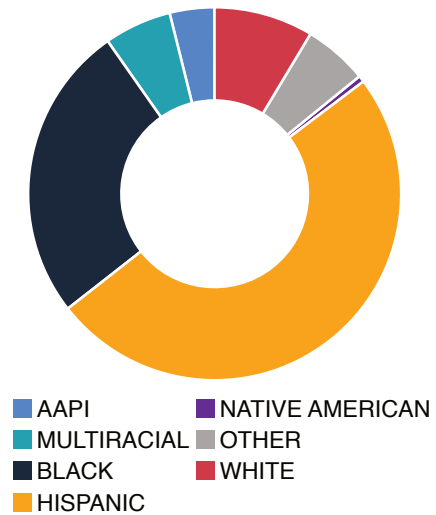


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	80.85%
Physical Abuse	79.94%
Sexual Abuse	44.68%
Emotional Neglect	77.51%
Physical Neglect	55.93%
Parental Separation	76.90%
Witnessing Domestic Violence	63.22%
Household Substance Abuse	83.89%
Severe Mental Illness in Home	52.80%
Household Member Incarceration	65.96%
Parental Incarceration	48.63%

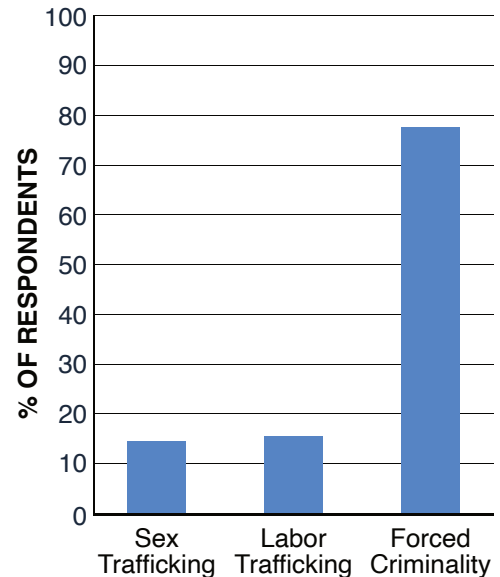
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 2,515
RESPONDENTS: 329



TRAFFICKING SCREENING

37.39% of respondents reported being a victim of some form of trafficking. 4.51% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 5.**

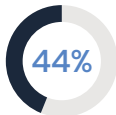
AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	38	11.55%
Elementary (5-11)	213	64.74%
Post-Elementary (12+)	8	2.43%
Unsure/Non-Specific/Wasn't Abused	70	21.28%



Were in foster care or CPS custody at some point in their lives



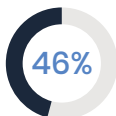
Hospitalized for mental health care



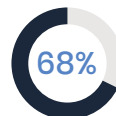
Diagnosed with a physical, mental or learning disability (21.8% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



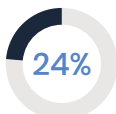
Had attorney/parent there to assist them (questioned for an average of 8.54 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	55	16.72%
Middle School (12-14)	144	43.77%
High School (Over 14)	118	35.87%
Unsure/Non-Specific	12	3.65%

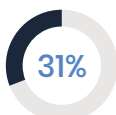
ABUSE WHILE INCARCERATED



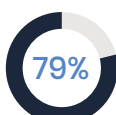
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (37.59% held in Jails; 5.26% held in Prisons; 24.06% held in both)

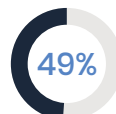


Experienced abuse from adults they were incarcerated with

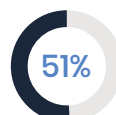


Held in solitary confinement before they turned 18 (Average longest stay: 11.23 months)

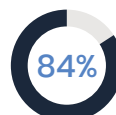
LACK OF SERVICES



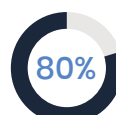
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

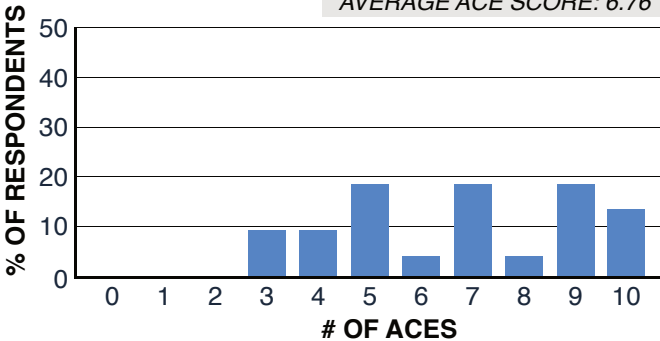
ACE Scores: A Spotlight on States

COLORADO

PREVALENCE OF ACE SCORES

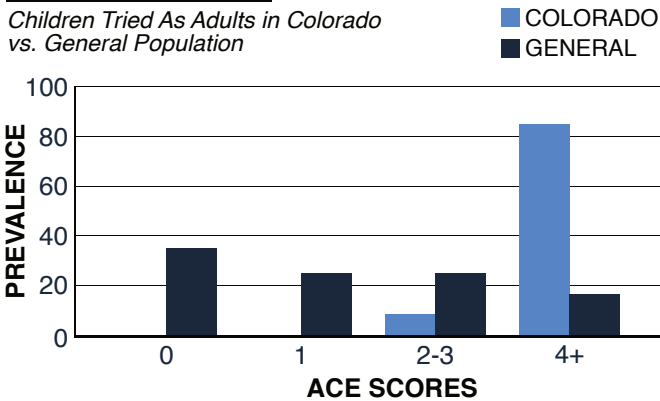
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.76



RATE OF ACES

Children Tried As Adults in Colorado vs. General Population

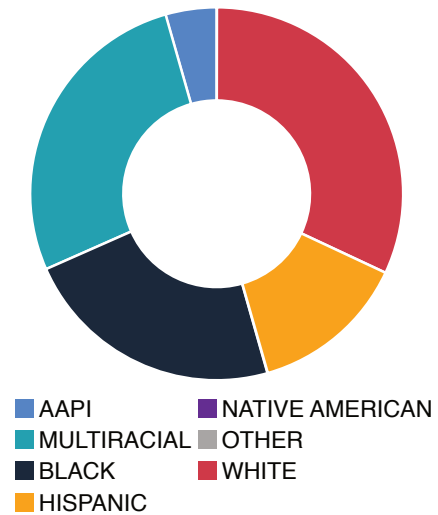


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	81.82%
Physical Abuse	81.82%
Sexual Abuse	36.36%
Emotional Neglect	77.27%
Physical Neglect	45.45%
Parental Separation	63.64%
Witnessing Domestic Violence	59.09%
Household Substance Abuse	68.18%
Severe Mental Illness in Home	59.09%
Household Member Incarceration	72.73%
Parental Incarceration	50.00%

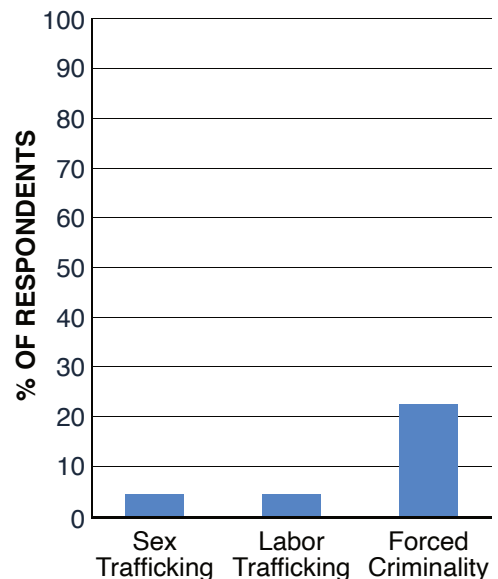
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 180
RESPONDENTS: 22



TRAFFICKING SCREENING

27.27% of respondents reported being a victim of some form of trafficking.



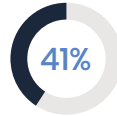
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	2	9.09%
Elementary (5-11)	18	81.82%
Post-Elementary (12+)	0	0.00%
Unsure/Non-Specific/Wasn't Abused	2	9.09%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system

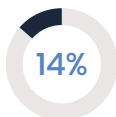


Had attorney/parent there to assist them



Had a judge who took the traumas they experienced into account

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (59.09% held in Jails; 13.64% held in Prisons; 13.64% held in both)

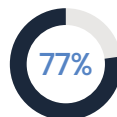


Experienced abuse from adults they were incarcerated with

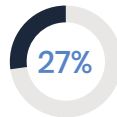


Held in solitary confinement before they turned 18 (Average longest stay: 7.15 months)

LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

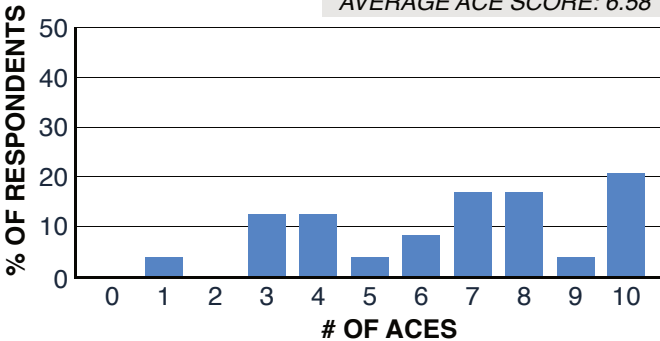
ACE Scores: A Spotlight on States

CONNECTICUT

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

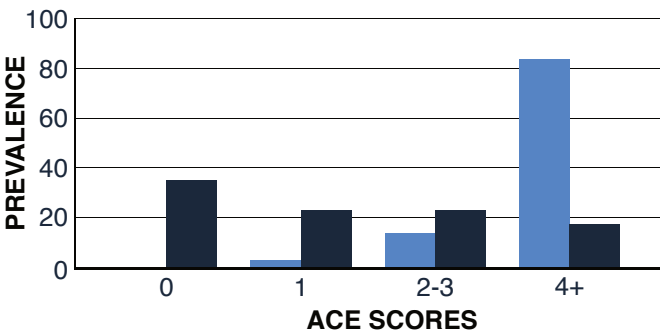
AVERAGE ACE SCORE: 6.58



RATE OF ACES

Children Tried As Adults in Connecticut vs. General Population

■ CONNECTICUT
■ GENERAL

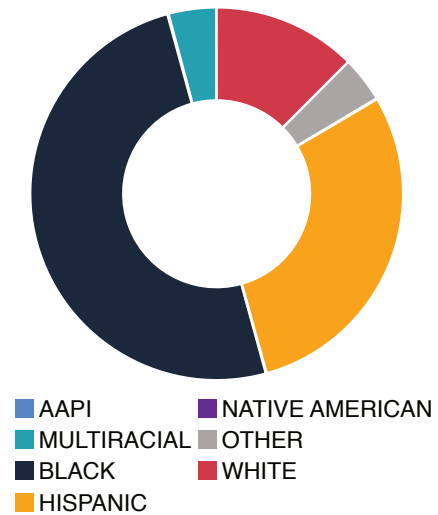


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	75.00%
Physical Abuse	58.33%
Sexual Abuse	50.00%
Emotional Neglect	62.50%
Physical Neglect	54.17%
Parental Separation	87.50%
Witnessing Domestic Violence	62.50%
Household Substance Abuse	75.00%
Severe Mental Illness in Home	54.17%
Household Member Incarceration	79.17%
Parental Incarceration	54.17%

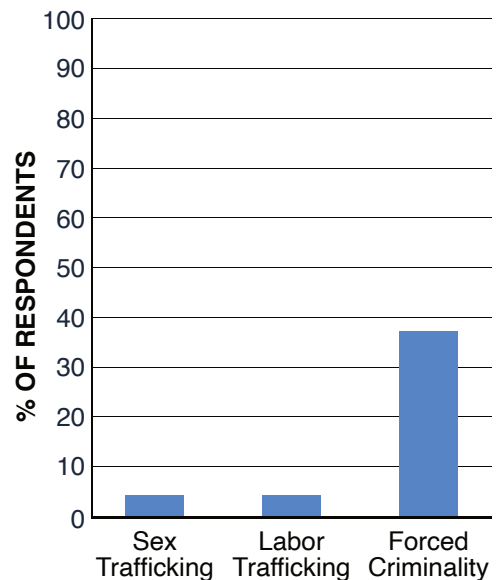
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 162
RESPONDENTS: 24



TRAFFICKING SCREENING

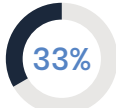
45.83% of respondents reported being a victim of some form of trafficking. 4.17% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	2	8.33%
Elementary (5-11)	15	62.50%
Post-Elementary (12+)	0	0.00%
Unsure/Non-Specific/Wasn't Abused	7	29.17%



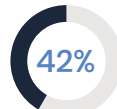
Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



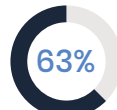
Diagnosed with a physical, mental or learning disability (37.50% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 1.75 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	4	16.67%
Middle School (12-14)	8	33.33%
High School (Over 14)	10	41.67%
Unsure/Non-Specific	2	8.33%

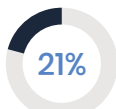
ABUSE WHILE INCARCERATED



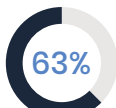
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (16.67% held in Jails; 12.5% held in Prisons; 45.83% held in both)



Experienced abuse from adults they were incarcerated with

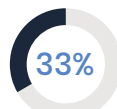


Held in solitary confinement before they turned 18 (Average longest stay: 2.04 months)

LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

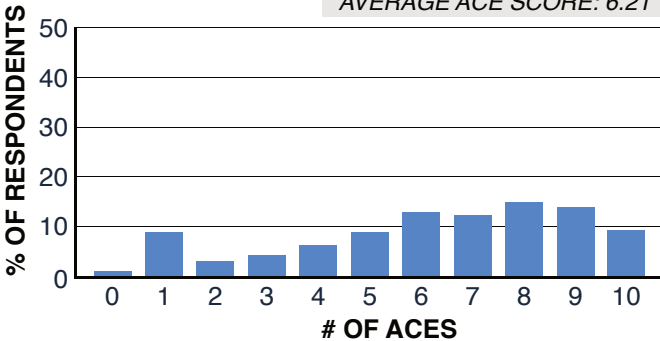
ACE Scores: A Spotlight on States

FLORIDA

PREVALENCE OF ACE SCORES

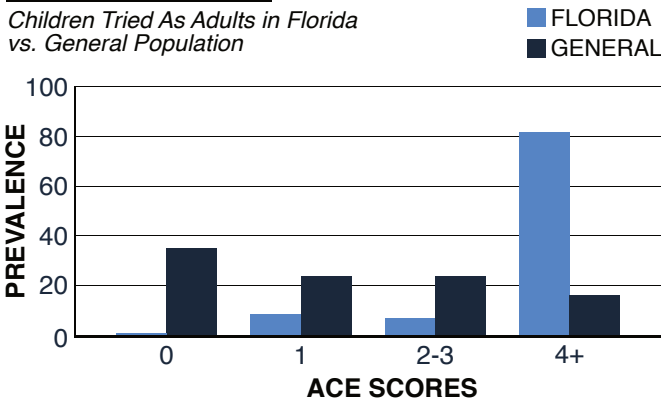
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.21



RATE OF ACES

Children Tried As Adults in Florida vs. General Population

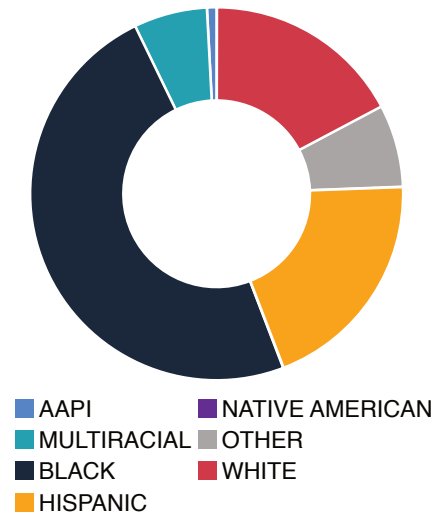


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	74.77%
Physical Abuse	68.47%
Sexual Abuse	51.35%
Emotional Neglect	67.57%
Physical Neglect	42.34%
Parental Separation	83.78%
Witnessing Domestic Violence	53.15%
Household Substance Abuse	70.27%
Severe Mental Illness in Home	52.25%
Household Member Incarceration	56.76%
Parental Incarceration	33.33%

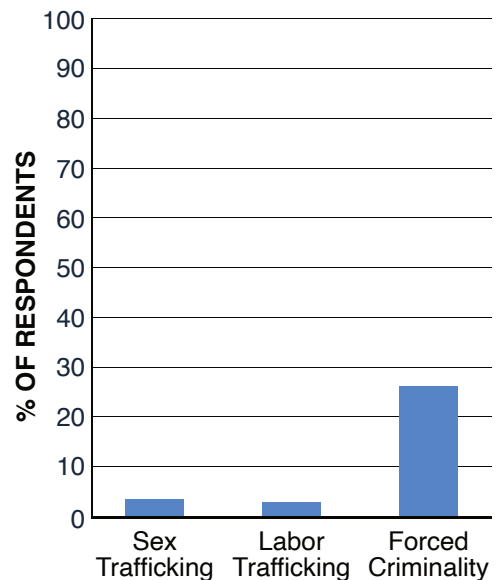
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 1,748
RESPONDENTS: 111



TRAFFICKING SCREENING

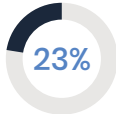
35.14% of respondents reported being a victim of some form of trafficking. 9.01% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	7	6.31%
Elementary (5-11)	63	56.76%
Post-Elementary (12+)	5	4.50%
Unsure/Non-Specific/Wasn't Abused	36	32.43%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (40.54% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 5.88 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	25	22.52%
Middle School (12-14)	43	39.74%
High School (Over 14)	42	37.84%
Unsure/Non-Specific	1	0.90%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (30.63% held in Jails; 6.31% held in Prisons; 50.45% held in both)



Experienced abuse from adults they were incarcerated with



Held in solitary confinement before they turned 18 (Average longest stay: 15.56 months)

LACK OF SERVICES



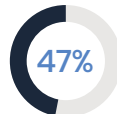
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

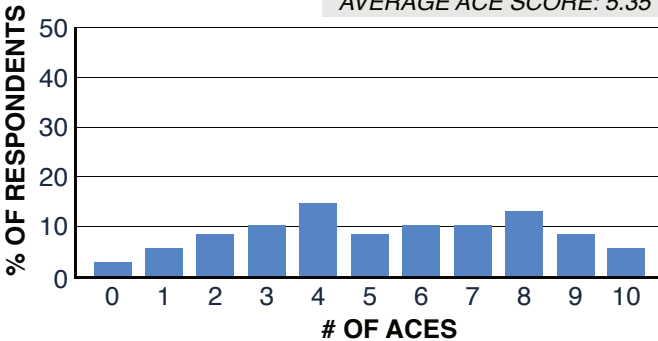
ACE Scores: A Spotlight on States

GEORGIA

PREVALENCE OF ACE SCORES

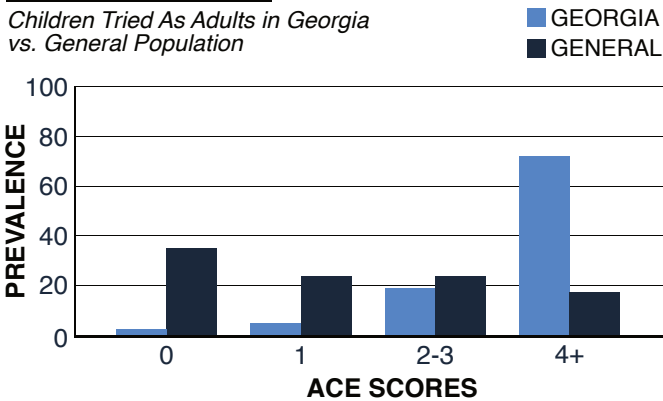
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 5.35



RATE OF ACES

Children Tried As Adults in Georgia vs. General Population

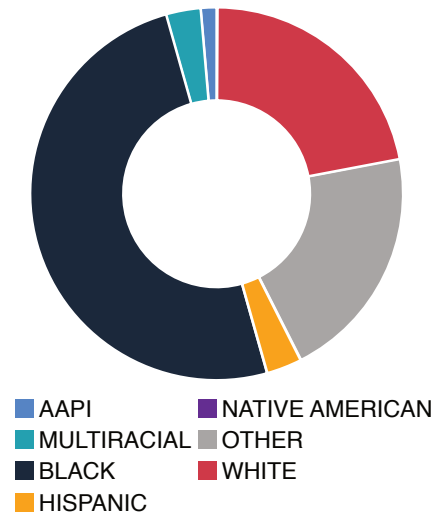


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	58.82%
Physical Abuse	58.82%
Sexual Abuse	42.65%
Emotional Neglect	64.71%
Physical Neglect	35.29%
Parental Separation	79.41%
Witnessing Domestic Violence	45.59%
Household Substance Abuse	57.35%
Severe Mental Illness in Home	45.59%
Household Member Incarceration	47.06%
Parental Incarceration	30.88%

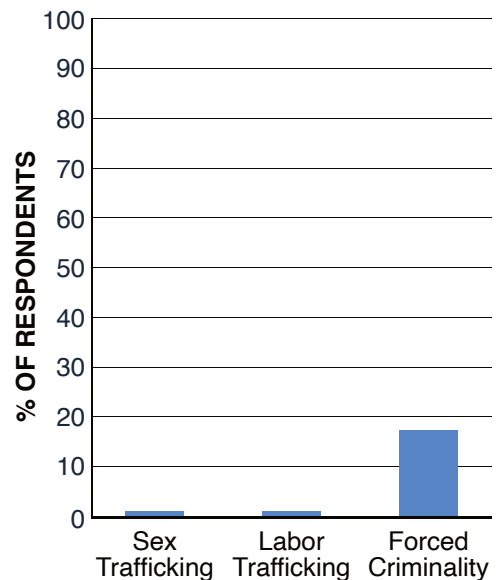
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 861
RESPONDENTS: 68



TRAFFICKING SCREENING

25% of respondents reported being a victim of some form of trafficking. 14.71% also reported being abused, trafficked or raped by a victim or codefendant in their case.



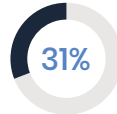
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 7.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	3	4.41%
Elementary (5-11)	30	44.12%
Post-Elementary (12+)	4	5.88%
Unsure/Non-Specific/Wasn't Abused	31	45.59%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



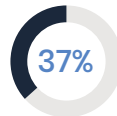
Diagnosed with a physical, mental or learning disability (22.06% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 5 hours)



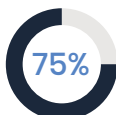
Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	12	17.65%
Middle School (12-14)	13	19.12%
High School (Over 14)	36	52.94%
Unsure/Non-Specific	7	10.29%

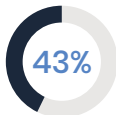
ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (33.82% held in Jails; 16.18% held in Prisons; 32.35% held in both)

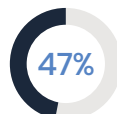


Experienced abuse from adults they were incarcerated with

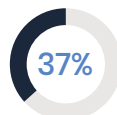


Held in solitary confinement before they turned 18 (Average longest stay: 5.56 months)

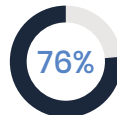
LACK OF SERVICES



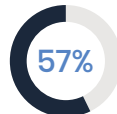
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

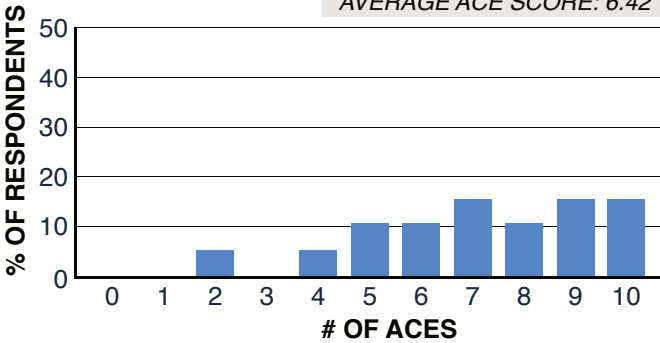
ACE Scores: A Spotlight on States

IOWA

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

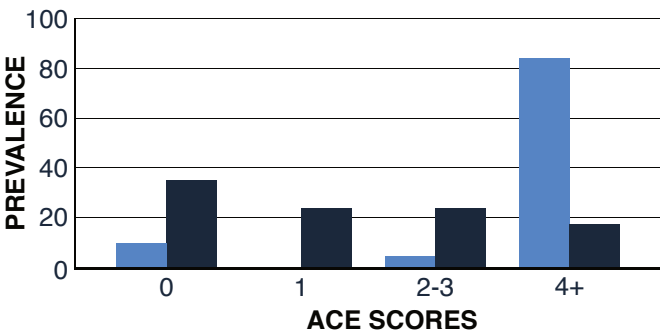
AVERAGE ACE SCORE: 6.42



RATE OF ACES

Children Tried As Adults in Iowa vs. General Population

IOWA
GENERAL

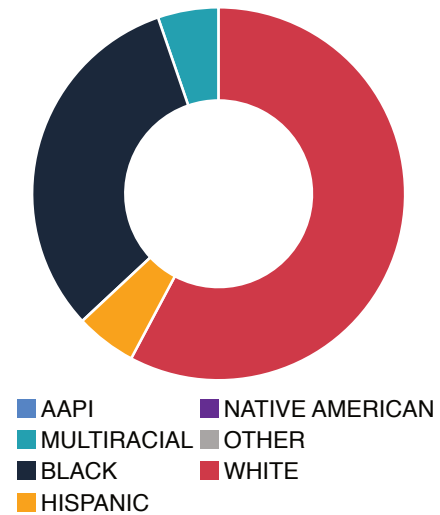


BREAKDOWNS BY ACE

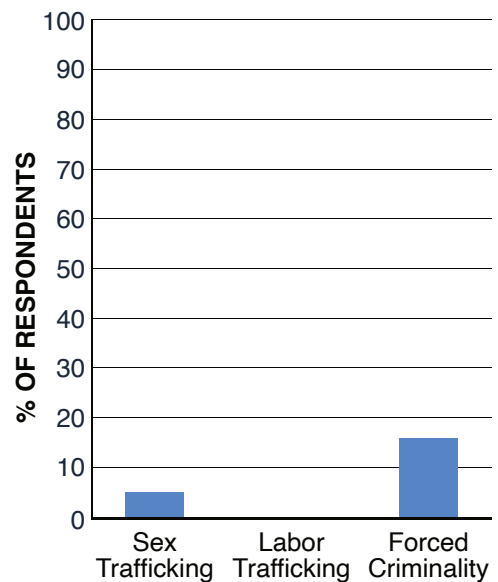
ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	63.16%
Physical Abuse	52.63%
Sexual Abuse	42.11%
Emotional Neglect	63.16%
Physical Neglect	36.84%
Parental Separation	89.47%
Witnessing Domestic Violence	52.63%
Household Substance Abuse	78.95%
Severe Mental Illness in Home	84.21%
Household Member Incarceration	78.95%
Parental Incarceration	52.63%

RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 189
RESPONDENTS: 19



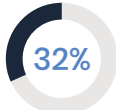
TRAFFICKING SCREENING



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 7.**

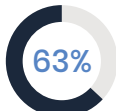
AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	0	0.00%
Elementary (5-11)	9	47.37%
Post-Elementary (12+)	0	0.00%
Unsure/Non-Specific/Wasn't Abused	10	52.63%



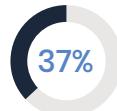
Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



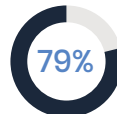
Diagnosed with a physical, mental or learning disability (57.89% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



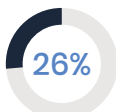
Had attorney/parent there to assist them (questioned for an average of 8.16 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	5	26.32%
Middle School (12-14)	7	36.84%
High School (Over 14)	7	36.84%
Unsure/Non-Specific	0	0.00%

ABUSE WHILE INCARCERATED



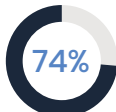
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (26.32% held in Jails; 5.26% held in Prisons; 31.58% held in both)



Experienced abuse from adults they were incarcerated with

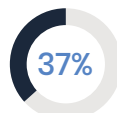


Held in solitary confinement before they turned 18 (Average longest stay: 5.81 months)

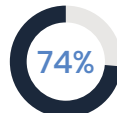
LACK OF SERVICES



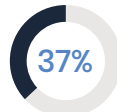
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

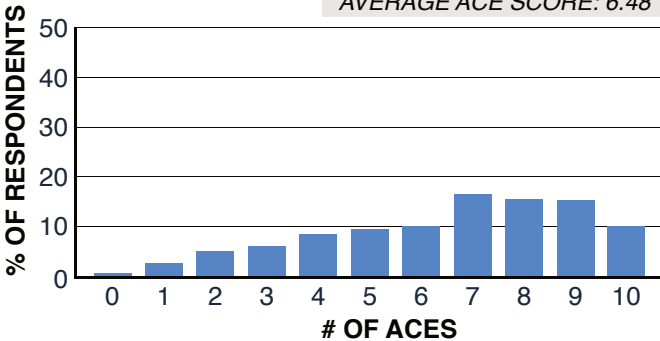
ACE Scores: A Spotlight on States

ILLINOIS

PREVALENCE OF ACE SCORES

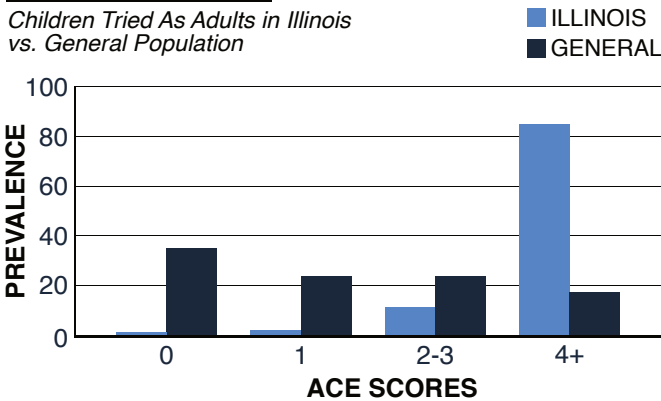
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.48



RATE OF ACES

Children Tried As Adults in Illinois vs. General Population

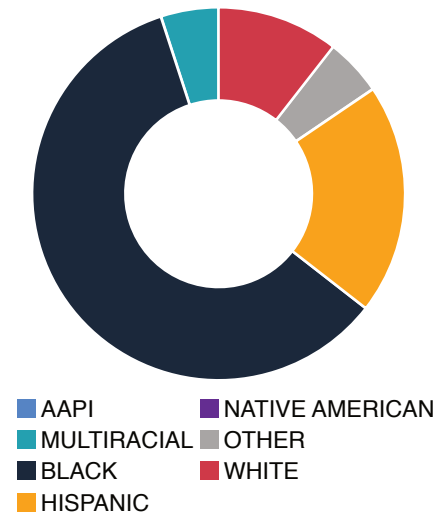


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	74.44%
Physical Abuse	67.22%
Sexual Abuse	45.56%
Emotional Neglect	67.22%
Physical Neglect	44.44%
Parental Separation	88.89%
Witnessing Domestic Violence	58.89%
Household Substance Abuse	78.33%
Severe Mental Illness in Home	53.89%
Household Member Incarceration	68.89%
Parental Incarceration	43.33%

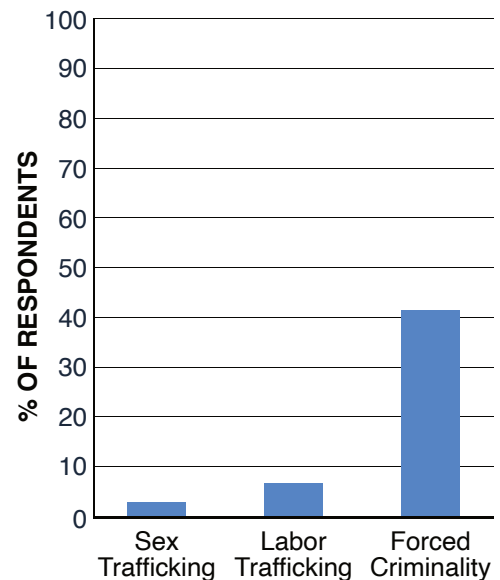
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 682
RESPONDENTS: 180



TRAFFICKING SCREENING

43.89% of respondents reported being a victim of some form of trafficking. 8.33% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	12	6.67%
Elementary (5-11)	114	63.33%
Post-Elementary (12+)	5	2.78%
Unsure/Non-Specific/Wasn't Abused	49	27.22%



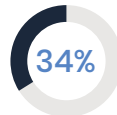
Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (45% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



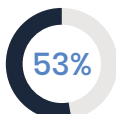
Had attorney/parent there to assist them (questioned for an average of 17.21 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	39	21.67%
Middle School (12-14)	58	32.22%
High School (Over 14)	78	43.33%
Unsure/Non-Specific	5	2.78%

ABUSE WHILE INCARCERATED



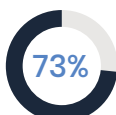
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (61.67% held in Jails; 1.67% held in Prisons; 20.56% held in both)



Experienced abuse from adults they were incarcerated with

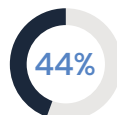


Held in solitary confinement before they turned 18 (Average longest stay: 7.61 months)

LACK OF SERVICES



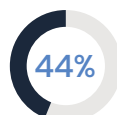
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

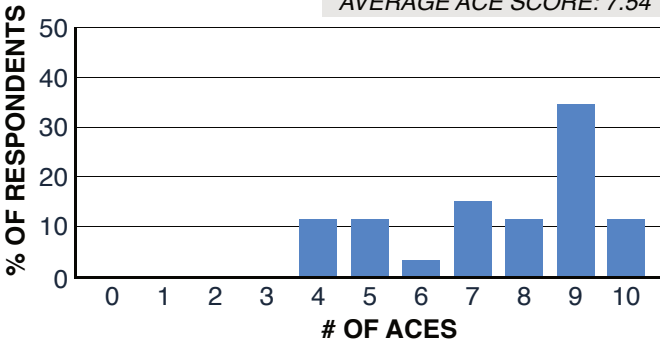
ACE Scores: A Spotlight on States

INDIANA

PREVALENCE OF ACE SCORES

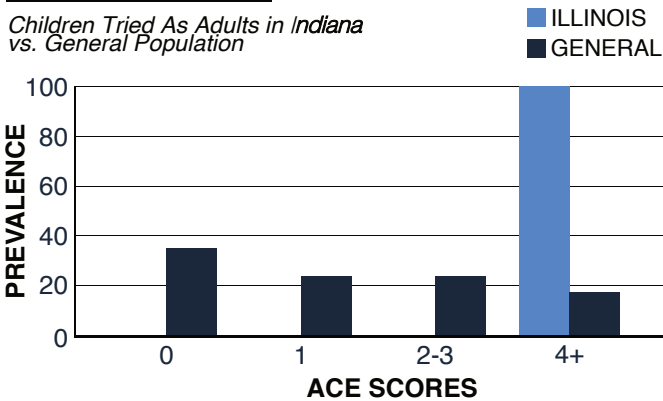
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 7.54



RATE OF ACES

Children Tried As Adults in Indiana vs. General Population

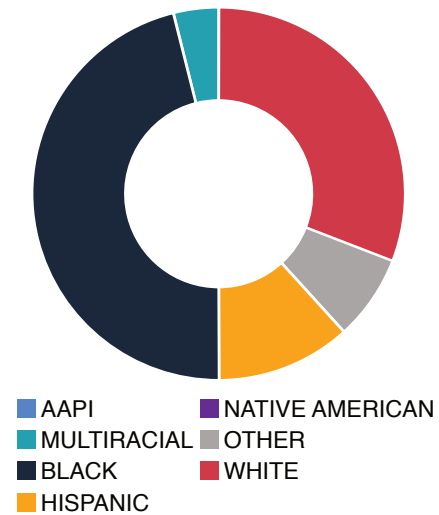


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	88.46%
Physical Abuse	92.31%
Sexual Abuse	46.15%
Emotional Neglect	76.92%
Physical Neglect	61.54%
Parental Separation	92.31%
Witnessing Domestic Violence	69.23%
Household Substance Abuse	80.77%
Severe Mental Illness in Home	76.92%
Household Member Incarceration	69.23%
Parental Incarceration	53.85%

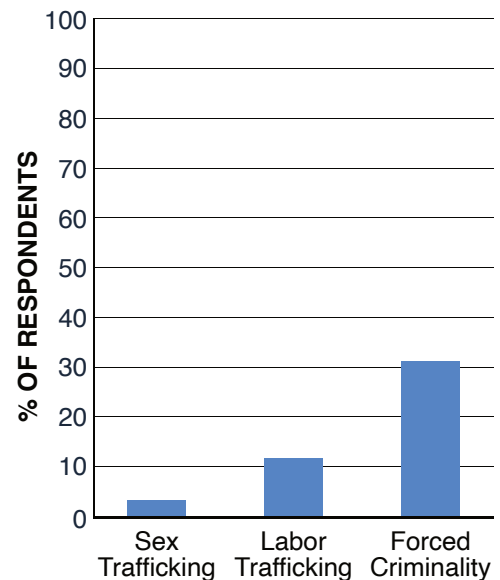
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 133
RESPONDENTS: 26



TRAFFICKING SCREENING

50% of respondents reported being a victim of some form of trafficking. 15.38% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	1	3.85%
Elementary (5-11)	17	65.38%
Post-Elementary (12+)	1	3.85%
Unsure/Non-Specific/Wasn't Abused	7	26.92%



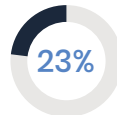
Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (30.77% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



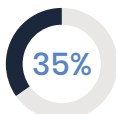
Had attorney/parent there to assist them (questioned for an average of 1.71 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	9	34.62%
Middle School (12-14)	11	42.31%
High School (Over 14)	5	19.23%
Unsure/Non-Specific	1	3.85%

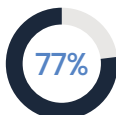
ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (26.92% held in Jails; 73.08% held in both Jails and Prisons)

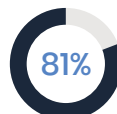


Experienced abuse from adults they were incarcerated with

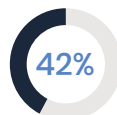


Held in solitary confinement before they turned 18 (Average longest stay: 8.32 months)

LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

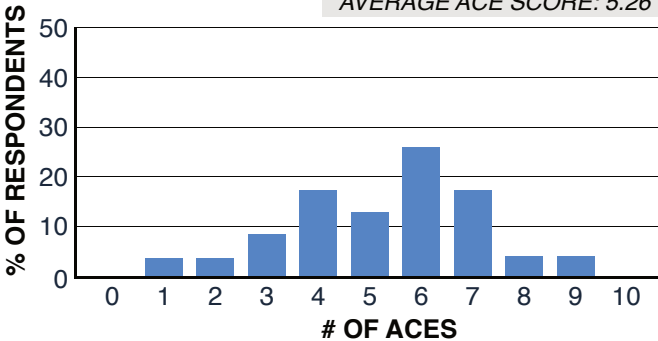
ACE Scores: A Spotlight on States

KANSAS

PREVALENCE OF ACE SCORES

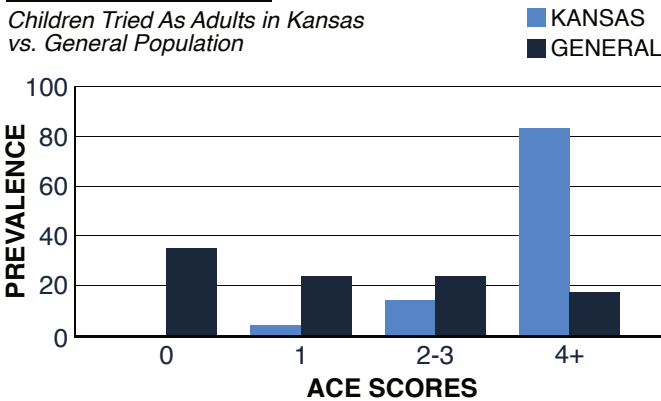
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 5.26



RATE OF ACES

Children Tried As Adults in Kansas vs. General Population

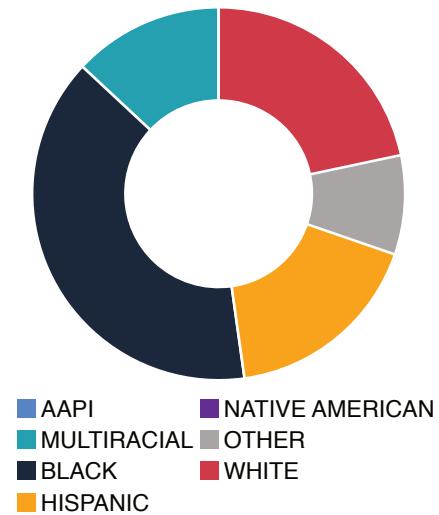


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	60.87%
Physical Abuse	56.52%
Sexual Abuse	21.74%
Emotional Neglect	56.52%
Physical Neglect	34.78%
Parental Separation	86.96%
Witnessing Domestic Violence	43.48%
Household Substance Abuse	86.96%
Severe Mental Illness in Home	30.43%
Household Member Incarceration	47.83%
Parental Incarceration	30.43%

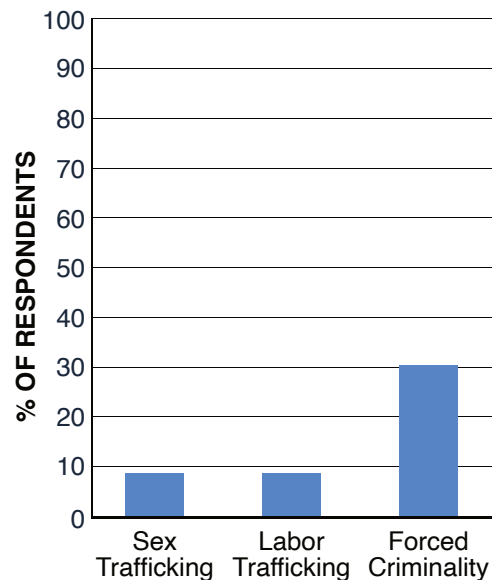
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 143
RESPONDENTS: 23



TRAFFICKING SCREENING

34.78% of respondents reported being a victim of some form of trafficking. 4.35% also reported being abused, trafficked or raped by a victim or codefendant in their case.



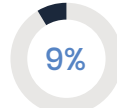
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 8.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	0	0.00%
Elementary (5-11)	13	56.52%
Post-Elementary (12+)	4	17.39%
Unsure/Non-Specific/Wasn't Abused	6	26.09%



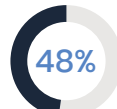
Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



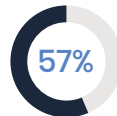
Diagnosed with a physical, mental or learning disability (34.78% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



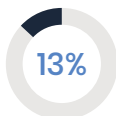
Had attorney/parent there to assist them (questioned for an average of 5.11 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	3	13.04%
Middle School (12-14)	10	43.48%
High School (Over 14)	10	43.48%
Unsure/Non-Specific	0	0.00%

ABUSE WHILE INCARCERATED



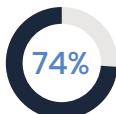
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (47.83% held in Jails; 4.35% held in Prisons; 30.43% held in both Jails and Prisons)

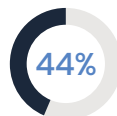


Experienced abuse from adults they were incarcerated with

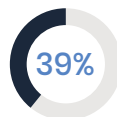


Held in solitary confinement before they turned 18 (Average longest stay: 13.5 months)

LACK OF SERVICES



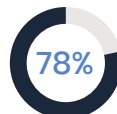
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED

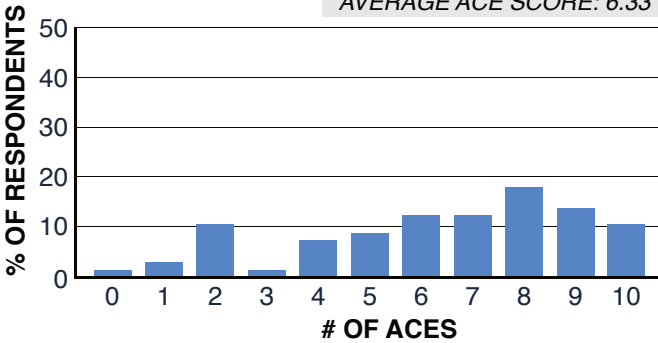


Had higher educational resources made available to them

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

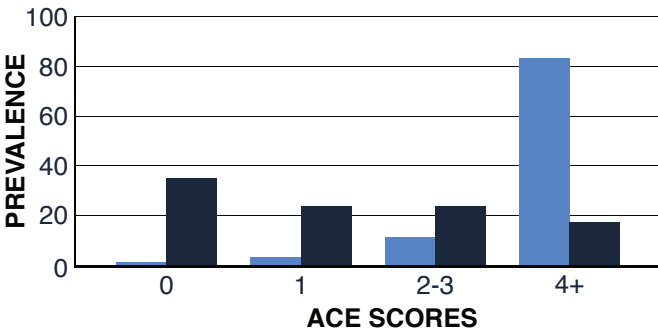
AVERAGE ACE SCORE: 6.33



RATE OF ACES

Children Tried As Adults in Louisiana
vs. General Population

LOUISIANA
GENERAL



BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	70.62%
Physical Abuse	70.62%
Sexual Abuse	36.02%
Emotional Neglect	66.82%
Physical Neglect	47.39%
Parental Separation	87.20%
Witnessing Domestic Violence	50.24%
Household Substance Abuse	74.88%
Severe Mental Illness in Home	54.98%
Household Member Incarceration	73.93%



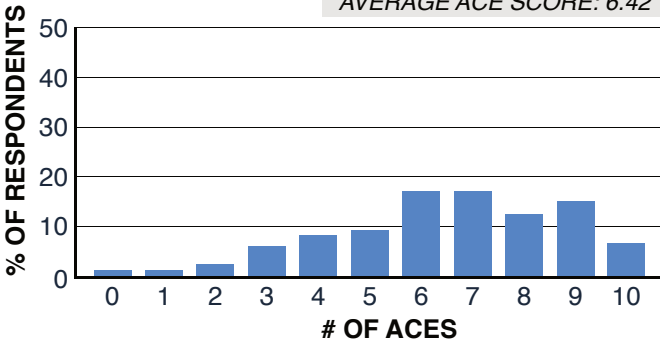
ACE Scores: A Spotlight on States

MARYLAND

PREVALENCE OF ACE SCORES

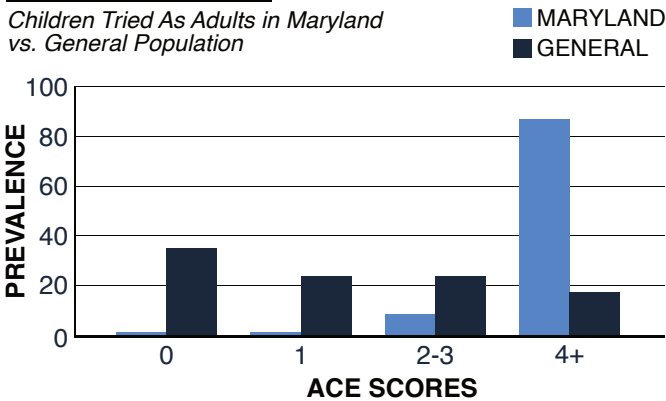
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.42



RATE OF ACES

Children Tried As Adults in Maryland vs. General Population

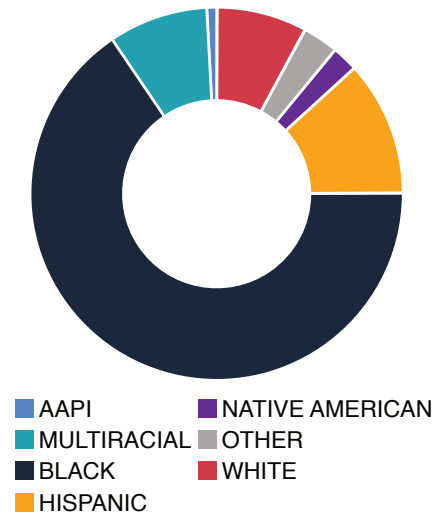


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	75.78%
Physical Abuse	73.44%
Sexual Abuse	39.84%
Emotional Neglect	64.84%
Physical Neglect	45.31%
Parental Separation	87.50%
Witnessing Domestic Violence	50.00%
Household Substance Abuse	82.03%
Severe Mental Illness in Home	52.34%
Household Member Incarceration	71.09%

RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 881
RESPONDENTS: 128



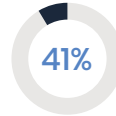
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	8	6.25%
Elementary (5-11)	75	58.59%
Post-Elementary (12+)	5	3.91%
Unsure/Non-Specific/Wasn't Abused	40	31.25%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	33	25.78%
Middle School (12-14)	51	39.84%
High School (Over 14)	31	24.22%
Unsure/Non-Specific	13	10.16%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration

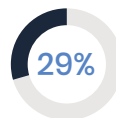


Held in solitary confinement before they turned 18 (Average longest stay: 20.11 months)

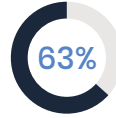
LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

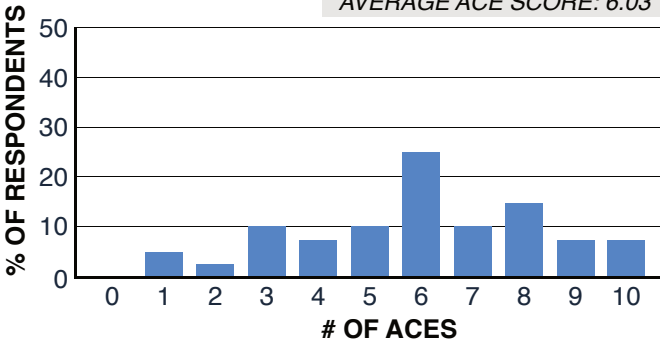
ACE Scores: A Spotlight on States

MISSISSIPPI

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

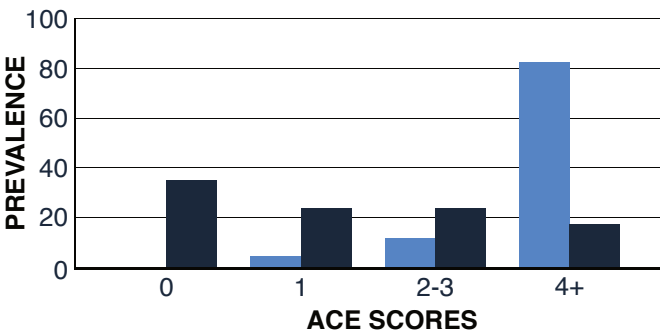
AVERAGE ACE SCORE: 6.03



RATE OF ACES

Children Tried As Adults in Mississippi vs. General Population

■ MISSISSIPPI
■ GENERAL

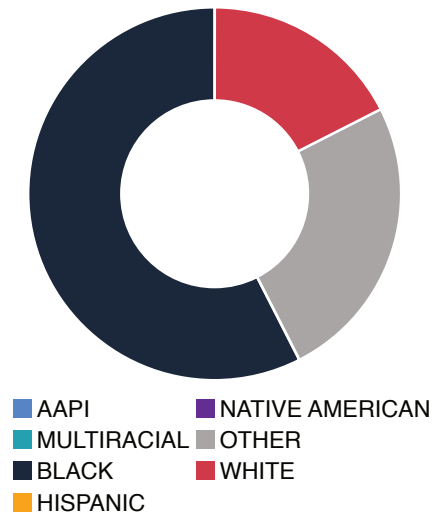


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	70.00%
Physical Abuse	57.50%
Sexual Abuse	47.50%
Emotional Neglect	67.50%
Physical Neglect	57.50%
Parental Separation	85.00%
Witnessing Domestic Violence	56.41%
Household Substance Abuse	75.00%
Severe Mental Illness in Home	32.50%
Household Member Incarceration	55.00%
Parental Incarceration	30.00%

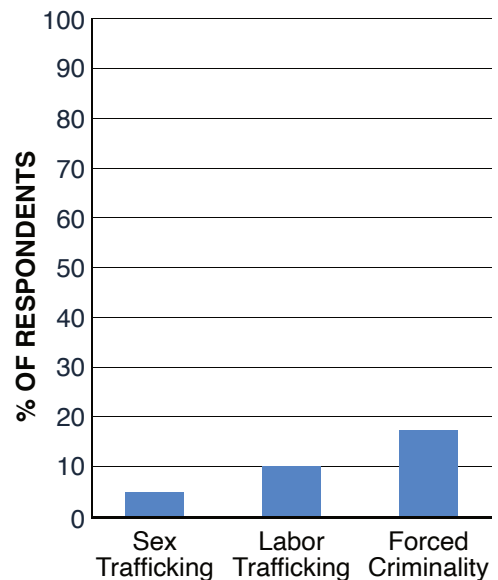
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 567
RESPONDENTS: 40



TRAFFICKING SCREENING

35% of respondents reported being a victim of some form of trafficking. 17.5% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 8.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	2	5.00%
Elementary (5-11)	17	42.50%
Post-Elementary (12+)	5	12.50%
Unsure/Non-Specific/Wasn't Abused	16	40.00%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (37.5% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



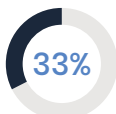
Had attorney/parent there to assist them (questioned for an average of 7.62 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	1	2.50%
Middle School (12-14)	13	32.50%
High School (Over 14)	24	60.00%
Unsure/Non-Specific	2	5.00%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (50% held in Jails; 47.5% held in both Jails and Prisons)



Experienced abuse from adults they were incarcerated with



Held in solitary confinement before they turned 18 (Average longest stay: 13.93 months)

LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

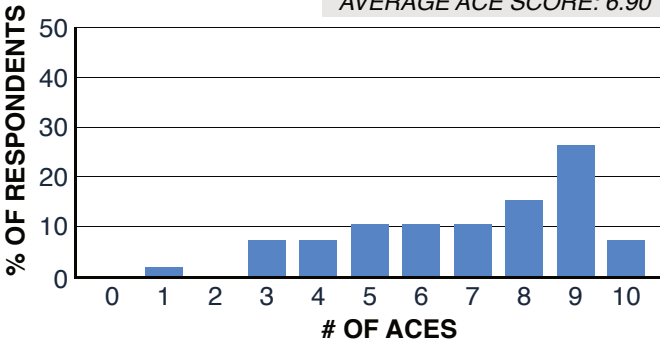
ACE Scores: A Spotlight on States

MISSOURI

PREVALENCE OF ACE SCORES

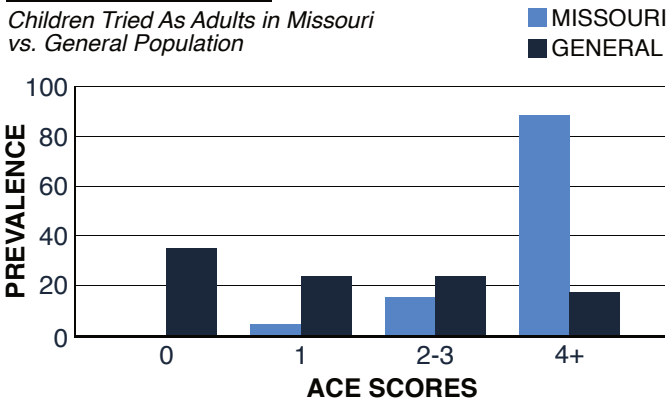
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.90



RATE OF ACES

Children Tried As Adults in Missouri vs. General Population

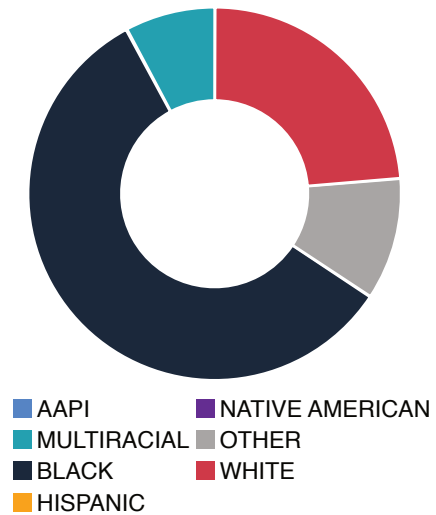


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	81.58%
Physical Abuse	71.50%
Sexual Abuse	52.63%
Emotional Neglect	63.16%
Physical Neglect	42.11%
Parental Separation	92.11%
Witnessing Domestic Violence	65.79%
Household Substance Abuse	76.32%
Severe Mental Illness in Home	71.05%
Household Member Incarceration	73.68%
Parental Incarceration	47.37%

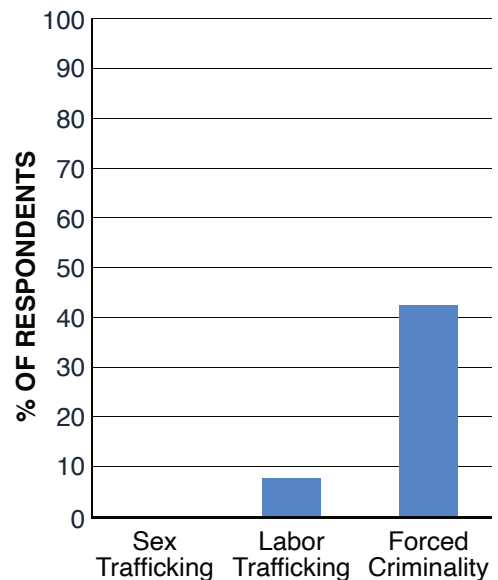
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 668
RESPONDENTS: 38



TRAFFICKING SCREENING

44.74% of respondents reported being a victim of some form of trafficking. 7.89% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	5	13.16%
Elementary (5-11)	20	52.63%
Post-Elementary (12+)	1	2.63%
Unsure/Non-Specific/Wasn't Abused	12	31.58%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



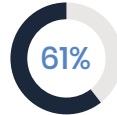
Diagnosed with a physical, mental or learning disability (50% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



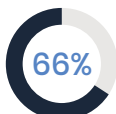
Had attorney/parent there to assist them (questioned for an average of 1.95 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	6	15.79%
Middle School (12-14)	16	42.11%
High School (Over 14)	13	34.21%
Unsure/Non-Specific	3	7.89%

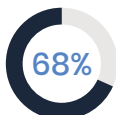
ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (60.53% held in Jails; 23.68% held in both Jails and Prisons)

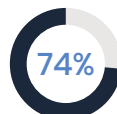


Experienced abuse from adults they were incarcerated with

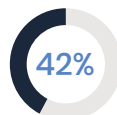


Held in solitary confinement before they turned 18 (Average longest stay: 8.95 months)

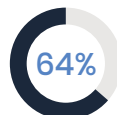
LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

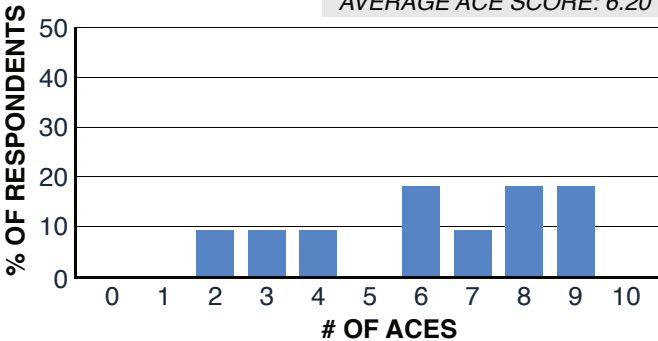
ACE Scores: A Spotlight on States

NEW JERSEY

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

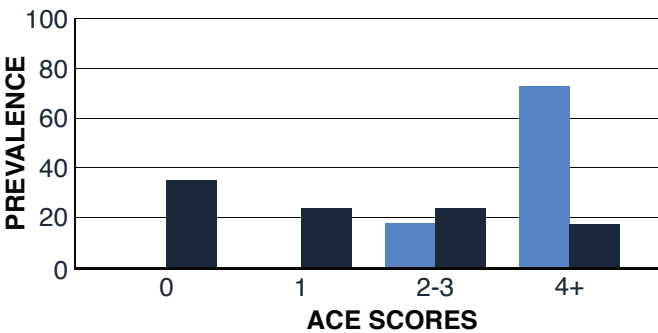
AVERAGE ACE SCORE: 6.20



RATE OF ACES

Children Tried As Adults in New Jersey vs. General Population

■ NEW JERSEY
■ GENERAL

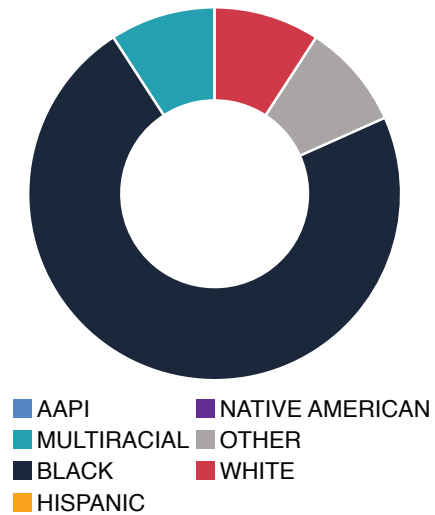


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	72.73%
Physical Abuse	54.55%
Sexual Abuse	54.55%
Emotional Neglect	54.55%
Physical Neglect	45.45%
Parental Separation	81.82%
Witnessing Domestic Violence	63.64%
Household Substance Abuse	72.73%
Severe Mental Illness in Home	27.27%
Household Member Incarceration	36.36%
Parental Incarceration	18.18%

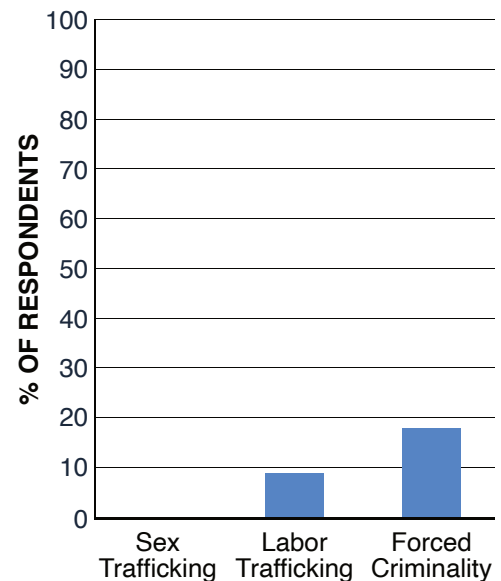
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 142
RESPONDENTS: 11



TRAFFICKING SCREENING

27.27% of respondents reported being a victim of some form of trafficking.



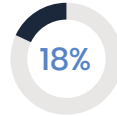
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 5.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	0	0.00%
Elementary (5-11)	7	63.64%
Post-Elementary (12+)	0	0.00%
Unsure/Non-Specific/Wasn't Abused	4	36.36%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



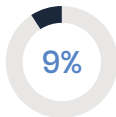
Had attorney/parent there to assist them (questioned for an average of 1.14 hours)



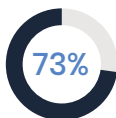
Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	4	36.36%
Middle School (12-14)	3	27.27%
High School (Over 14)	3	27.27%
Unsure/Non-Specific	1	9.09%

ABUSE WHILE INCARCERATED



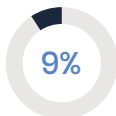
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (27.27% held in Jails; 9.09% held in Prisons; 9.09% held in both Jails and Prisons)

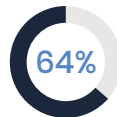


Experienced abuse from adults they were incarcerated with



Held in solitary confinement before they turned 18 (Average longest stay: 8.95 months)

LACK OF SERVICES



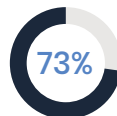
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

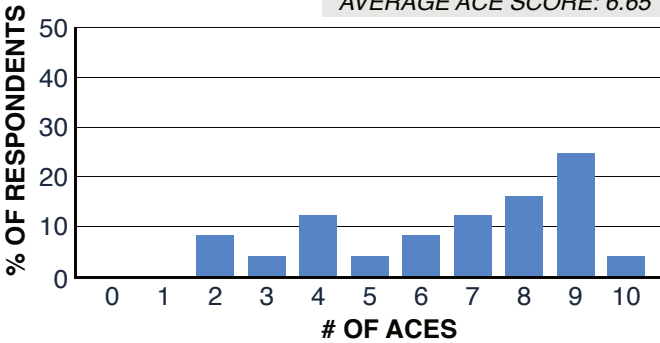
ACE Scores: A Spotlight on States

NEW YORK

PREVALENCE OF ACE SCORES

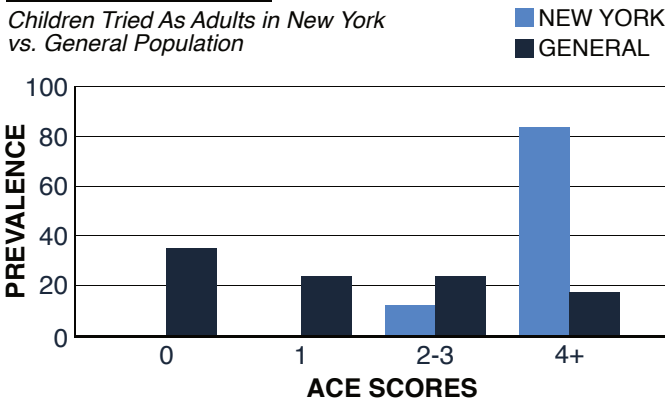
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.65



RATE OF ACES

Children Tried As Adults in New York vs. General Population

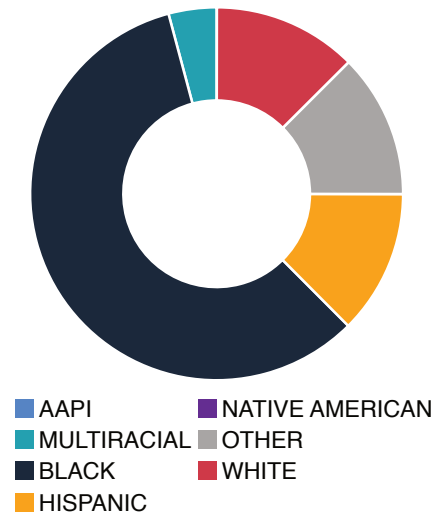


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	78.26%
Physical Abuse	78.26%
Sexual Abuse	56.52%
Emotional Neglect	82.61%
Physical Neglect	47.83%
Parental Separation	86.96%
Witnessing Domestic Violence	47.83%
Household Substance Abuse	69.57%
Severe Mental Illness in Home	60.87%
Household Member Incarceration	56.52%
Parental Incarceration	34.78%

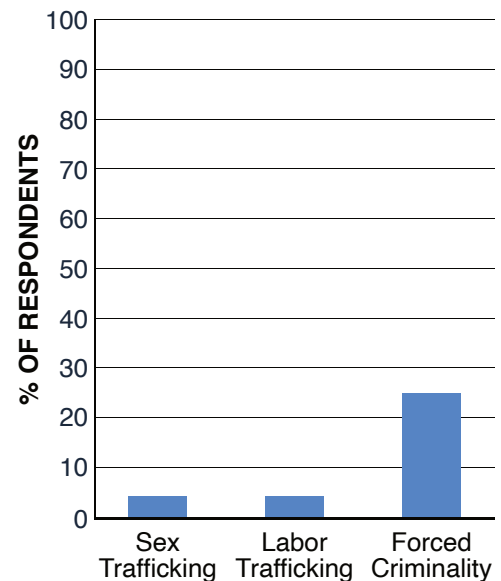
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 516
RESPONDENTS: 24



TRAFFICKING SCREENING

25% of respondents reported being a victim of some form of trafficking.



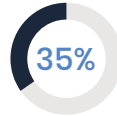
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 7.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	2	8.33%
Elementary (5-11)	13	54.17%
Post-Elementary (12+)	1	4.17%
Unsure/Non-Specific/Wasn't Abused	8	33.33%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 3.56 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	3	13.04%
Middle School (12-14)	6	26.09%
High School (Over 14)	11	47.83%
Unsure/Non-Specific	3	13.04%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration

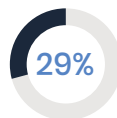


Held in correctional environments with adults (66.67% held in Jails; 8.33% held in Prisons; 4.17% held in both Jails and Prisons)

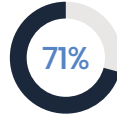
LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



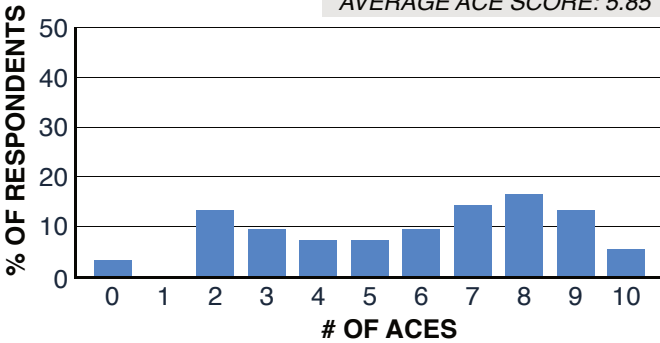
Had higher educational resources made available to them

NORTH CAROLINA

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

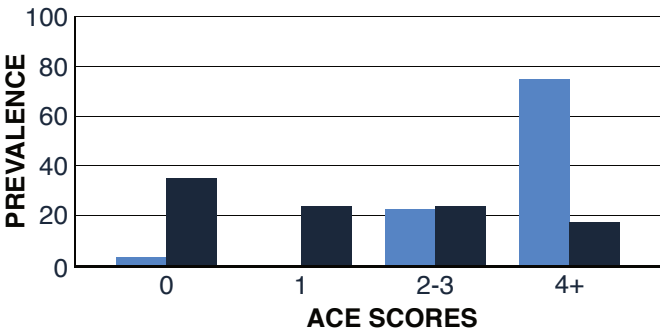
AVERAGE ACE SCORE: 5.85



RATE OF ACES

Children Tried As Adults in North Carolina vs. General Population

■ N. CAROLINA
■ GENERAL

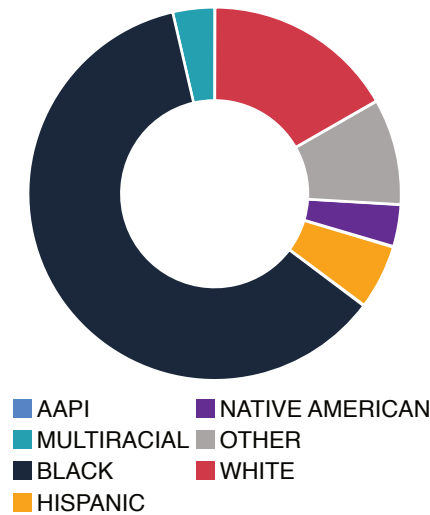


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	70.37%
Physical Abuse	62.96%
Sexual Abuse	44.44%
Emotional Neglect	70.37%
Physical Neglect	38.89%
Parental Separation	81.48%
Witnessing Domestic Violence	40.74%
Household Substance Abuse	64.81%
Severe Mental Illness in Home	50.00%
Household Member Incarceration	61.11%
Parental Incarceration	46.30%

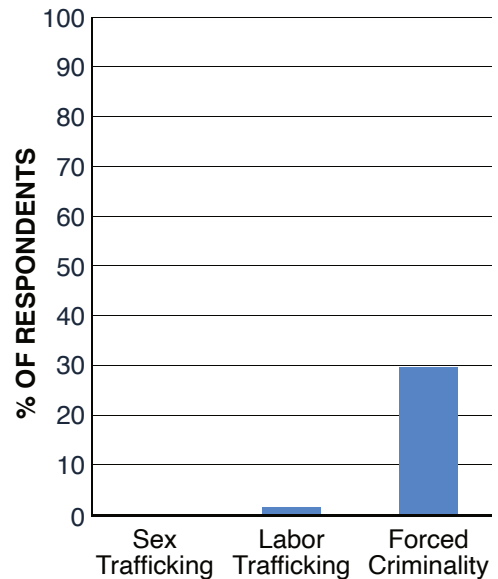
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 635
RESPONDENTS: 54



TRAFFICKING SCREENING

31.48% of respondents reported being a victim of some form of trafficking. 16.67% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 7.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	1	1.85%
Elementary (5-11)	28	51.85%
Post-Elementary (12+)	6	11.11%
Unsure/Non-Specific/Wasn't Abused	19	35.19%



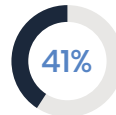
Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



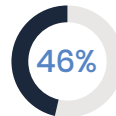
Diagnosed with a physical, mental or learning disability (33.33% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



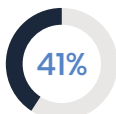
Had attorney/parent there to assist them (questioned for an average of 2.7 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	6	9.26%
Middle School (12-14)	18	33.33%
High School (Over 14)	27	50.00%
Unsure/Non-Specific	4	7.41%

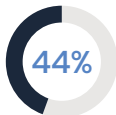
ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (40.74% held in Jails; 3.75% held in Prisons; 38.89% held in both Jails and Prisons)

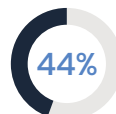


Experienced abuse from adults they were incarcerated with



Held in solitary confinement before they turned 18 (Average longest stay: 6.9 months)

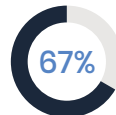
LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

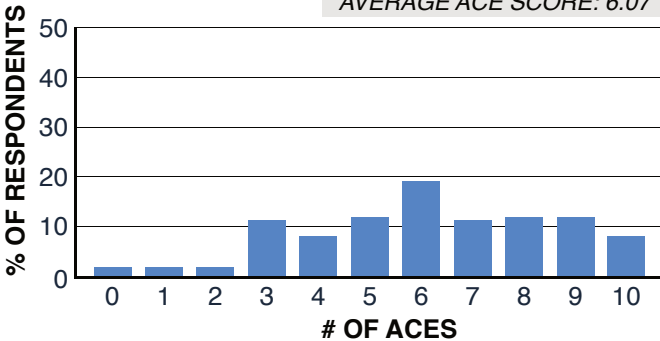
ACE Scores: A Spotlight on States

OHIO

PREVALENCE OF ACE SCORES

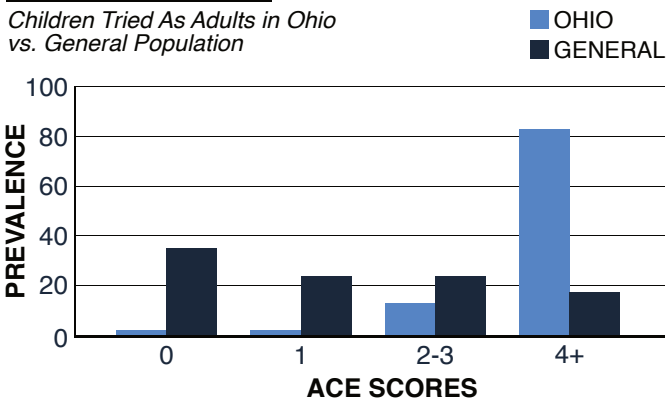
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.07



RATE OF ACES

Children Tried As Adults in Ohio vs. General Population

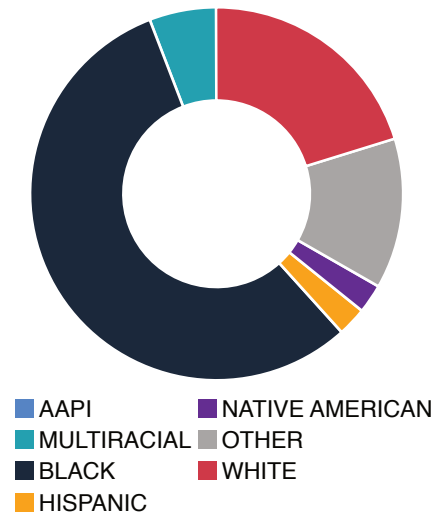


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	71.43%
Physical Abuse	71.43%
Sexual Abuse	50.00%
Emotional Neglect	57.14%
Physical Neglect	36.90%
Parental Separation	80.95%
Witnessing Domestic Violence	53.57%
Household Substance Abuse	80.95%
Severe Mental Illness in Home	48.81%
Household Member Incarceration	55.95%
Parental Incarceration	39.29%

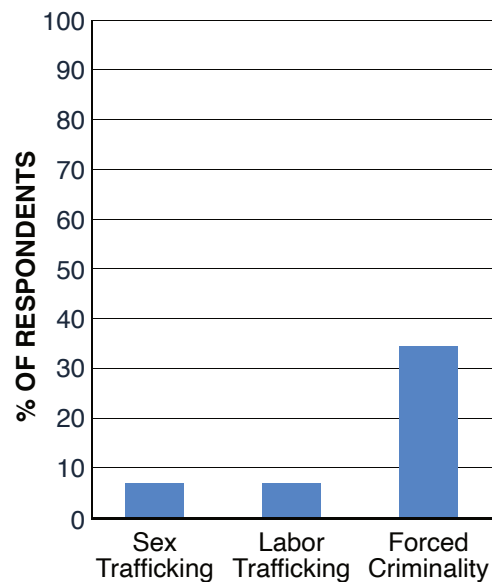
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 524
RESPONDENTS: 84



TRAFFICKING SCREENING

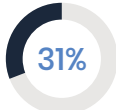
40.48% of respondents reported being a victim of some form of trafficking. 16.67% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 7.**

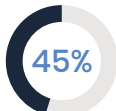
AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	5	5.95%
Elementary (5-11)	40	47.62%
Post-Elementary (12+)	9	10.71%
Unsure/Non-Specific/Wasn't Abused	30	35.71%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



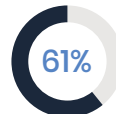
Diagnosed with a physical, mental or learning disability (42.86% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



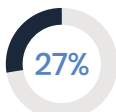
Had attorney/parent there to assist them (questioned for an average of 3.62 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	17	20.24%
Middle School (12-14)	31	36.90%
High School (Over 14)	30	35.71%
Unsure/Non-Specific	6	7.14%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (38.1% held in Jails; 8.33% held in Prisons; 48.81% held in both Jails and Prisons)



Experienced abuse from adults they were incarcerated with

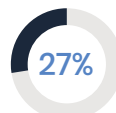


Held in solitary confinement before they turned 18 (Average longest stay: 4.7 months)

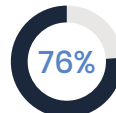
LACK OF SERVICES



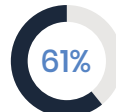
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

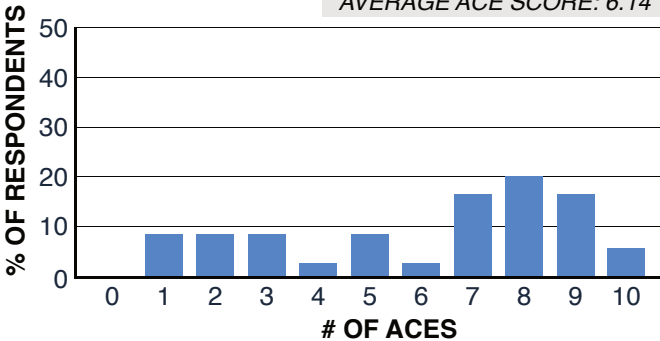
ACE Scores: A Spotlight on States

OKLAHOMA

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

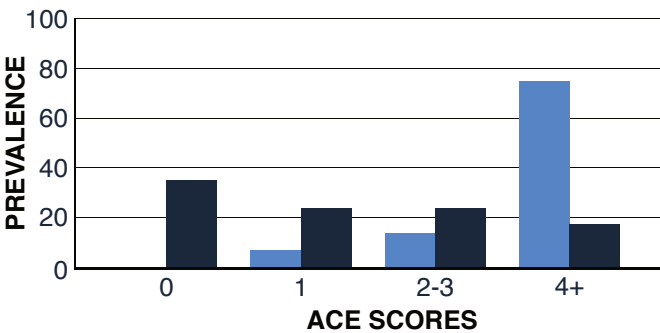
AVERAGE ACE SCORE: 6.14



RATE OF ACES

Children Tried As Adults in Oklahoma vs. General Population

■ OKLAHOMA
■ GENERAL

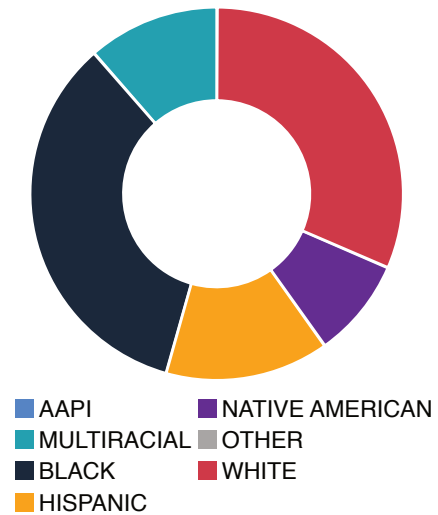


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	74.29%
Physical Abuse	71.43%
Sexual Abuse	42.86%
Emotional Neglect	74.29%
Physical Neglect	42.86%
Parental Separation	85.71%
Witnessing Domestic Violence	51.43%
Household Substance Abuse	65.71%
Severe Mental Illness in Home	54.29%
Household Member Incarceration	51.43%
Parental Incarceration	28.57%

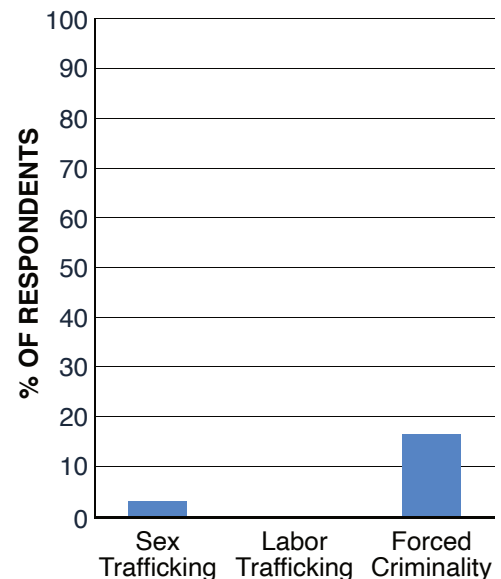
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 132
RESPONDENTS: 35



TRAFFICKING SCREENING

17.14% of respondents reported being a victim of some form of trafficking.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	3	8.57%
Elementary (5-11)	20	57.14%
Post-Elementary (12+)	3	8.57%
Unsure/Non-Specific/Wasn't Abused	9	25.71%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



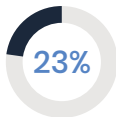
Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 0.87 hours)

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	4	11.43%
Middle School (12-14)	17	48.57%
High School (Over 14)	13	37.14%
Unsure/Non-Specific	1	2.86%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (28.57% held in Jails; 25.71% held in Prisons; 40% held in both Jails and Prisons)

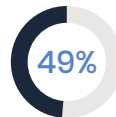


Experienced abuse from adults they were incarcerated with

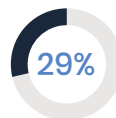


Held in solitary confinement before they turned 18 (Average longest stay: 6.87 months)

LACK OF SERVICES



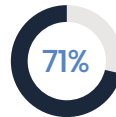
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

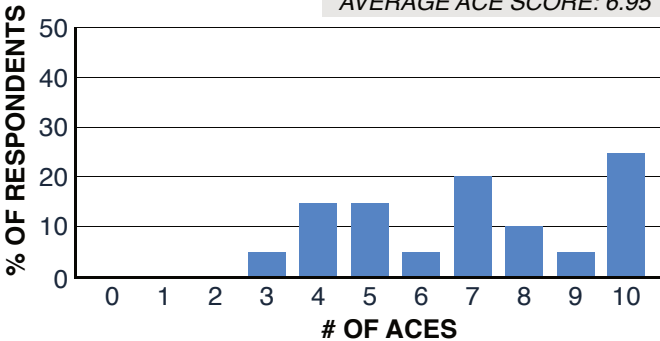
ACE Scores: A Spotlight on States

OREGON

PREVALENCE OF ACE SCORES

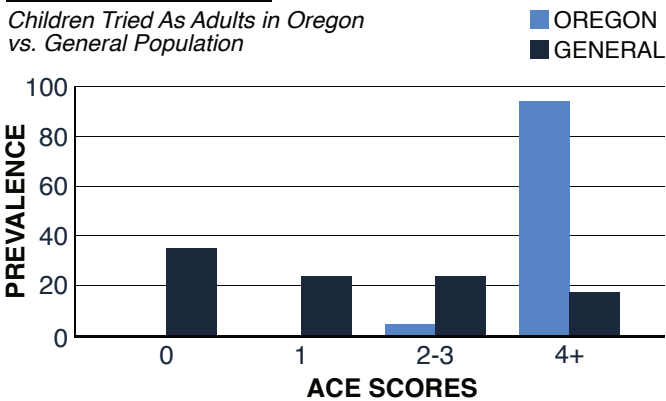
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.95



RATE OF ACES

Children Tried As Adults in Oregon vs. General Population

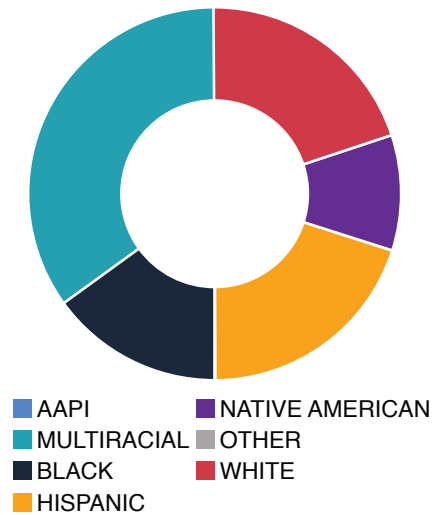


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	75.00%
Physical Abuse	75.00%
Sexual Abuse	70.00%
Emotional Neglect	75.00%
Physical Neglect	50.00%
Parental Separation	85.00%
Witnessing Domestic Violence	45.00%
Household Substance Abuse	85.00%
Severe Mental Illness in Home	75.00%
Household Member Incarceration	60.00%
Parental Incarceration	45.00%

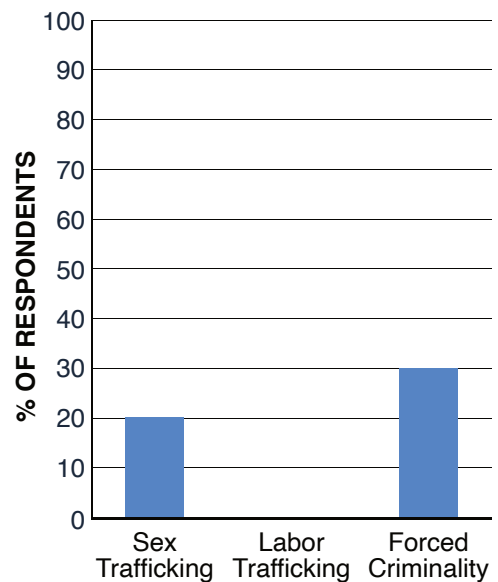
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 151
RESPONDENTS: 20



TRAFFICKING SCREENING

50% of respondents reported being a victim of some form of trafficking. 20% also reported being abused, trafficked or raped by a victim or codefendant in their case.



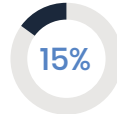
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 5.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	3	15.00%
Elementary (5-11)	12	60.00%
Post-Elementary (12+)	0	0.00%
Unsure/Non-Specific/Wasn't Abused	5	25.00%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



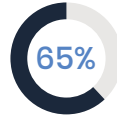
Diagnosed with a physical, mental or learning disability (55% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 2.86 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	3	15.00%
Middle School (12-14)	9	45.00%
High School (Over 14)	8	40.00%
Unsure/Non-Specific	0	0.00%

ABUSE WHILE INCARCERATED



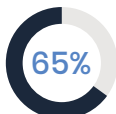
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (35% held in Jails; 15% held in Prisons; 20% held in both Jails and Prisons)



Experienced abuse from adults they were incarcerated with

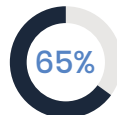


Held in solitary confinement before they turned 18 (Average longest stay: 4.47 months)

LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

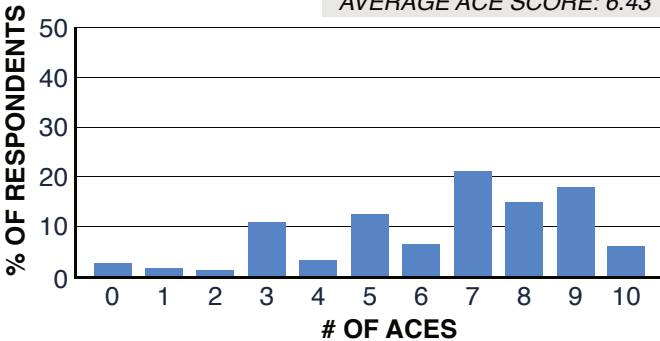
ACE Scores: A Spotlight on States

PENNSYLVANIA

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

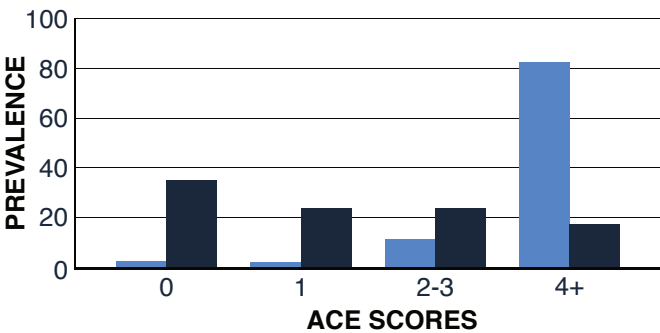
AVERAGE ACE SCORE: 6.43



RATE OF ACES

Children Tried As Adults in Pennsylvania vs. General Population

■ PENNSYLVANIA
■ GENERAL

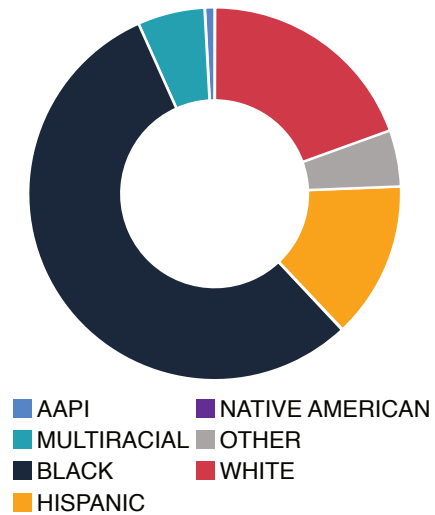


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	71.22%
Physical Abuse	66.91%
Sexual Abuse	47.48%
Emotional Neglect	66.91%
Physical Neglect	48.92%
Parental Separation	84.17%
Witnessing Domestic Violence	56.12%
Household Substance Abuse	77.70%
Severe Mental Illness in Home	58.27%
Household Member Incarceration	64.75%
Parental Incarceration	46.76%

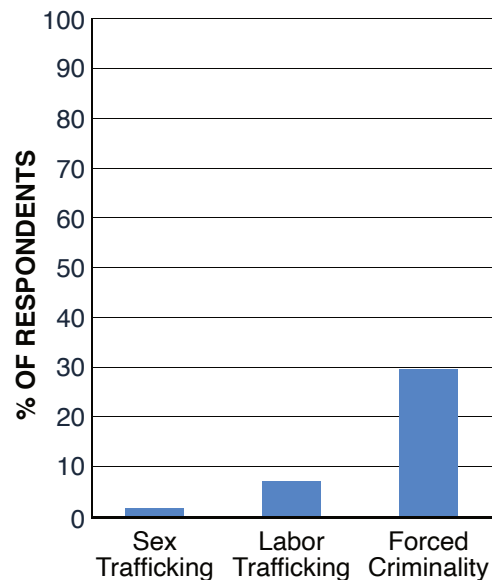
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 521
RESPONDENTS: 139



TRAFFICKING SCREENING

32.37% of respondents reported being a victim of some form of trafficking.



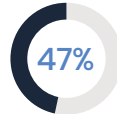
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 6.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	9	6.47%
Elementary (5-11)	77	55.40%
Post-Elementary (12+)	7	5.04%
Unsure/Non-Specific/Wasn't Abused	46	33.09%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (37.41% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



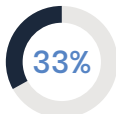
Had attorney/parent there to assist them (questioned for an average of 10.59 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	23	16.55%
Middle School (12-14)	62	44.60%
High School (Over 14)	53	38.13%
Unsure/Non-Specific	1	0.72%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (36.69% held in Jails; 7.19% held in Prisons; 51.8% held in both Jails and Prisons)



Experienced abuse from adults they were incarcerated with



Held in solitary confinement before they turned 18 (Average longest stay: 13.73 months)

LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

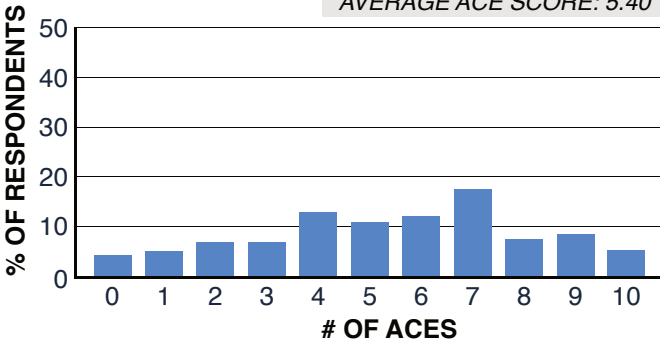
ACE Scores: A Spotlight on States

SOUTH CAROLINA

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

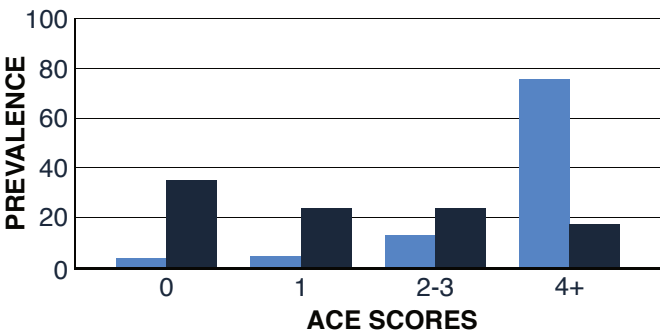
AVERAGE ACE SCORE: 5.40



RATE OF ACES

Children Tried As Adults in South Carolina vs. General Population

■ S. CAROLINA
■ GENERAL

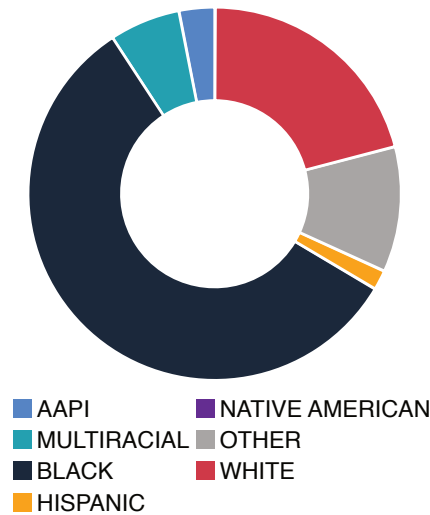


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	57.36%
Physical Abuse	54.26%
Sexual Abuse	44.96%
Emotional Neglect	60.47%
Physical Neglect	37.98%
Parental Separation	77.52%
Witnessing Domestic Violence	45.74%
Household Substance Abuse	64.34%
Severe Mental Illness in Home	45.74%
Household Member Incarceration	48.84%
Parental Incarceration	37.21%

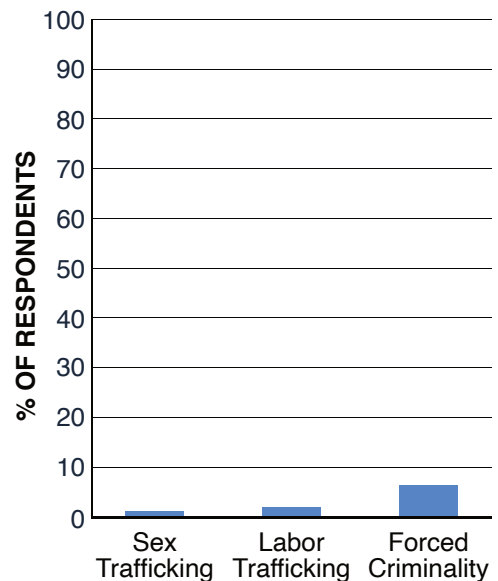
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 729
RESPONDENTS: 129



TRAFFICKING SCREENING

8.53% of respondents reported being a victim of some form of trafficking.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 8.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	5	3.88%
Elementary (5-11)	61	47.29%
Post-Elementary (12+)	14	10.85%
Unsure/Non-Specific/Wasn't Abused	49	37.98%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 4.52 hours)



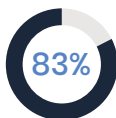
Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	14	10.85%
Middle School (12-14)	49	37.98%
High School (Over 14)	61	47.29%
Unsure/Non-Specific	5	3.88%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults 60.47% held in Jails; 3.88% held in Prisons; 16.28% held in both Jails and Prisons)

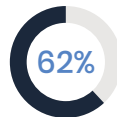


Experienced abuse from adults they were incarcerated with

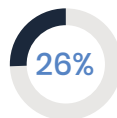


Held in solitary confinement before they turned 18 (Average longest stay: 6.6 months)

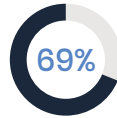
LACK OF SERVICES



Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

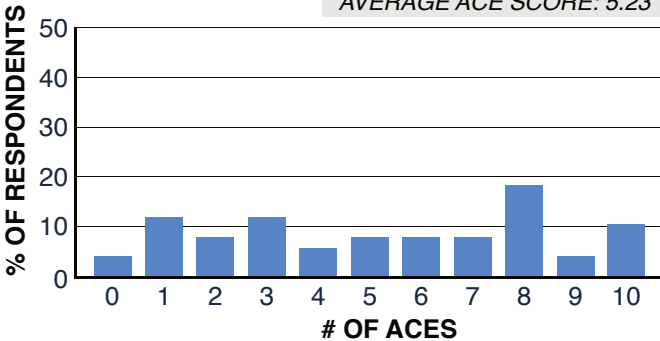
ACE Scores: A Spotlight on States

TENNESSEE

PREVALENCE OF ACE SCORES

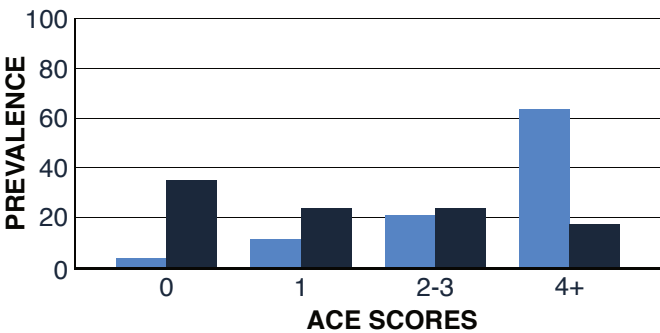
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 5.23



RATE OF ACES

Children Tried As Adults in Tennessee vs. General Population

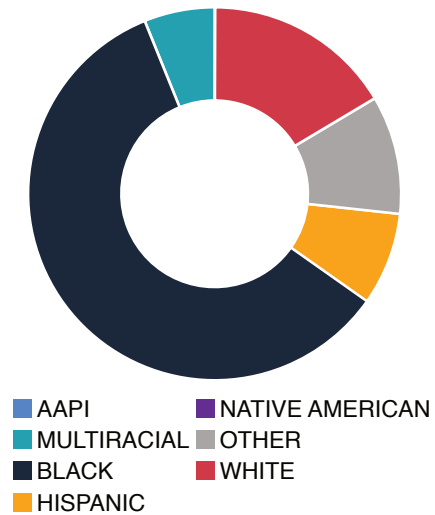


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	53.06%
Physical Abuse	55.10%
Sexual Abuse	38.78%
Emotional Neglect	55.10%
Physical Neglect	40.82%
Parental Separation	79.59%
Witnessing Domestic Violence	46.94%
Household Substance Abuse	59.18%
Severe Mental Illness in Home	46.94%
Household Member Incarceration	46.94%
Parental Incarceration	36.73%

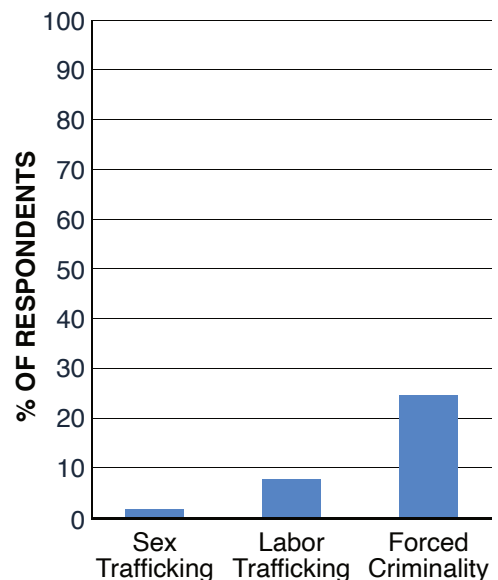
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 587
RESPONDENTS: 49



TRAFFICKING SCREENING

32.56% of respondents reported being a victim of some form of trafficking. 12.24% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 8.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	3	6.12%
Elementary (5-11)	18	36.73%
Post-Elementary (12+)	5	10.20%
Unsure/Non-Specific/Wasn't Abused	23	46.94%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (24.49% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

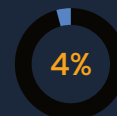
ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



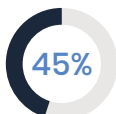
Had attorney/parent there to assist them (questioned for an average of 8.25 hours)



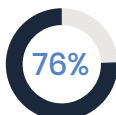
Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	11	22.45%
Middle School (12-14)	12	24.49%
High School (Over 14)	22	44.90%
Unsure/Non-Specific	4	8.16%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (55.1% held in Jails; 4.08% held in Prisons; 26.53% held in both Jails and Prisons)



Experienced abuse from adults they were incarcerated with

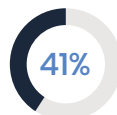


Held in solitary confinement before they turned 18 (Average longest stay: 6.81 months)

LACK OF SERVICES



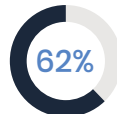
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

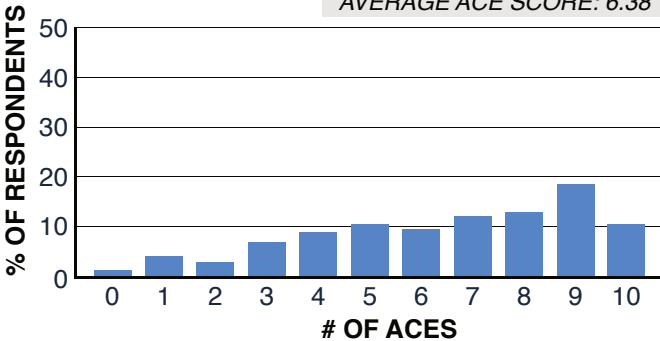
ACE Scores: A Spotlight on States

TEXAS

PREVALENCE OF ACE SCORES

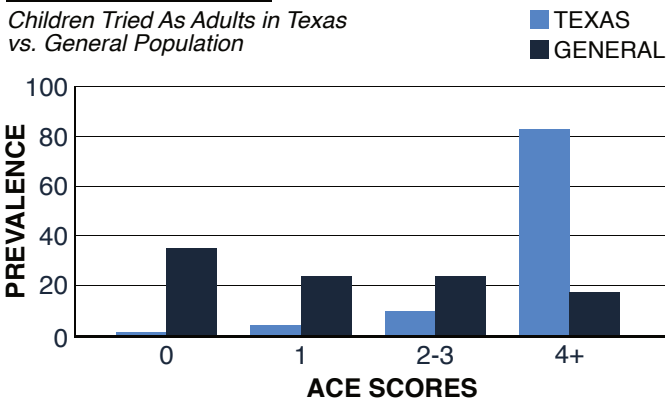
ACE Scores of Children Tried As Adults

AVERAGE ACE SCORE: 6.38



RATE OF ACES

Children Tried As Adults in Texas vs. General Population

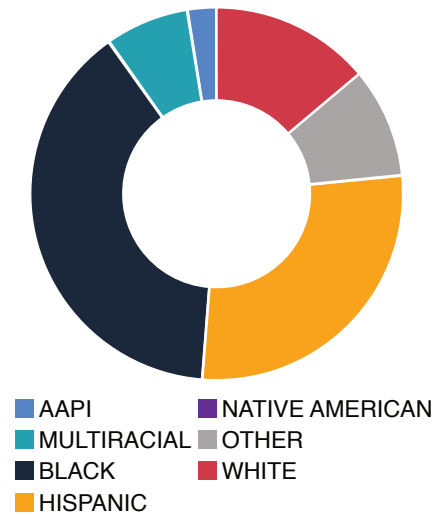


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	66.67%
Physical Abuse	70.91%
Sexual Abuse	47.27%
Emotional Neglect	68.48%
Physical Neglect	52.12%
Parental Separation	81.82%
Witnessing Domestic Violence	59.39%
Household Substance Abuse	74.55%
Severe Mental Illness in Home	58.79%
Household Member Incarceration	58.18%
Parental Incarceration	43.29%

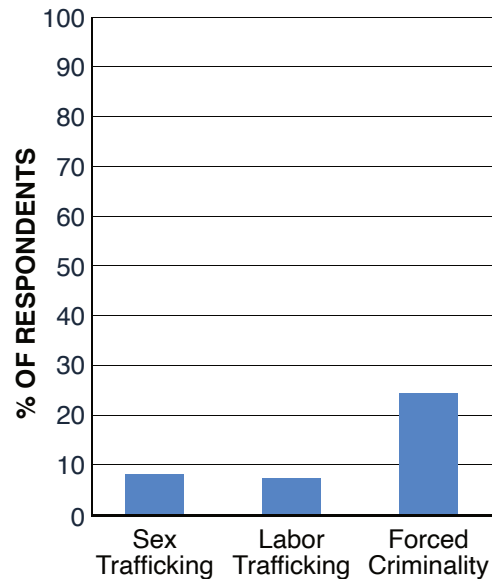
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 3,307
RESPONDENTS: 165



TRAFFICKING SCREENING

32.73% of respondents reported being a victim of some form of trafficking. 6.06% also reported being abused, trafficked or raped by a victim or codefendant in their case.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 7.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	8	4.85%
Elementary (5-11)	84	50.91%
Post-Elementary (12+)	8	4.85%
Unsure/Non-Specific/Wasn't Abused	65	39.39%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (32.73% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 4.08 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	21	12.73%
Middle School (12-14)	55	33.33%
High School (Over 14)	81	49.09%
Unsure/Non-Specific	8	4.85%

ABUSE WHILE INCARCERATED



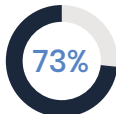
Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (40.61% held in Jails; 3.03% held in Prisons; 36.36% held in both Jails and Prisons)

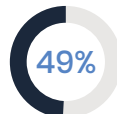


Experienced abuse from adults they were incarcerated with

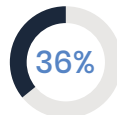


Held in solitary confinement before they turned 18 (Average longest stay: 9.41 months)

LACK OF SERVICES



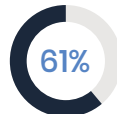
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

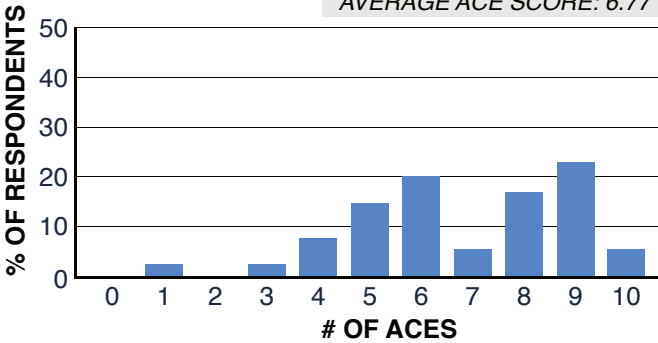
ACE Scores: A Spotlight on States

WASHINGTON

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

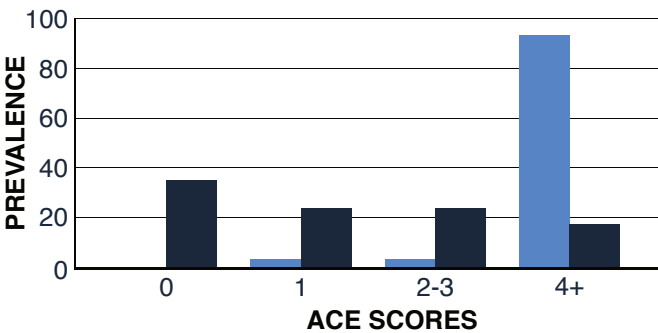
AVERAGE ACE SCORE: 6.77



RATE OF ACES

Children Tried As Adults in Washington vs. General Population

WASHINGTON
GENERAL

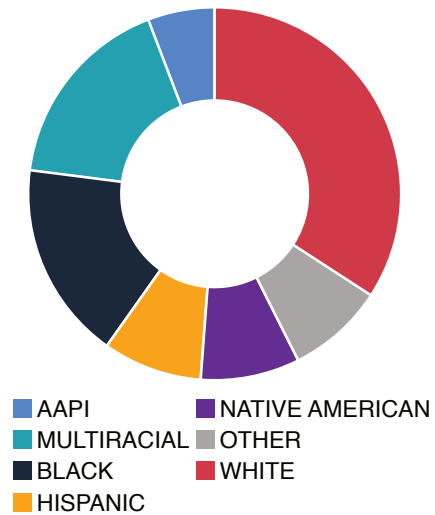


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	85.71%
Physical Abuse	88.57%
Sexual Abuse	51.43%
Emotional Neglect	71.43%
Physical Neglect	45.71%
Parental Separation	74.29%
Witnessing Domestic Violence	65.71%
Household Substance Abuse	80.00%
Severe Mental Illness in Home	60.00%
Household Member Incarceration	54.29%
Parental Incarceration	37.14%

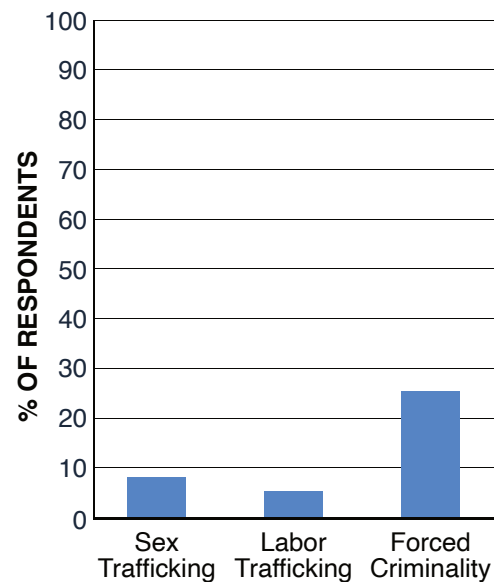
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 319
RESPONDENTS: 35



TRAFFICKING SCREENING

34.29% of respondents reported being a victim of some form of trafficking. 5.71% also reported being abused, trafficked or raped by a victim or codefendant in their case.



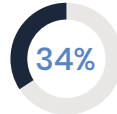
PRIOR SYSTEM INVOLVEMENT/NEGLECT

For those who reported experiencing childhood abuse, the **average age of the onset of that abuse was 5.**

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	8	22.86%
Elementary (5-11)	19	54.29%
Post-Elementary (12+)	2	5.71%
Unsure/Non-Specific/Wasn't Abused	6	17.14%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care



Diagnosed with a physical, mental or learning disability (42.86% had an individualized education plan)



Felt they got adequate support from their communities, like teachers, coaches and other mentors



Had access to enough quality and health food growing up



Had been in the juvenile justice system before their adult offense

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 2.03 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	7	20.00%
Middle School (12-14)	12	34.29%
High School (Over 14)	15	42.86%
Unsure/Non-Specific	1	2.86%

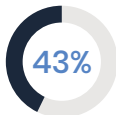
ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (42.86% held in Jails; 2.86% held in Prisons; 37.14% held in both Jails and Prisons)



Experienced abuse from adults they were incarcerated with

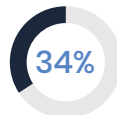


Held in solitary confinement before they turned 18 (Average longest stay: 9.35 months; 31.08 with outlier)

LACK OF SERVICES



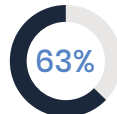
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

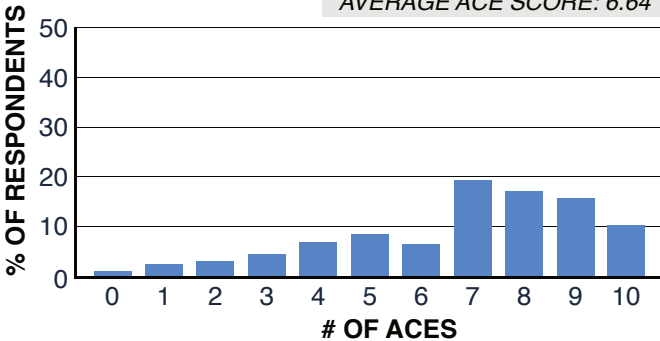
ACE Scores: A Spotlight on States

WISCONSIN

PREVALENCE OF ACE SCORES

ACE Scores of Children Tried As Adults

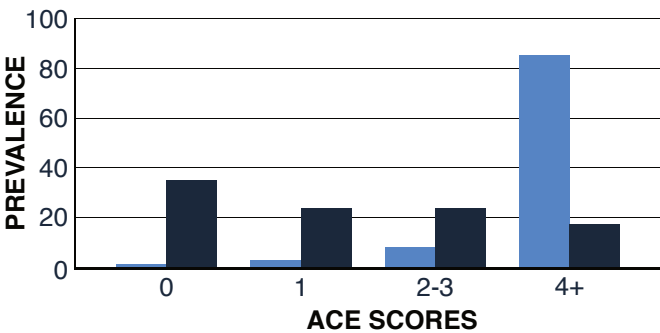
AVERAGE ACE SCORE: 6.64



RATE OF ACES

Children Tried As Adults in Wisconsin vs. General Population

WASHINGTON
GENERAL

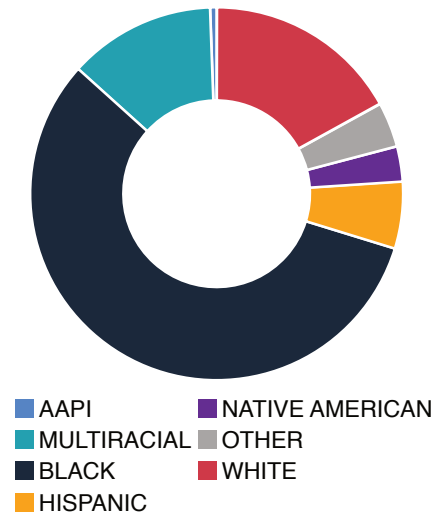


BREAKDOWNS BY ACE

ADVERSE CHILDHOOD EXPERIENCE	PREVALENCE
Emotional Abuse	74.68%
Physical Abuse	76.58%
Sexual Abuse	47.47%
Emotional Neglect	67.72%
Physical Neglect	46.84%
Parental Separation	84.81%
Witnessing Domestic Violence	63.29%
Household Substance Abuse	75.32%
Severe Mental Illness in Home	59.49%
Household Member Incarceration	63.29%
Parental Incarceration	41.14%

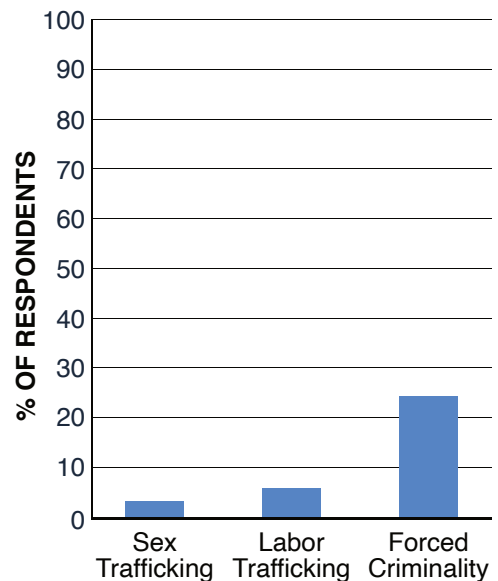
RACE/ETHNICITY OF RESPONDENTS

SURVEYS MAILED: 1,009
RESPONDENTS: 158



TRAFFICKING SCREENING

27.85% of respondents reported being a victim of some form of trafficking.



PRIOR SYSTEM INVOLVEMENT/NEGLECT

AGE OF ONSET FOR ABUSE	COUNT	PERCENTAGE
Pre-Kindergarten (Under 4)	14	8.86%
Elementary (5-11)	97	61.39%
Post-Elementary (12+)	7	4.43%
Unsure/Non-Specific/Wasn't Abused	40	25.32%



Were in foster care or CPS custody at some point in their lives



Hospitalized for mental health care

ENTERING THE JUSTICE SYSTEM



Felt safe coming into the justice system



Had attorney/parent there to assist them (questioned for an average of 7.32 hours)



Had a judge who took the traumas they experienced into account

AGE OF FIRST LEGAL INVOLVEMENT	COUNT	PERCENTAGE
Elementary (Under 12)	41	25.95%
Middle School (12-14)	68	43.04%
High School (Over 14)	47	29.75%
Unsure/Non-Specific	2	1.27%

ABUSE WHILE INCARCERATED



Experienced ongoing abuse during their incarceration



Held in correctional environments with adults (56.96% held in Jails; 3.8% held in Prisons; 22.78% held in both Jails and Prisons)

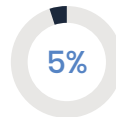


Experienced abuse from adults they were incarcerated with

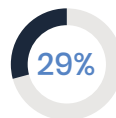


Held in solitary confinement before they turned 18 (Average longest stay: 3.87 months)

LACK OF SERVICES



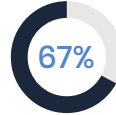
Lost access to health care, or care for an active health condition



Received access to services to address any childhood traumas and issues they experienced



Finished high school education or acquired a GED



Had higher educational resources made available to them

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- ¹⁶ For more information on how those databases were acquired, see Human Rights for Kids, *Crimes Against Humanity: The Mass Incarceration of Children in the United States* (May 2023). <https://humanrightsforkids.org/a-crime-against-humanity/>.
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- ¹⁸ Those missing states are Arizona, Massachusetts, Michigan, Montana, Nevada, Rhode Island, and Utah.

¹⁹ 1,204 of the surveys sent to California were sent in 2024, with 196 respondents, and 1,311 surveys were sent in 2025, with 133 respondents.

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²¹ The original question is worded: “Was your mother or stepmother often or very often pushed, grabbed, slapped or had something thrown at her or sometimes, often or very often kicked, bitten, hit with a fist, or hit with something hard?” The changed language, which was altered for the surveys administered in 2025, was worded: “Was your parent or caregiver: often or very often pushed, grabbed, slapped, or had something thrown at her, or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit at least a few minutes or threatened with a gun or knife by another adult?”

²² The only states that were not asked this question were Maryland and Louisiana.

²³ *2024 State Ratings Report*, Human Rights for Kids (July 2024). <https://humanrightsforkids.org/state-ratings-reports/>.

²⁴ 117 individuals did not provide an answer to this question and individuals in states that were administered surveys in 2024 were not asked about their race, which is why the total numbers in the ethnicity breakdowns are lower than the total number of surveys administered.

²⁵ Those categorized as “Other” includes those who reported their gender the following ways: Gender Fluid, Non-Binary, and Transgender.

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²⁸ The states that digitized their prisoner mail without providing a paper copy before we sent out surveys to them were Texas, Florida, North Carolina, Minnesota and Nebraska.

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APPENDIX

ACEs Survey Letters

All ACEs surveys that were sent (aside from Maryland and Louisiana) read as follows:

Hello, I hope this letter finds you well,

My name is Aiden Lesley. I work with Human Rights for Kids. We are a national nonprofit organization based in Washington D.C. that advocates for the protection and promotion of the human rights of children in the criminal justice system. We conduct research, educate the public, advocate for new policies, and engage in strategic litigation to advance the rights of children in America. We advocate in state legislatures around the country and in Congress, where we work to convince lawmakers to pass new laws that better protect children and those who are currently incarcerated for crimes they committed as children.

When we advocate for new laws, we think it's crucial to include the experiences of people who have been incarcerated since childhood. We want to learn more about your experiences, including your experience during incarceration and what your childhood was like prior to your incarceration. When we can tell the stories of people who have been impacted by policy decisions, we are able to humanize these important issues.

I want to stress that while your input would be valuable to this work, you do not need to share anything that you would not feel comfortable sharing. We recognize that by participating in the survey you may be recalling very difficult experiences from your past, and we want to stress that you do not need to fill this survey out if you feel uncomfortable doing so. With or without your responses, you are important to us.

We also want to stress that should you choose to return this survey to us, your responses will remain anonymous. We will only keep note of whether or not you responded to the survey, not what your specific responses were. The information we gather through this survey, however, will paint a picture of collective experiences to share with policymakers and the public.

If you are currently represented by legal counsel, we'd also encourage you to share this letter and survey with them before responding. I am not a lawyer, and therefore anything that is shared is not protected by attorney-client privilege. While some of our staff members are lawyers, we are not communicating with you currently in an attorney-client capacity. Care should be exercised, therefore, in any follow-up correspondence.

Additionally, I want to stress that it's unlikely we will be able to provide any direct assistance or communication to you; our organization is very small, and we don't have capacity to provide individual services or representation. Our goal with these surveys is to continue to educate the public and inform public policy decisions relating to the treatment of children who come into conflict with the law. By responding to this survey you will be providing important information that we hope will better shape public discourse on these issues in your state and around the country.

To participate, please fill out and return the attached survey by June 30th to:

Human Rights for Kids
Aiden Lesley
1250 Connecticut Avenue NW
Suite 700 PMB 5126
Washington DC 20036

You can also feel free to contact us via email at: info@humanrightsforkids.org

We would also encourage your loved ones to contact us as well, if they have any questions about the survey or wish to know more about us and our work.

We want you to know that you matter to us, and you haven't been forgotten. Thank you for your assistance, should you choose to participate!

Best,

Aiden Lesley
Child Rights Researcher at Human Rights for Kids

P.S. Feel free to pass this letter to anyone you know who has been incarcerated since childhood, or to share any names of people who may have recently been incarcerated and were children at the time of their offense.

ACEs Survey Letter (Maryland)

The survey sent to Maryland was the first version, and was worded as follows:

Hello, I hope this letter finds you well,

My name is Aiden Lesley. I work with Human Rights for Kids, a D.C.-based nonprofit organization that advocates for the advancement and protection of the human rights of children. We incorporate research and public education, coalition building and grassroots mobilization, as well as policy advocacy and strategic litigation, to advance critical human rights on behalf of children. A central focus of our work is advocating in state legislatures and courts for comprehensive justice reform for children consistent with the U.N. Convention on the Rights of the Child.

An example of some of our work includes helping with the recent passage of laws like SB 494, the Juvenile Restoration Act (JRA), which allows people who received prison sentences of 20 years or more for an offense committed while under 18 to try to have their sentence changed. With the passage of this law, we've also worked with the Office of the Maryland Public Defender to represent people.

If you have been incarcerated for 20 years or longer for an offense that you committed while under 18, you are eligible to have your original sentence reviewed and potentially modified by the original sentencing court. If you fit this criteria, we would urge you to send a letter requesting legal representation under the JRA (be sure to list your DOC number, Date of Birth, the sentences you are serving, original offense, and the date your sentence began) to:

Brian Saccenti,
Decarceration Initiative
Maryland Office of the Public Defender
6 St. Paul Street, Suite 1400
Baltimore, MD 21202

If you reply to this letter, please let us know if you fit this criteria and if you had previously been notified of the new law and your potential eligibility. If you fit the criteria, but haven't yet served the 20 year minimum, you should still send a letter to Mr. Saccenti to let him know that you will be eligible for review in the future. We want to make sure that no one is left behind.

On another note, you may have received a holiday card from us at the end of last year. We have identified you as one of more than 1,100 people who are incarcerated in Maryland for offenses allegedly committed as children (under 18). The research we conducted that led us to you was also used in a recent report we published, which is called *Crimes Against Humanity: The Mass Incarceration of Children in the United States*. I'm reaching out to you now because we are seeking your participation in another that focuses specifically on Maryland.

One of the areas of focus for this report is examining the experiences of people who have been incarcerated since childhood. We want to learn more about what those experiences have been like, specifically people's childhoods prior to incarceration, as well as their experiences as children navigating the adult criminal justice system.

I want to stress that while your input and testimony would be a valuable part of this report, you do not need to share anything that you would not feel comfortable sharing. We recognize that by participating in the survey you may be recalling very difficult experiences from your past, and we want to stress that you do not need to fill this survey out if you feel uncomfortable doing so. With or without your survey responses, you are important to us.

We also want to stress that should you choose to return this survey to us, your responses will remain anonymous and be kept confidential. Internally, we will only keep note of whether or not you responded to the survey, not what your specific responses were. The information we gather through this survey will explore everyone's collective experiences in order to paint a larger picture for the public and public policymakers.

To participate, please fill out and return the attached survey to:

Human Rights for Kids
Aiden Lesley
1250 Connecticut Avenue, Suite 700
Washington, D.C. 20036

If you are currently represented by legal counsel, we'd also encourage you to share this letter and survey with them before responding. I am not a lawyer and therefore anything that is shared is not protected by attorney-client privilege. Care should be exercised, therefore, in any follow-up correspondence.

Additionally, I cannot guarantee that we can provide any direct assistance to you; our organization is very small, and we don't have capacity to provide individual services or representation to everyone. But through our partners at the Office of Public Defenders and others, we hope to help assist as many people as possible. Our goal with this report is to continue to educate the public and inform public policy decisions relating to the treatment of children who come into conflict with the law. By responding to this survey you will be providing important information that we hope will better shape public discourse on these issues in Maryland and around the country.

Whatever you feel comfortable sharing with us, please do so through the survey, as well as any additional information you wish to share, and mail it back to us.

Our mailing address is:

Human Rights for Kids
1250 Connecticut Ave. NW, Suite 700
Washington DC 20036

You can also feel free to contact us via email at: info@humanrightsforkids.org

Please forgive any delay in response time. We want you to know that you matter to us, and you haven't been forgotten. Thank you for your assistance!

Best,

Aiden Lesley
Child Rights Researcher at Human Rights for Kids

P.S. Feel free to pass this letter to anyone you know who has been incarcerated since childhood, or to share any names of people who may have recently been incarcerated and were children at the time of their offense.

ACEs Questions

When it comes to the survey questions, each state was asked the following ten ACEs questions:

Adverse Childhood Experiences Survey **Adapted from the National Council of Juvenile and Family Court Judges**

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you, or act in a way that made you afraid that you might be physically hurt?
Yes No
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?
Yes No
3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way, or attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No
4. Did you often or very often feel that no one in your family loved you or thought you were important or special, or your family didn't look out for each other, feel close to each other, or support each other?
Yes No
5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you, or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No
6. Were your parents ever separated or divorced?
Yes No
7. Was your parent or caregiver: often or very often pushed, grabbed, slapped, or had something thrown at her, or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit at least a few minutes or threatened with a gun or knife by another adult?
Yes No
8. Did you live with anyone who was a problem drinker or alcoholic or abused drugs?
Yes No
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No
10. Did a household member go to prison?
Yes No

Every state except Louisiana and Maryland were also asked an additional 11th question, which is a clarifying question to question ten asking if the household member who was in prison was a parent.

All states that were sent surveys in 2025 (AL, CA, CT, FL, GA, HI, ID, IL, IN, IO, KA, KY, MN, MS, MO, NE, NM, NC, OH, OR, PN, SD, TN, TX, WA, WV, WY) were sent the same 29 additional questions, which are as follows:

Trafficking Screening

- Prior to your incarceration, did you experience any of the following types of human trafficking (underline or circle any that apply to you):
 - Child sex trafficking: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a minor for the purpose of a commercial sex act.
 - Labor trafficking: Labor trafficking is a form of modern-day slavery in which individuals perform labor or services through the use of force, fraud, or coercion.
 - Forced Criminality: a type of trafficking in which the victim is exploited by being forced to engage in illegal activities, such as street crime, begging, or drug trafficking. A common example of forced criminality involves children in gangs with older adult leaders where the children are threatened with a "violation" or physical violence, or the children act out of fear of physical violence if they don't engage in a crime.
- Did a co-defendant or the victim in your case sexually abuse, rape, or traffick you at any point prior to the offense?
Yes No

Additional Questions

1. What race/ethnicity do you identify with, and what is your gender and sexual orientation? If you remember and if you did- how old were you when you first experienced abuse?
2. How old were you when you first were arrested and charged with a crime?
3. Were you every adjudicated delinquent in the juvenile justice system prior to you being charged as an adult?
Yes No
4. Are you experiencing any form of domestic violence, mental, physical, sexual abuse currently?
Yes No
5. Have you ever been in foster care or in the custody of Child Protective Services (CPS)?
Yes No
6. Have you ever been hospitalized to receive mental health care?
Yes No
7. Have you been diagnosed with a physical, mental or learning disability?
Yes No
8. When you were in school, did you have an individualized education plan (IEP)?
Yes No
9. When you were a child, did you receive adequate support from teachers and other mentors (coaches, community leaders, clergy, etc)?
Yes No
10. When you were a child, did you have access to enough quality and healthy food?
Yes No
11. When you first came into the justice system, what do you think was the biggest need you had that went unaddressed?
12. When you first came into the justice system, did you feel safe?
Yes No
13. If you were questioned by the police, was there an attorney or another adult present to assist you?
Yes No
14. How long were you questioned by police?
15. Was your childhood trauma ever considered during any of your court hearings?
Yes No
16. When you were a juvenile, were you ever held in a facility where adults were also held?
Yes No
17. If you were held in a facility with adults, was that facility a jail or a prison?
Jail Prison Both
18. If you were incarcerated with adults, did you ever experience any kind of abuse from the adults you were incarcerated with?
Yes No
19. Were you ever held in solitary confinement before you turned 18?
Yes No
If so, what is the longest that you were ever held in solitary confinement?
20. While incarcerated, have you ever lost access to health care that was necessary for your positive health, or for treating an active health condition?
Yes No
21. While incarcerated, were you able to finish your high school education or acquire a GED?
Yes No
22. If so, were there other higher educational resources that were made available to you?
Yes No
23. If you answered yes to any questions in the ACEs survey, did you ever receive services (therapy, group work, medication, etc.) that sought to address any of those experiences?
Yes No

States that were sent surveys in 2024 (AR., CA, CO, ME, NY, NJ, ND, OK, SC, WI) were asked a variation of 42 different questions that differed based on each state's rating in HRFK's State Ratings Report. The breakdown of which states were asked which questions are as follows:

State	AR	CA	CO	ME	NY	NJ	ND	OK	SC	WI
Prior to your incarceration, did you experience child sex trafficking (1), Labor trafficking (2), or Forced Criminality (3)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
What race/ethnicity do you identify with?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If you remember, how old were you when you first experienced abuse?	Y	Y	N	Y	Y	Y	N	Y	Y	Y
How old were you the first time you were charged with a crime?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Are you experiencing any form of domestic violence or domestic, mental physical or sexual abuse currently?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Have you ever been in foster care or in custody of the Child Protective Services (CPS)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Have you ever been hospitalized for mental health care?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
When you first came into the justice system, did you feel safe?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Have you ever lost access to health care that was necessary for your positive health, or for treating an active health condition?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Were you able to finish your high school education or acquire a GED?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If so, were higher education resources made available to you?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Did you ever receive ACEs relevant services?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If you were questioned by the police, was there an attorney or another adult present to assist you?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Did the police tell you that you could have someone with you?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
How long were you questioned for? (hours)	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Was there a court hearing to decide whether you should be transferred to adult court?	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
If so, do you remember whether there was a discussion in the hearing about the fact that you were a child?	Y	Y	N	Y	Y	Y	Y	N	Y	Y
Did your defense attorney talk about any childhood trauma you experienced during any of your court hearings?	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Do you think the judge considered that childhood trauma in their decision to transfer you to adult court or in any other decision they made?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Do you know if you were convicted and sentenced for a crime that carried a mandatory minimum sentence?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
What was the sentence if mandatory minimum? (years)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Were you convicted of felony murder, which is a crime that allows you to be charged with murder even if you did not take a person's life, but you were involved in committing a felony and someone else took a person's life during that event?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Were you given a sentence of life without parole as a juvenile?	N	N	N	Y	Y	N	N	N	Y	Y
Did you take a plea deal?	Y	N	N	Y	Y	Y	N	Y	Y	Y

State	AR	CA	CO	ME	NY	NJ	ND	OK	SC	WI
If you did take a plea deal, do you feel like you really understood the terms of that plea? Why or why not?	Y	N	N	Y	Y	Y	N	Y	Y	Y
Do you remember your attorney explaining the terms of the deal in a way that you could understand?	Y	N	N	Y	Y	Y	N	Y	Y	Y
Are you aware of any laws in your state that would give you a review of your sentence either by a judge or the parole board?	Y	N	N	Y	Y	Y	N	Y	Y	Y
If so, how did you become aware of that review?	Y	N	N	Y	Y	Y	N	Y	Y	Y
Were you ever held in solitary confinement before you turned 18?	Y	N	Y	Y	N	N	Y	Y	Y	Y
If so, how many times?	Y	N	N	Y	N	N	Y	Y	Y	Y
Before you turned 18, what is the longest that you were ever held in solitary confinement?	Y	N	Y	Y	N	N	Y	Y	Y	Y
After being placed in solitary confinement as a juvenile, did you receive any sort of mental health evaluation?	Y	N	N	Y	N	N	Y	Y	Y	Y
Do you remember who did the mental health evaluation? What was their job or title?	Y	N	N	Y	N	N	Y	Y	Y	Y
Why were you placed in solitary confinement?	Y	N	Y	Y	N	N	Y	Y	Y	Y
Were you ever placed in solitary confinement to be protected from people who were older than you?	Y	N	Y	Y	N	N	Y	Y	Y	Y
When you were a juvenile, were you ever held in a facility where adults were also held?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Was it a jail or prison?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Were you held in the same cell or unit as adults?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Could you see or hear adults?	Y	N	N	Y	Y	Y	Y	Y	Y	Y
Did you ever experience any kind of abuse from the adults you were incarcerated with?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
If you were incarcerated with adults, did you receive any sort of services or education?	Y	N	N	Y	Y	Y	Y	Y	Y	Y

California was a special case, as there were surveys that were sent to respondents in the state in either year, and thus got different surveys. This was due to the fact that it was more difficult to send surveys to respondents in certain facilities, and more work was required to get the correct mailing addresses for these respondents. California respondents that were sent surveys in 2025 (and received the 2025 survey) were held in the following facilities:

- Avenal State Prison
- California Correctional Institution
- California Institution for Men
- California State Prison (Centinela, Corcoran, Los Angeles County, Sacramento)
- Calipatria State Prison
- Centinela State Prison
- Correctional Training Facility
- Kern Valley State Prison
- North Kern State Prison
- Sierra Conservation Center
- Substance Abuse Treatment Facility and State Prison, Corcoran
- Wasco State Prison

California respondents in all other correctional facilities in the state were sent surveys in 2024, and received that pool of additional questions.

For the additional questions asked in Maryland's survey, please see our *Disposable Children* report.²⁰⁶ Louisiana respondents were asked no additional questions.

“Many things we need can wait. The child cannot. Now is the time his or her bones are formed, his or her mind developed. To them, we cannot say tomorrow, their name is today.”

- Gabriela Mistral

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