



## Psychiatry & Behavioral Science Section - 2016

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### **I3 Traumatic Exposure and Competency to Stand Trial: Describing Juvenile Offender Characteristics**

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After attending this presentation, attendees will understand characteristics typically associated with juvenile offenders referred for competency to stand trial evaluation and will have better knowledge of the relationship between trauma and offending behavior in such youths.

This presentation will impact the forensic science community by bolstering understanding about the characteristics of legally involved youths. Forensic examiners and legal professionals alike will benefit from increased understanding of the populations they serve and the nature of their offending behavior.

Exposure to traumatic events has been found to be associated with deficits in emotion regulation, social information processing, and increased anger and aggression.<sup>1-3</sup> These same characteristics are also found within populations of delinquent youths.<sup>4</sup> Within the juvenile offender population, a small subset of youths is referred for evaluation of their competency to stand trial due to concerns they may lack a factual and rational understanding of the proceedings against them and the ability to assist their attorney in their defense. Many researchers have found that childhood victimization may be a risk factor for engaging in delinquent behaviors.<sup>2</sup> Additionally, rates of trauma are drastically higher in populations of legally involved youths than in the general population. For example, while 5% of a large sample of adolescents met criteria for post-traumatic stress disorder, rates have been found to range from 24% in a sample of detained youths to 49% in a sample of delinquent adolescent females.<sup>5-7</sup> Lastly, exposure to trauma has been found to be associated with deficits in development and cognition, emotional experience, and behavior.<sup>1,3,8</sup> A well-known trauma expert wrote from a theoretical perspective and describes how repeated trauma has “pervasive effects on the development of the mind and brain.”<sup>1</sup> The aforementioned deficits are often cited as the basis for seeking evaluation of a juvenile’s competency to stand trial.

Despite the high prevalence of trauma exposure and the similarity of deficits observed, little is known about trauma exposure in youths thought to exhibit deficits in those abilities typically associated with competency to stand trial. The current study seeks to describe the differences in characteristics between juveniles who are opined competent to stand trial and those who are not. A particular emphasis is placed on the presence and type of past trauma exposure in relation to the nature of the criminal offenses given the high prevalence of trauma in this population. A sample ( $N=25$ ) of juvenile competency to stand trial evaluations completed in the past three years was examined. Data was coded with regard to type of past trauma exposure, offense type, and several other variables pertinent to the question of interest. Furthermore, data regarding the deficits identified and overall opinion with regard to competency to stand trial is described. Data extracted from these documents were analyzed via descriptive statistics and correlation research methods will be used to describe the nature of the relationship between trauma and offending behavior in this subset of youths. Strengths, limitations, and implications of data obtained will be discussed.



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## Reference(s):

1. Van der Kolk B.A. (2005). Developmental trauma disorder: toward a diagnosis for children with complex trauma histories. *Psychiatric Annals*. 35(5), 401-408.
  2. Ford J.D. (2002). Traumatic victimization in childhood and persistent problems with oppositional-defiance. *Journal of Aggression, Maltreatment & Trauma*. 6(1), 25-58.
  3. Cloitre M., Stolbach B.C., Herman J.L., van der Kolk B., Pynoos R., Wang J., et al. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*. 22(5), 399-408.
  4. Dodge K.A., Lochman J.E., Harnish J.D., Bates J.E., Pettit G.S. (1997). Reactive and proactive aggression in school children and psychiatrically impaired chronically assaultive youth. *Journal of Abnormal Psychology*. 106(1), 37-51.
  5. Merikangas K. et al. (2010). Lifetime prevalence of mental disorders in the U.S. Adolescent Comorbidity Survey Replication-Adolescent Sample. *Journal of the American Academy of Child and Adolescent Psychiatry*. 49, 980-988.
  6. Burton D.L. (2008). An exploratory evaluation of the contribution of personality and childhood sexual victimization to the development of sexually abusive behavior. *Sexual Abuse: Journal of Research and Treatment*. 20(1), 102-115.
  7. Cauffman E., Feldman S.S., Waterman J., Steiner H. (1998). Posttraumatic stress disorder among female juvenile offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*. 37(11), 1209-1216.
  8. Malinosky-Rummell R., Hansen D.J. (1993). Long-term consequences of childhood physical abuse. *Psychological Bulletin*. 114(1), 68-79.
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## Juvenile, Competency, Trauma