

Trauma Symptomatology and Self-Esteem among Court-Involved, Female Youth

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ABSTRACT

The purpose of this study was to explore how trauma-informed school environments are related to the self-esteem and trauma symptoms of court-involved students. Researchers utilized a secondary analysis of school data gathered from 109 court-involved, female students over three consecutive school years (2012 – 2015). Changes measure in self-esteem and trauma symptoms as a result of a trauma informed teaching intervention were measured using a one group, pre/post-test design while controlling for race and grade level. No significant changes in students' self-esteem were found; however, students with higher self-esteem were likely to have a greater reduction in trauma symptoms over the course of the school year. Based on the findings, schools should consider the role of socioemotional skill-building and positive self-image when working with court-involved students.

Keywords: Childhood Trauma, Self-Esteem; Court-Involved Female Youth, Trauma-Informed Schools

INTRODUCTION

Thousands of youth become entangled in the United States court system each year, either through foster care, juvenile justice, or involvement in both systems (Bateman, 2017; OJJDP, 2018; Sickmund et al., 2019). Across both the foster care and juvenile

justice systems, racial/ethnic minority youth disproportionately become court-involved (Bateman, 2017; Sickmund et al., 2019) and frequently experience traumatic events (Brandt, 2006; Ford et al., 2013). For example, African American youth have been found to have three times the poverty rate of white youth (Ratcliffe & McKernan, 2012), thus increasing their risk of exposure to crime, community violence, stress, and trauma (Brandt, 2006; Sheats et al., 2018).

Psychological trauma is the result of experiences that are perceived as extremely stressful or disturbing and that leave one feeling emotionally helpless (Van der Kolk, 2003). Trauma is often associated with feelings of emotional instability, anxiety, post-traumatic stress disorder (PTSD), behavioral and mental health issues, and higher risk of being exposed to substance abuse and homelessness (Breslau et al., 1999; Agaibi & Wilson, 2005; Davis et al., 2018; Davis et al., 2019). Traumatized individuals may also experience triggers that result from memories or environmental stimuli that remind them of the traumatic event or circumstances (Cook et al., 2005; D'Andrea et al., 2012). Trauma is especially important to consider for youth and particularly for systems-involved youth (e.g., child-welfare, juvenile justice), as trauma can have a significant impact on how they navigate their everyday environments, such as schools (Saleem et al., 2022; Thomas et al., 2019).

Youth court involvement and childhood trauma are inextricably linked, as those in the foster care and juvenile justice systems often experience trauma before, during, and after their time under court supervision (Bright et al., 2011; Leve et al., 2015; Smith et al., 2006). Traumatic experiences such as community violence, domestic violence, loss of life, and verbal abuse are often precursors to court involvement (Foy et al., 2012; Kerig et al., 2009). For example, data collected by youth self-reports and case records have highlighted that youth who have experienced child maltreatment are at higher risk for delinquent activity and subsequent juvenile justice adjudication (Baglivio et al., 2014; Dierkhising et al., 2013; Smith & Thornberry, 1995; Widom & Maxfield, 1996). Dierkhising and colleagues (2013) found that a stunning amount of their study participants (90%) of juvenile offenders in the United States experienced some sort of trauma in their childhood and around 30% of youth in the juvenile justice system met the criteria for PTSD due to experiences in their upbringing (Dierkhising et al., 2013). Empirical literature has also shown that as many as 90% of the youth in juvenile justice facilities report being exposed to trauma (Abram et al., 2004; Ford et al., 2012; Ford et al., 2014). Furthermore, youth in foster care, on average, experience higher proportions of PTSD than their peers, leaving them more vulnerable to a number of negative outcomes (Salazar et al., 2013). In this study, the authors examined if a trauma-informed school intervention could improve the self-esteem of court-involved youth (i.e., youth involved with the juvenile justice system). The authors provide a review of the literature on trauma and youth involved with the juvenile justice system along with literature examining how trauma intersects with gender, the education system, and self-esteem before detailing the methods, results, and implications of the study.

LITERATURE REVIEW

Trauma and Youth Involved with the Juvenile Justice System

Youth involved with the juvenile justice system experience trauma at higher rates when compared to their peers in the general population (Dierkhising et al., 2013). Furthermore, youth involved in the juvenile justice system experience trauma at higher rates also have greater likelihood of having experienced multiple forms of trauma compared to their peers in the general population (Abram et al., 2004), with around one-third reporting experiencing multiple types of trauma (Dierkhising et al., 2013). Exposure to adverse childhood experiences (ACEs) have not just been associated with the juvenile justice system but have also been found to be predictive of recidivism among this population (Baglivio et al., 2014). The type of youth offenders (e.g. serious, violent, and chronic) have also been shown to have a higher prevalence of individual ACEs (adverse childhood experiences) and higher overall composite ACE scores when compared to youth who commit one non-violent felony (Fox et al., 2015). Overall, the literature surrounding trauma and adverse childhood experiences within this demographic of youth suggests that those with histories of a variety of different types of trauma are a higher-risk population than those who have less exposure to trauma and adverse childhood experiences (Baglivio & Epps, 2016).

Trauma & Gender

Female court-involved youth are unique in relation to both their pathways to court-involvement as well as their responses to trauma. Girls and young women have a higher prevalence of interpersonal and sexual abuse victimization than their male peers (Cauffman et al., 1998; Ford et al., 2014; Tossone et al., 2017; Wood et al., 2002), and these factors increase their risk of being involved in the child welfare and juvenile justice systems (Baynes-Dunning & Worthington, 2013; Pasko, 2010). Female adolescents are also more often adjudicated for status (noncriminal) offenses rather than serious crimes when compared with male youth (McCabe et al., 2002). In addition, these young women often struggle more with internalizing behaviors and other mental health issues in response to their traumatic histories (Postlethwait et al., 2010). Research that explores the role of race and gender in predicting residential placements for female adolescents has been mixed, as adverse childhood experiences at age 12 were predictive of residential placement for Black females but not for Hispanic or White females (Baglivio, & Epps, 2016).

Trauma & Education

School is a place where students go to develop socially, emotionally, and academically. This environment often aims to foster growth that helps youth transition into adulthood with the skills necessary to contribute to the advancement of society. Unfortunately, some youths have lived experiences that negatively impact their ability to thrive in school environments. Contact with the juvenile justice system is associated with lower high school completion (Kirk & Sampson, 2013). Traumatic

experiences can also affect youth brain development and alter brain structure (Perry, 2002; Stien & Kendall, 2004; Thomason, & Marusak, 2017) and can contribute to problems with emotional self-regulation, communicating feelings, and controlling anger or physical aggression (Cook et al., 2005; Hart, & Rubia, 2012). Thus, these students are often identified and labeled as having behavior problems, poor concentration, and decreased social skills (Cole et al., 2005; Shonk & Cicchetti, 2001), with their behaviors often being misunderstood by school staff (Cox et al., 2011; Krezmien et al., 2008). If left unaddressed, these challenges can lead to referrals to special education, increased school discipline, suspension and expulsion, and potential academic failure (Cole et al., 2005; Romano et al., 2015).

Trauma & Self-Esteem

Self-esteem is defined as an attitude toward oneself (Rosenberg et al., 1995), and more specifically, a belief in one's own overall worth and value (Baumeister et al., 2003). Self-esteem can manifest globally, as a general and overall view of self, but can also be specific to particular aspects of self, such as physical attractiveness, athletic ability, or professional prowess. Those with high global self-esteem possess a vastly positive assessment of themselves, while individuals with low self-esteem hold a negative overall view of self.

A longitudinal study found low self-esteem to be associated with externalizing behaviors related to delinquency (Donnellan et al., 2005). Other empirical work has found the low-esteem in adolescence to be associated with criminal behavior later in life (Trzesniewski et al., 2006). Additionally, there has been a consistent relationship found between self-esteem and psychological well-being (Causey et al., 2015; Paradise, & Kernis, 2002; Sowislo & Orth, 2013). In their seminal study, Rosenberg and colleagues (1995) reported that high global self-esteem was correlated with lower rates of depression, anomie, general anxiety, irritability, and negative affect in youth. Self-esteem was also related to higher life satisfaction and happiness (Rosenberg et al., 1995). Unfortunately, systemic issues of racism and sexism may put some students, particularly girls and youth of color, at risk of experiencing lower self-esteem in school settings (Cogburn et al., 2011). As court-involved girls encounter traumatic events, the development of a positive view of oneself can be impeded along with the feelings of being excluded or isolated (Luke & Coyne, 2008; Unrau et al., 2008). Additionally, the stigma associated with being a court-involved youth can be even further damaging to their self-image and self-esteem (Goodson, & Morash, 2017; Kools, 1997). This may also impact the behavior and educational well-being of traumatized students as they contend with the academic and social challenges of the school setting. Despite the current evidence surrounding the importance of self-esteem amongst adolescents, only a small amount of research has explored how trauma-informed school environments are related to the self-esteem of court-involved students and their overall well-being.

METHODS

The purpose of this study was to investigate the impact of a trauma informed teaching intervention on the self-esteem and trauma symptoms of court-involved female students. The primary research questions are: (1) Do court-involved female students exposed to a trauma-informed teaching intervention demonstrate significant changes in self-esteem after receiving the intervention? (2) Can changes in trauma symptoms be predicted by female students' self-esteem, when controlling for race/ethnicity and grade level? We hypothesized that students would demonstrate statistically significant increases in self-esteem after receiving the trauma-informed teaching intervention. We also anticipated that their self-esteem level would be a statistically significant predictor of change in students' trauma symptoms. Approval was received from an Institutional Review Board and informed consent was obtained from all individual participants included in the study

Sample

The sample included students enrolled at a public charter high school between September 2012 and June 2015. The school is located on the campus of a large Midwestern child welfare placement agency and exclusively serves court-involved, female students, with traumatic histories of abuse and neglect. Participants were 14 to 18 years old and primarily African American, consistent with both the racial demographics of the surrounding community (Data Driven Detroit, 2013) and among court-involved youth, both locally (Wayne County Department of Children and Family Services, 2011) and nationally (Sickmund et al., 2019). There were 815 students enrolled during the observation period. However, only 109 female students completed both a pre- and post-test—due to the high rate of student turn-over—and were included in the analysis. See Table I for demographic information.

Table 1: Participant Demographics (N=109)

	N	%
Total	109	100
Race		
African American	69	63
White	18	17
Other	22	20
Grade		
9 th	30	28
10 th	31	28
11 th	24	22
12 th	24	22

Note. Age: $\mu=15.85$, $SD=1.34$

Description of Intervention

The school implemented a full-scale organizational intervention, inclusive of staff development as well as changes to disciplinary policies and practices, to improve school culture and climate in relation to youth trauma. To start, the school has utilized an adapted version of *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success (HLT)* curriculum since the 2012-2013 school year to provide staff training. The curriculum has been described by Day et al. (2015) as integrated and manualized, founded on research, theory and clinical practice, and grounded in attachment and ecological theories. The curriculum was designed for use in a variety of education settings both residential and non-residential, including public schools, charter schools, and private education authorities. It included information on issues related to diversity, including gender and racial identity, and the inclusion of training on therapy (Booth & Jernberg, 1998) and sensory integration (Ayres, 2005; Dorman et al., 2009). Training modules included specific trauma-informed strategies, collaborative problem-solving (Greene & Ablon, 2006), and self-care. Sessions consisted of role plays, games, case vignettes, individual coaching, and additional tools and resources for classroom use. The curriculum was presented, annually, to staff in half-day trainings, with booster trainings occurring monthly over two-hour periods at staff development meetings between October and May of each school year.

The modified HLT curriculum was provided to staff sequentially in 8 professional development sessions, conducted by a clinically licensed social worker, with experience with psychological trauma and an employment history in both mental health and child welfare. To ensure the fidelity of program implementation, teachers also participated in 6 classroom observations and individual coaching sessions, also conducted by the certified therapist. Two certified occupational therapists (OT) also participated in curriculum development and coaching, providing an additional 6 training sessions on sensory integration theory (Ayres, 2005) and how sensory tools can be used to assist students in self-regulation, self-soothing, and de-escalation (Dorman et al., 2009). Group trainings were followed by individual coaching sessions between the school staff and the OT training consultants. Additional trainings were implemented to address staff turnover.

As another component of the organizational intervention, the school implemented the Monarch Room (MR), an alternative to traditional school discipline policies to increase student seat time and attendance. The MR was available throughout the school day, managed by trauma-trained staff to provide positive support to help students de-escalate when needed. When students' emotional states or behavior began to interfere with learning in the classroom, they might be referred by school staff or may self-refer themselves to the MR, which was viewed as a support rather than a punitive action. Once in the MR, brief intervention strategies, including problem solving, talk therapy, and sensory-motor activities were utilized to assist students in regulating their emotions. The goal of the MR was to return students to the classroom in 10 minutes or less. All student visits to the MR were documented by school staff in tracking logs, including the reason for the visit, time student arrived, time student returned to class, and the strategies used to assist the student. This data

was regularly reviewed by school administration to improve policy and practice around MR implementation.

Data Collection

This study utilized a secondary analysis of school data gathered over three consecutive academic years (2012 – 2015), using a one group, pre/post-test design. Although data spanned three years, each students' pre-test was administered in the same school year as their post-test, with no student data being duplicated in multiple years. Approval for data collection was received from an institutional review board and school administrators obtained informed consent/assent from students during the school registration process. School staff administered surveys to participants to assess trauma symptoms and self-esteem at the beginning of each school year (before the intervention period) and again at the end of each school year (after teaching personnel were exposed to the trauma-informed teaching intervention). As described earlier, only participants with both pre- and post-test data were included in the study (N=109).

Measures

For the first research question, the dependent variable was student self-esteem, as defined by student scores on a standardized measure. Self-esteem was measured at two time points (i.e., pre-intervention and post-intervention). Student self-esteem was measured using the Rosenberg Self-Esteem Scale (RSE), a widely used, 10 item, self-report instrument that assesses the self-esteem of high school students (Rosenberg, 1979). Each item is rated according to student feelings using a 4-point scale, ranging from 1 (strongly agree) to 4 (strongly disagree), and include items such as: "On the whole, I am satisfied with myself"; "I am able to do things as well as most other people"; and "I feel I do not have much to be proud of". Half of the items were reverse-coded for scale agreement, making higher scores, particularly a 20 or more, a greater indication of self-esteem. The RSE was developed using approximately 5000 high school students from various racial/ethnic groups. It has high internal consistency and reliability, with alphas ranging between .77 and .88 and test-retest correlations ranging from .85 to .88 (Rosenberg, 1979). For the current sample, the Cronbach's alpha was 0.83 at pre-test and 0.81 at post-test.

For question 2, the independent variable was students' self-esteem, and the dependent variable is students' trauma symptoms between pre- and post-tests. This variable was defined dichotomously as a higher-than-average change or lower-than-average change in the Child Report of Post-Traumatic Symptoms (CROPS) scores for the current sample. Due to the aforementioned impact of trauma on student functioning, student post-traumatic symptomology was measured using the CROPS, a 25 item, self-report tool (Greenwald & Rubin, 1999). CROPS assesses symptoms of post-traumatic stress disorder in youth, with each item being rated according to their frequency on a 3-point scale. Responses range from 0 (none) to 2 (lots) and include items such as "I find it hard to concentrate"; "I'm on the lookout for bad things that might happen"; "I am nervous or jumpy". Scores higher than 19 indicate more significant PTSD symptoms. The CROPS was normed on a sample of over 200

middle school students from diverse racial/ethnic backgrounds and has demonstrated internal consistency and reliability with an overall alpha score of 0.73 (Greenwald & Rubin, 1999). For the current study, the Cronbach's alpha was 0.95 at pre-test and 0.97 at post-test.

Data Analysis

Demographic (i.e., race, grade) and survey data were entered into SPSS 22 statistical software and explored using frequencies and descriptive statistics. For question 1, a paired sample t-test was used to examine differences between students' RSE scores before and after the intervention. Effect size was calculated using Cohen's *d* for a more concrete impression of statistically significant results.

For question 2, the mean difference in students' CROPS scores between pre- and post-tests was used to create a dichotomous variable, comprised of all students who experienced a change at or above the mean difference versus all other students. Then, a logistic regression was used to identify whether self-esteem could predict outcomes in CROPS score change, while controlling for race and grade level.

FINDINGS

The purpose of this study was to examine multi-year survey data to assess the well-being of trauma-exposed, female students in a trauma-informed school environment. The primary research question examined whether students exposed to a trauma-informed teaching intervention demonstrate a change in their self-esteem. Findings from a preliminary analysis of the data demonstrated normality. To compare pre- and post-test scores, paired sample, two-tailed, t-tests were conducted, using an alpha level of .05. Results demonstrated that RSE scores had a statistically insignificant decrease from pre-test to post-test, from approximately 32 to 31. See Table II for pre/post means and standard deviations.

Table 2: Means and Pairwise Comparisons for Pre/Post Responses (N=109)

	<u>Pre-test</u>		<u>Post-test</u>		t (108)
	μ	SD	μ	SD	
CROPS ⁺	37.60	14.47	27.92	17.95	6.07*
RSE ⁺⁺	31.93	6.63	30.81	5.95	1.55

Note. ⁺ Child Report of Post-traumatic Symptoms; **p* < .01

⁺⁺ Rosenberg Self-Esteem Scale

Next, the second research question was explored, examining whether changes in trauma symptoms could be predicted by students' self-esteem. As expected, CROPS scores at pre- and post-test were very high, demonstrating high levels of trauma symptomology among the sample. Interestingly, students scored in the normal to high range for self-esteem, regardless of their high trauma symptoms and exposure.

The average change in students' CROPS scores between pre- and post-tests (9.7 points) was used to create a dichotomous variable, defined as students who experienced a decrease of 9.7 points or more in CROPS symptoms versus students who experienced a decrease of less than 9.7 points. A binary logistic regression was used to predict the outcome of this reduction in trauma symptoms. The predictor variable was self-esteem level (measured with higher RSE post-test scores indicating higher levels of self-esteem), and the control variables included race/ethnicity (African American = 0 or non-African American = 1) and grade level (underclassman = 0 or upperclassman = 1). The model was tested for goodness of fit using the Hosmer and Lemeshow test, which was found to be insignificant, ($\chi^2 (8) = 9.75, P < .28$), demonstrating a good fit. Results indicate the generated model provides a statistically significant improvement in predicting CROPS score reduction over the constant-only model, $\chi^2 (3, N=109) = 7.80, p = 0.05$, and self-esteem level demonstrated a statistically significant influence at an alpha level of $p = 0.05$. The likelihood of a student experiencing an average or above average reduction in trauma symptoms is 10% higher for each 1-point increase in self-esteem score. See Table III.

Table 3: Predictors of Change in Trauma Symptoms (N=109)

Predictor	β (SE)	Estimated Odds Ratio	95% Confidence Interval	
			Lower	Upper
Constant	-4.69 (1.94)			
Race	.19 (.26)	1.21	.73	2.02
Grade	.09 (.16)	1.10	.81	1.49
Self-Esteem Score	.09 (.04)*	1.10	1.08	1.19

Note. (Cox & Snell) .07, (Nagelkerke) .09, Model $\chi^2 (3, N=109) = 7.80, *p = 0.05$

DISCUSSION

The purpose of this study was to explore how trauma-informed school environments are related to the self-esteem of court-involved students and their overall well-being. More specifically, this study examined whether court-involved female students exposed to a trauma-informed teaching intervention demonstrate significant changes in self-esteem. Additionally, we explored whether changes in trauma symptoms would be predicted by students' self-esteem, when controlling for race/ethnicity and grade level. Data illustrated some unexpected findings. The intervention was not associated with any significant changes in student self-esteem. However, this is mostly likely due to the pre-existing, high levels of self-esteem among students in this sample. Although experiencing high PTSD symptomatology, students generally exhibited normal to high self-esteem at the beginning and end of the school year, which is surprising, but not completely unforeseen. Day et al. (2015) found similar results when examining self-esteem in the pilot year of this intervention.

In the current study, students' self-esteem scores were approximately 28 both before and after the intervention. Unlike Day et al. (2015), self-esteem among students showed a slight yet non-significant decrease, from 32 at pre-test to 31 at post-test. It is unclear what may have caused this mild decrease or how students with such high trauma exposure maintained high self-esteem throughout the observation period. Some empirical evidence suggests African-American adolescents have higher self-esteem than their counterparts (Bachman et al., 2011). Socio-cultural factors may have been present among this sample of youth that functioned as protective factors, preventing youth from developing issues with self-image and self-perception.

Additionally, it is important to acknowledge there are some researchers that have critiqued the construct of self-esteem as one being profoundly influenced by western culture's emphasis on individualism (Heine et al., 1999). Nevertheless, empirical findings continue to support the important role that self-esteem plays in youth well-being. Consistent with other literature on childhood well-being and self-perception (Kools, 1997; Luke & Coyne, 2008; Michaels et al., 2007; Okeke-Adeyanju et al., 2014; Rosenberg et al., 1995; Unrau et al., 2008), the present study's findings indicated that students with higher self-esteem were likely to have a greater reduction in trauma symptoms over the course of the school year. This suggests that school interventions that target self-image may be useful in helping court-involved students to overcome their traumatic histories. Still, further exploration is needed to better understand self-esteem among traumatized girls and how trauma-informed practice can be leveraged to improve students' well-being.

STRENGTHS AND LIMITATIONS

This study provides an empirical assessment of a trauma-informed teaching intervention for court-involved students, an important topic that is lacking research. However, there are also methodological limitations. Due to high student turn-over a longitudinal study was not feasible. Therefore, this study was cross-sectional, with data for each student representing one academic year. Additionally, extraneous school changes that occurred from year to year and non-school related factors could not be examined, presenting a potential limitation of the study's internal validity. It is also important to acknowledge that since this data was collected in the early-to-mid 2010s, some of the overarching context around schools may have been different and may not account for unique factors impacting K-12 settings in contemporary times (e.g., the COVID-19 pandemic; see Chatzipanagiotou & Katsarou, 2023). Furthermore, no control group existed in this study, which made exploring comparisons and causal relationships between the intervention and student well-being impossible. These limitations highlight areas to address in future research on trauma-informed interventions in schools.

IMPLICATIONS

This study's findings suggest that there are ways to best support students who are court-involved who have experienced trauma. One means of creating more supportive school environments may include trauma-informed approaches, which focus on the

well-being and development of the whole child, with emphasis on the individual and system-level practices and policies that exacerbate youth experiences. Another major implication derived as a result of the findings is the importance of socioemotional youth development and the building of positive self-concepts among trauma-exposed youth. Classroom practices, school climate interventions, and school-level policies that enhance students' self-image and socioemotional skills may have a healing influence that reduces the effects of trauma in the lives of these students. Additionally, socioemotional learning comes with a need for specific, empirically-sound curricula and instructional approaches to guide teachers' pedagogy.

On a larger scale, national and state policy has given attention to social and emotional student well-being as vital for engaging students. For example, the U.S. Department of Education has enacted federal legislation, such as the Every Student Succeeds Act (ESSA), to directly address trauma in schools (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2020). Congress has also acknowledged the importance of trauma-informed school programs with the introduction of House Bill 1757, the Trauma Informed Care for Children and Families Act of 2017 (Tirrell-Corbin, 2019). This bill focuses on trauma identification, teacher training and school climate. Additionally, the District of Columbia recently passed Bill 594, requiring the Office of State Superintendent of Education (OSSE) to provide on-going professional development to school systems to support trauma-informed disciplinary practices (District of Columbia, 2018). Such policy efforts demonstrate the emerging recognition of the impact of childhood trauma, and although our findings were unexpected, it is still worthwhile to further explore trauma-informed school interventions through research.

CONCLUSION

In conclusion, this study contributed to knowledge of how trauma-informed school environments are related to youth self-esteem, as well as how self-esteem functions in the lives and well-being of court-involved students. Our findings support the importance of encouraging positive self-image among trauma-exposed students in schools. Given the unique needs of court-involved girls, it is important to understand both the role of childhood trauma as well as the influence of self-esteem. Both components are key contributors to how students cope in school settings as well as achieve both academically and developmentally.

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