2024

Organizational Trauma Assessment Report

Fairfax County Juvenile & Domestic Relations District Court

Written by

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Table of Contents

Executive Summary....2
Introduction....4
Survey Response Rate....5
Findings....7
- Domain 1: Staff Training in Trauma-Informed Practices....7
- Domain 2: Availability of Trauma-Informed Services in Your Unit....8
- Domain 3: Client & Family Safety (Physical & Psychological) in Your Unit....9
- Domain 4: Staff Safety (Physical & Psychological) In Your Unit....10
- Domain 5: Staff Secondary Trauma Prevention in Your Unit....11
- Domain 6: How Well do Trauma-Informed Practices Fit with Your Organization?....12
- Domain 7: Collaboration & Coordination of Care....13
- Domain 8: Staff Usage of Trauma Screening....14
- Staff Feedback....15

Summary and Recommendations....16
Appendices A-H: 2024 Findings by Unit....18
- Appendix A: Unit Responses for Domain 1 - Staff Training in Trauma-Informed Practices....19
- Appendix B: Unit Responses for Domain 2 - Availability of Trauma-Informed Services in Your Unit....20
- Appendix C: Unit Responses for Domain 3 - Client and Family Safety in Your Unit....21
- Appendix D: Unit Responses for Domain 4 - Staff Safety (Physical & Psychological) in Your Unit....22
- Appendix E: Unit Responses for Domain 5 - Staff Secondary Trauma Prevention in Your Unit....23
- Appendix F: Unit Responses for Domain 6 - How Well Do Trauma-Informed Practices Fit with Your Organization....24
- Appendix G Unit Reponses for Domain 7 - Collaboration and Coordination of Care....25
- Appendix H: Unit Responses for Domain 8 – Staff Usage of Trauma Screening....26

Appendix I: Staff Feedback....27
- Trauma-Informed Training....27
- Employee Wellness and STS....27
- Staff and Client Safety....28
- Additional Comments....29

Executive Summary

This report is the third follow-up assessment from the Trauma-Informed Organizational Assessment initially conducted in 2016. Since the initial survey, the Trauma-Informed Organizational Assessment has been administered every other year. The survey findings from 2020 suggested the implemented strategies from previous assessments resulted in overall improvements across all domains. This survey, completed in 2024, assesses the effectiveness of strategies being used and if/where there is continued need for improvement.

The survey assessed eight core domain areas of a trauma-informed juvenile justice system:

1. Staff knowledge and training around working with traumatized clients
2. Availability of trauma-informed mental health services (screening, assessment, interventions)
3. Client and family physical/psychological safety
4. Staff physical/psychological safety
5. Staff secondary traumatic stress prevention
6. Perceived fit of trauma-informed practices with the organization's mission and current practices
7. Collaboration and coordination of care across units with other relevant service providers and systems
8. Staff usage of trauma screening (STRESS, ACE, and/or MAYSI)

JDRDC staff responded at a slightly higher rate in 2024 compared to 2022, with 141 completed assessments for a response rate of 43% (40% in 2022). The higher response rate is likely a result of the surveys primarily being administered online, offered in person by some units, and JDRDC having more agency employees than before. Years of experience was fairly evenly distributed, ranging from less than one year to 45 years in the field, with a slightly higher proportion of staff indicating 21 or more years of experience. The average was 15 years. About a quarter of respondents were adult or juvenile probation officers.

Key findings from the 2024 Assessment:

- Results from the 2024 survey showed upward trends compared to 2022, especially in domains 1, 3 & 6.
- Increases were seen across nearly all questions relating to staff training in trauma-informed practices (TIP) (Domain 1), with the largest incline in staff indicating that they've received training to work with traumatized clients and know how to de-escalate a client having a trauma response.
- The availability of trauma-informed services within JDRDC (Domain 2) was identified as the area with the greatest need for continued improvement, with the largest decrease seen in asking clients if they are experiencing Post Traumatic Stress Symptoms (PTSD) during the intake process and in agreeing they have a trauma expert they can consult with about clients.
- Client and Family Safety Concerns (Domain 3) agreement showed the largest decline in regularly checking and adjusting for safety concerns. Conversely, the area with the most improvement was noted in asking for client feedback on services.
- In Domain 4, fewer staff agreed they feel encouraged to give feedback on concerns and ways to improve the unit, while more staff agreed they feel unsafe around clients and aggression toward staff is a major concern.
- Questions surrounding staff secondary trauma symptoms and prevention (Domain 5) indicated areas still in need of attention with less than half of staff indicating their unit provides training, supervision, or other resources to prevent staff secondary trauma stress (STS) and in having a procedure for de-briefing after a staff member has a traumatic event at work.
- Staff buy-in surrounding trauma-informed practices (Domain 6) showed slight increases from 2022, however just over half agree TIP is a priority for leadership, which continues the downward trend seen previously. Staff concern that TIP will let clients get away with bad behavior decreased by half.
- Questions surrounding collaboration and coordination of care (Domain 7) denoted several areas in need of attention. Less than half of staff indicated that the unit shares info with staff from other units to ensure clients don't have to repeat trauma histories and that JDRDC holds case conferences/meetings with staff from other units/agencies that work with clients. On a positive note, fewer staff see information-sharing and coordination of care as a challenge for their unit.
- Agreement for Staff Usage of Trauma Screening tools (Domain 8) was around 50-55% for all questions in this domain, showing a slight decrease in knowledge necessary to discuss trauma screening results with clients and a slight increase in comfort level discussing results with clients and families, but could still use improvement across the board.

The surveys offered an opportunity for staff to provide open-ended feedback on the agency's current implementation of trauma-informed practices and suggest future areas for improvement. Researchers evaluated these comments for common themes. Most comments focused on the need for continuous and updated training, addressing employee wellness and STS, and improving staff and client safety within the units.

Recommendations for areas in need of improvement:

- Organize regular training workshops and educational opportunities in TIP for clients and staff.
- Establish collaborative partnerships with trauma experts and professional networks focused on trauma care.
- Explore best practices and create a policy on traumatic incident debriefing.
- Develop and enhance JCRDC policies and procedures, such as reviewing the intake process, examining existing safety plans, and developing clear criteria for client referrals.

The Trauma Team and Trauma Champions will review the findings and recommendations contained in this report. The Trauma Team will support the Trauma Champions in developing strategies to respond to the recommendations at the agency and unit level as appropriate.

Introduction

The following report summarizes the 2024 results of the Trauma-Informed Juvenile Justice Organizational Self- Assessment (TIJJ; Branson, 2015) of the Fairfax County Juvenile and Domestic Relations District Court (JDRDC). This tool assesses eight domains essential to an effective trauma-informed organization as defined by the National Child Traumatic Stress Network and the U.S. Department of Justice. The domains include: (1) staff training in trauma-informed practices; (2) availability of trauma-informed mental health services; (3) promoting client and family safety; (4) promoting staff safety; (5) preventing staff secondary trauma; (6) perceived fit of trauma-informed practice with your agency's mission and existing practices; (7) collaboration and coordination of care across units and service systems; and (8) staff usage of trauma screening (STRESS, ACE, and/or MAYSI)[1].

JDRDC completed an initial survey in 2016 assessing JDRDC's current use of, and readiness to implement, trauma-informed practices and policies. The initial report suggested strengths in client and family safety, staff safety, and perceived fit of trauma-informed practice. Conversely, it expressed staff training in trauma-informed practices, availability of trauma-informed services, secondary trauma prevention, and collaboration and coordination of care as areas in need of attention.

At the completion of the initial report, suggestions were made to improve the areas of weakness which focused on:

1. System-wide training and ongoing consultation for front-line staff on specific skills for working with trauma-affected clients.
2. Increasing the accessibility and availability of evidence-based, trauma-focused treatment for clients and families.
3. Developing system-wide strategies to support staff wellness and prevent secondary trauma/burnout.

In response to these recommendations, JDRDC implemented several strategies and initiatives. JDRDC emphasized the self-care of staff, offering the Cost of Caring training to all staff which addresses secondary traumatic stress prevention and self-care education. Secondly, Healthy Minds Fairfax (formerly Systems of Care) included a plan to increase the number of local therapists trained in evidence-based, trauma-focused treatments in their blueprint. Efforts are ongoing in these areas as Healthy Minds Fairfax continues to partner with the Fairfax Consortium for Evidence-Based Practice. The consortium has made significant contributions to training clinicians in Fairfax County in trauma-specific evidence-based treatments and has expanded their offering of self-care training to non-clinical staff over the last year, with many JDRDC staff planning to attend an upcoming offering of Components for Enhancing Career Experience and Reducing Trauma (CE-CERT),which is an evidence-based model for self-care. Many of the clinicians who have been trained by the consortium are on contract with CSA and with Healthy Minds Fairfax and participate in the Short-Term Behavioral Health Program that provide mental health services to eligible youth free of charge (costs are covered by Healthy Minds Fairfax). Finally, JDRDC Trauma Champions began in late 2017 as a way to offer additional resources to front-line staff, including training and ongoing consultation on specific skills for working with trauma survivors. The group supported the agency and their individual units through the pandemic before taking a hiatus in 2023. The Trauma Champions group is re-launching in March 2025 to resume and build upon the work done in the past.

The survey was conducted again by JDRDC in 2018, and the same procedures were followed; staff strengths and weaknesses were identified, and recommendations were provided. Continued need for improvement was identified around staff's understanding of how trauma-informed practices fit within their unit. To address these concerns, JDRDC continued to offer trauma training to employees, including a two-day training (Illuminations) specific to the impact of trauma on clients, families and workers, continued opportunity for the Cost of Caring training, and hands-on experience to understand the effects of trauma on the brain development of children (The Brain Architecture Game).

Following the implementation of these strategies, additional follow-up assessments were conducted in 2020 and 2022 and will continue every two years to assess impact and address where there is room for additional improvement. Follow-through on recommendations will be overseen by the Trauma Champions who will be working with leadership and units throughout the agency to assist in implementing any additional strategies. This report is based on the assessment conducted in 2024. Overall agency results are discussed below with comparisons to previous assessments. Unit-specific results and analyses are provided in Appendices A-H. A complete list of feedback comments is provided in Appendix I.

[1] Domain 8 was a new addition beginning in 2022.

Survey Response Rate

All current agency employees were invited to complete the survey (N=331). This includes staff employed at the initial assessment and staff more recently joining JDRDC. Unit managers administered the surveys in-person at staff meetings, and surveys were also offered to staff at the annual *Staff Engagement and Recognition Day*. Additionally, an online version utilizing Microsoft Forms was available for all staff. One hundred and forty-three employees responded to the surveys for a 43% response rate; however, 2 responses were excluded from the analysis because they were deemed invalid (i.e., staff members gave the same response for every item and/or staff members turned in surveys that were less than 25% complete). Therefore, this report is based on 141 complete surveys, still resulting in a 43% response rate. Some surveys had missing information for one or more questions but are still included in the analysis as not every question pertained to all respondents. The following tables summarize respondent characteristics.

Table 1: 2024 Response Totals by Unit[2]

Unit	Number	Percent
Administration	16	11%
Juvenile Probation/Intake	32	23%
Adult Probation/Intake	33	23%
Juvenile Detention Center	25	18%
Residential Facilities	23	16%
Adult/Family Services	8	6%

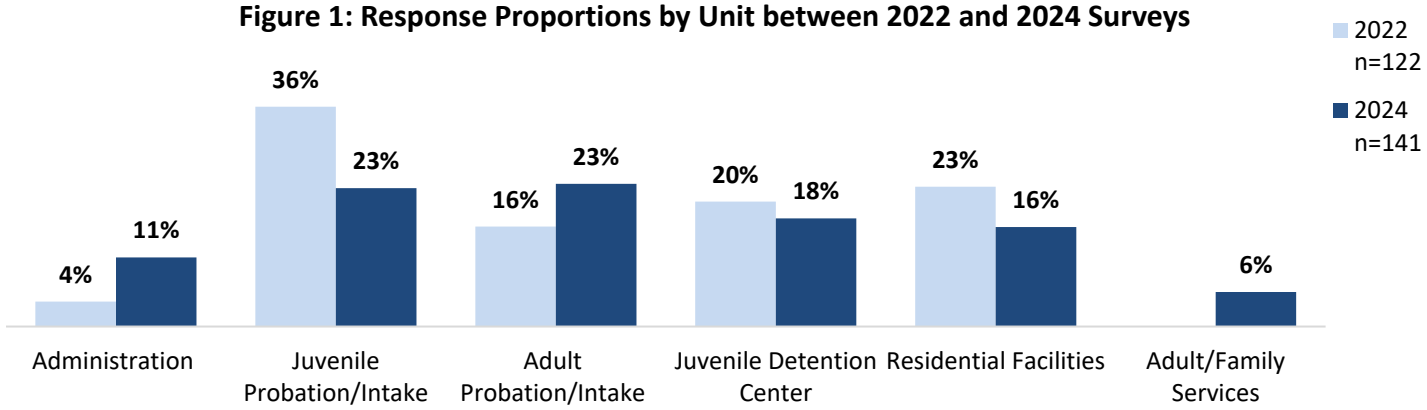
The breakdown for the six units is as follows:

- **Administrative Services**: Senior Administration, Human Resources, Finance, Research Services, Language Access, Special Initiatives
- **Juvenile Probation/Intake**: Assessment Unit, Central Intake Services, Intensive Supervision Program, North County Probation, South County Probation, Supervised Release Services, Victim Services
- **Adult Probation/Intake**: Community Corrections Services (Adult Probation & Pre-Trial Supervision Program), Domestic Relations, Alcohol Safety Action Program (ASAP)
- **Juvenile Detention Center**
- **Residential Facilities**: BETA, Stepping Stones, Foundations, Shelter Care
- **Adult/Family Services[3]:** Family Counseling, Mediation, Supervised Visitation & Exchange

The response rate for the 2024 survey increased 3% from 2022, and 7% from 2020. Reponses from the Administration and Adult Probation/Intake increased slightly, potentially due to the renewal of survey administration during staff meetings for some of the Adult Probation/Intake programs and higher staffing levels in Administration (see *Figure 1* on the next page). However, there were decreases seen in responses from Juvenile Probation/Intake and Residential Facilities. Several programs in these units did not offer the survey at in-person staff meetings, which likely contributed to the decline in respondents. Even with an increase in total responses, proportions for the Juvenile Detention Center were comparable to 2022.

[2] Four respondents did not record their unit and are not included in this table.
[3] 'Adult/Family Services' is a new unit categorization as of 2024.

Figure 1: Response Proportions by Unit between 2022 and 2024 Surveys



Nearly a quarter of staff responding to the survey identified themselves as Juvenile or Adult Probation Officers (see *Table 2* below). Detention Staff and Unit Supervisors represented 13% each of all survey responses, just a small decrease in proportion from 2022. Administrative Staff also represented 12% of all survey responses, a 7% increase from 2022. Family/Individual Counselor had the least representation for the 2022 survey, accounting for 5% of staff. In addition, 57% of staff have more than 11 years of experience with the agency, while about a quarter of respondents have only been with the agency for 5 years or less (see *Table 3*).

Table 2: Response Rate by Job Title

Job Title	2024 N	2024%	2022%	2020%	2018%
Agency Leader/Administrator	9	6%	3%	5%	4%
Intake Officer (Adult and Juvenile)	9	6%	10%	8%	6%
Administrative Assistant/Support Staff	17	12%	5%	9%	12%
Probation Officer (Adult/Juvenile)	32	23%	29%	33%	24%
Detention Staff	19	13%	15%	2%	21%
Residential Program Staff	10	7%	13%	13%	11%
Family/Individual Counselor	7	5%	2%	4%	5%
Unit Supervisor	18	13%	14%	18%	8%
Other Client-Facing Staff[4]	8	6%	-	-	-
Other	12	9%	9%	17%	9%

Table 3: Response Totals by Years of Experience

Years of Experience	2024 N	2024%	2022%	2020%	2018%
0-5 years	33	24%	25%	16%	29%
6-10 years	25	19%	14%	16%	21%
11-20 years	33	24%	33%	37%	29%
21 or more	44	33%	28%	31%	21%

For the findings that follow, rates of agreement are based on how many respondents answered each question (as some may not have answered all questions) and may not always represent the total 141 valid responses. **The number of responses to each question ranged from 128 to 141.**

[4] 'Other Client-Facing Staff' is a new job title categorization as of 2024.

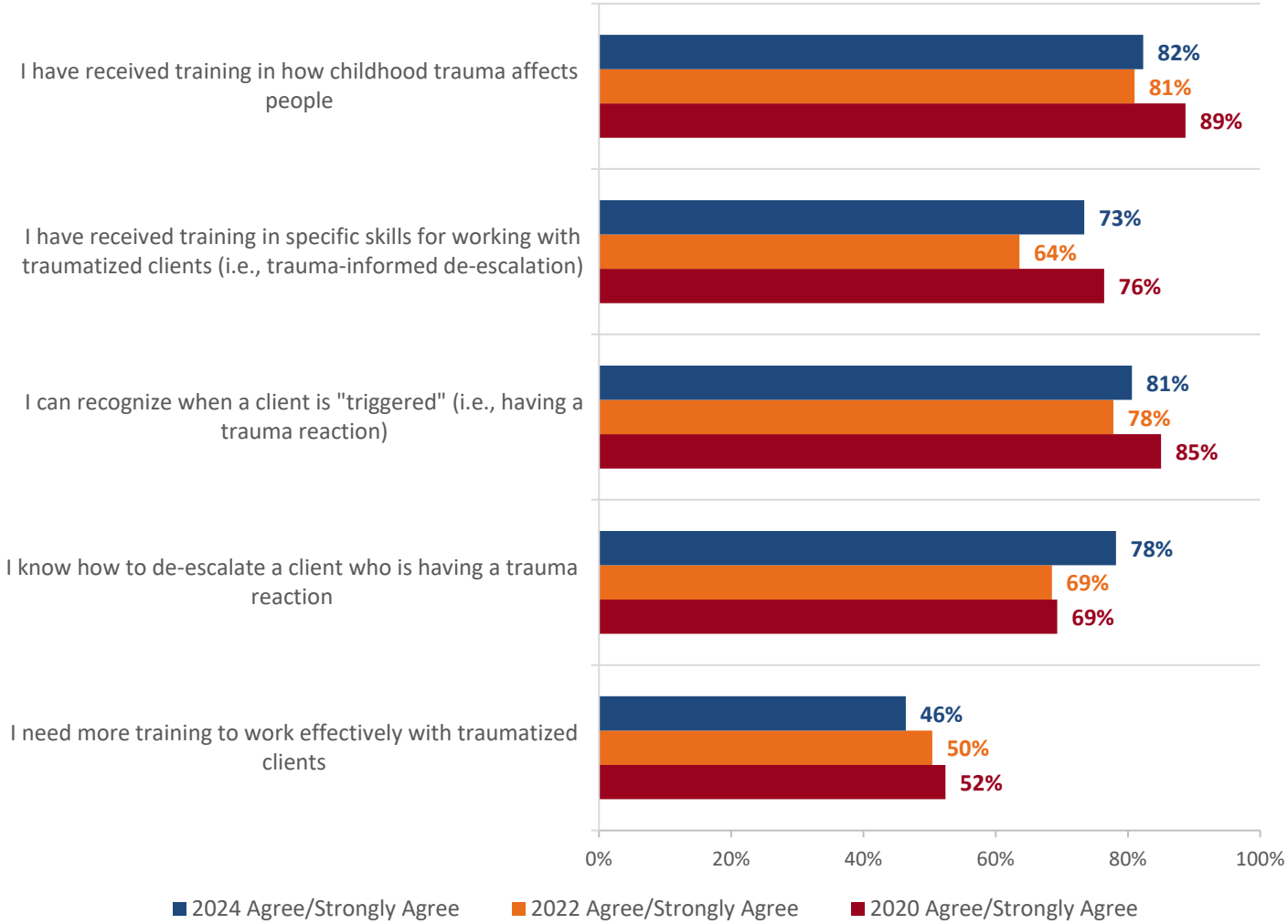
Findings

Domain 1: Staff Training in Trauma-Informed Practices

A trauma-informed agency employs staff that understand the impact of trauma on clients and staff, can recognize a trauma reaction, and are trained in skills to respond to the sensitive needs of an individual experiencing trauma. Domain 1 evaluates whether staff believe they have received adequate training to recognize and effectively respond to an individual experiencing trauma.

Compared to 2022, agreement rates increased for nearly all questions within this domain in 2024. Although there was a near 10% increase in the number of staff who indicated that they received training in specific skills for working with traumatized clients, just under half of staff indicated that they need more training to work effectively with traumatized clients. While still an area of need, agreement with this statement has steadily declined since 2016, suggesting that training opportunities have increased and/or the number of staff completing training has increased. Nearly 80% of staff reported that they know how to de-escalate a client having a trauma response, an increase from the previous two iterations, which were both at just under 70% agreement.

Figure 2: Staff Training in Trauma-Informed Practices



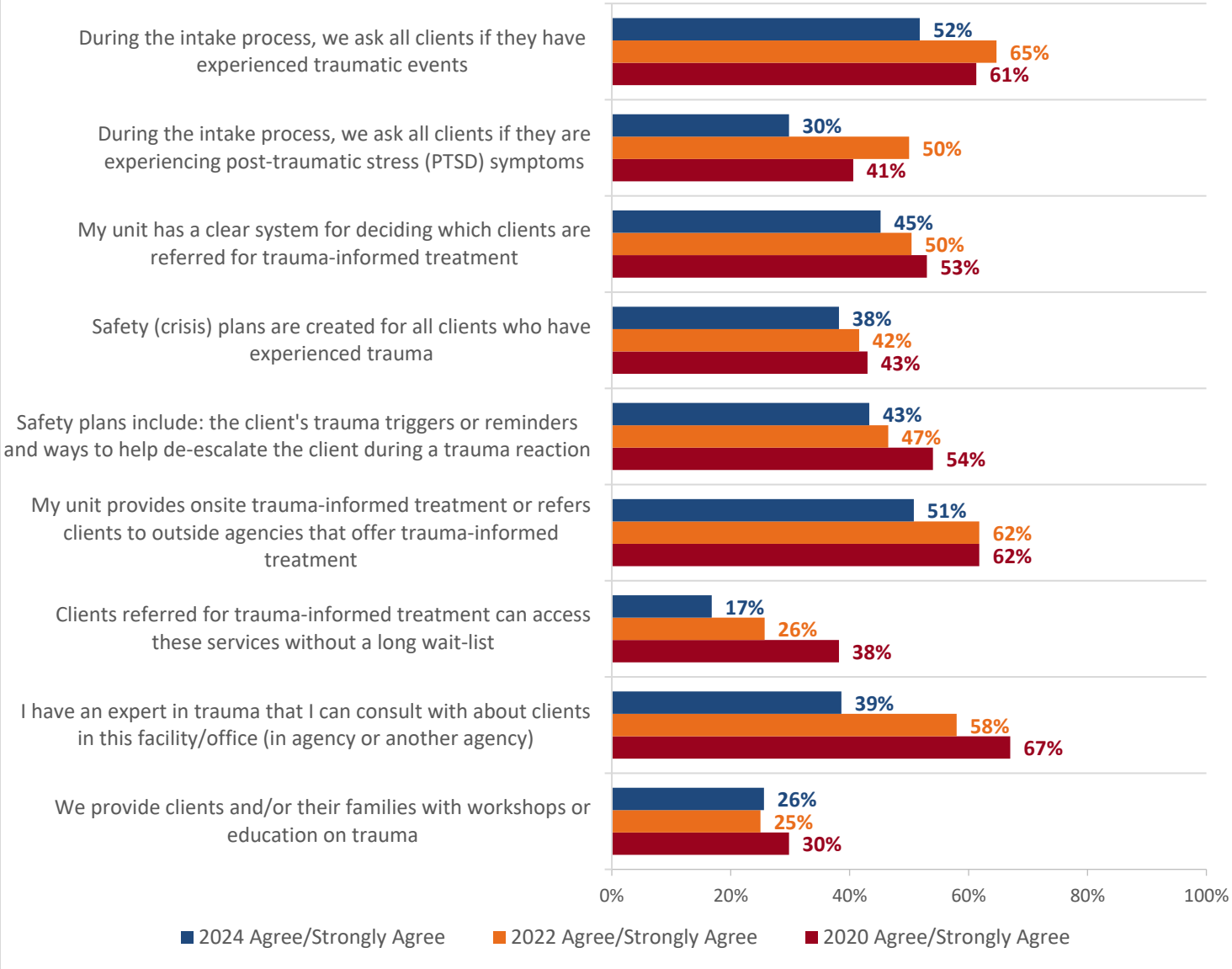
Domain 2: Availability of Trauma-Informed Services in Your Unit

This section measures the availability of trauma-informed mental health services and other best practices associated with working with traumatized clients. This includes a universal screening process to assess the presence of trauma, the utilization of evidence-based, trauma-focused treatment, the creation of an individualized trauma safety plan, and providing education and resources about the impacts of trauma to clients and their families.

As seen in Figure 3 below, agreement rates decreased for eight of the nine questions for Domain 2 in 2024, indicating the availability of trauma-informed services as an area of concern. Just over a third of staff agreed that they had an expert in trauma that they can consult with about clients (nearly 30% decrease since 2020), and just under a third of staff indicated that their unit asks clients if they are experiencing PTSD symptoms during the intake process (20% decrease from 2022). The lowest rate of agreement was regarding client access to trauma-informed services without long waitlists, with just 17% of staff agreeing; a 21% decline since 2020.

Agreement is still low-moderate for topics included in this domain, and there are seven questions with agreement below 50%. This suggests a need for continued improvement in this domain, especially for providing clients and/or their families with workshops or education on trauma and ensuring that clients can access trauma-informed care services without a long waitlist.

Figure 3: Availability of Trauma-Informed Services in Your Unit

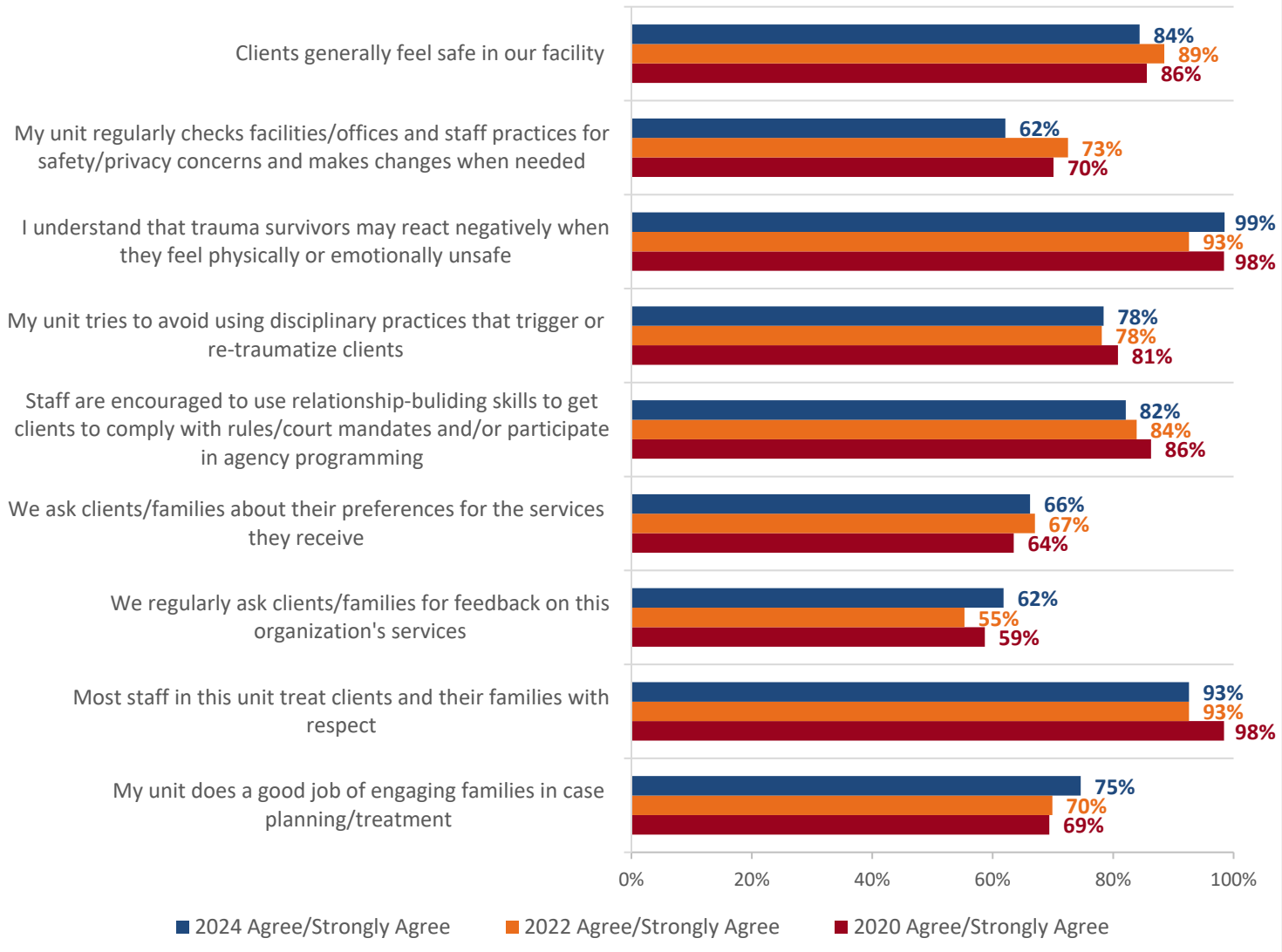


Domain 3: Client & Family Safety (Physical & Psychological) in Your Unit

A trauma-informed program fosters a feeling of physical and psychological safety for both clients and families. This is achieved through encouraging clients and families to advocate for their preferences in services, sustaining respectful and understanding staff-client relationships, avoiding the use of coercive practices (i.e., use of physical restraints or threatening sanctions to force compliance), and ensuring the physical building promotes safety (i.e., adequate security and promoting confidentiality).

Agreement across questions in this domain was moderate-high. The statements with the lowest rates of agreement were regularly asking clients for feedback and regularly checking and adjusting for safety concerns, both at nearly two-thirds agreement. Notably, the percentage of staff agreeing with the latter decreased nearly 10% from 2022 (73%). Two thirds of respondents say they ask about client preferences for services, a rate that has remained consistent over the past three iterations of the survey. However, three quarters of staff agreed that their unit does a good job of engaging families in case planning and treatment, a slight increase from 2022. Nearly all respondents reported that most staff in their unit treat clients/families respectfully (93%) and that they understood that trauma survivors may have negative reactions (99%). While this domain has generally higher agreement rates, the areas that could benefit from some improvement are getting input from clients on services (their preferences and their experience with them), as well as regular safety protocol checks.

Figure 4: Client and Family Safety (Physical and Psychological) in Your Unit

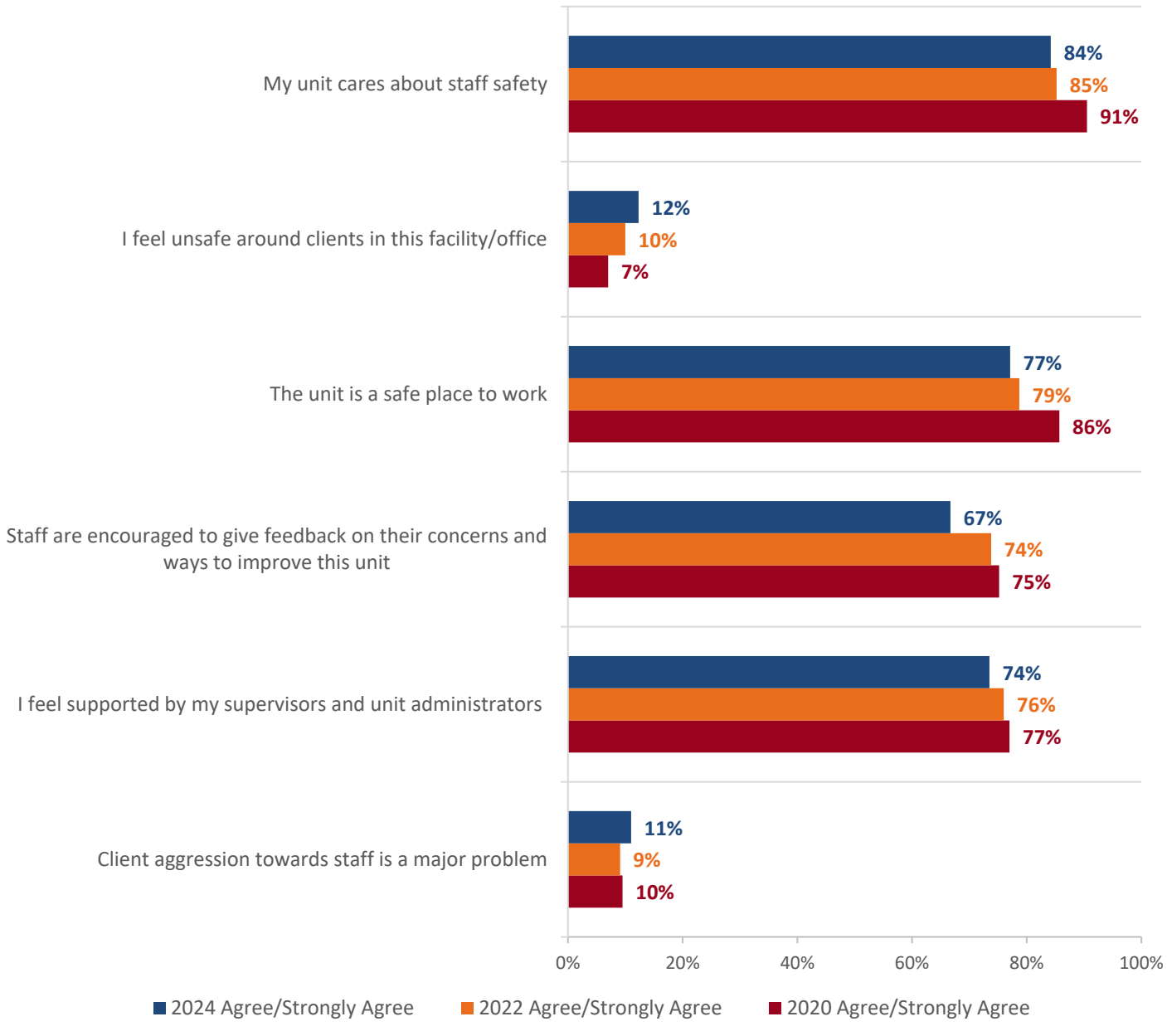


Domain 4: Staff Safety (Physical & Psychological) In Your Unit

The perception of physical and psychological safety is just as important to staff as it is to clients and families. In a trauma-informed agency staff feel supported and heard by their supervisors and administrators and they feel comfortable and safe working with their clients. By fostering a sense of safety for staff, the agency can more readily provide safety to clients and family.

While staff showed relatively high agreement with their unit caring about staff safety (84%), declines were still seen across topics in this domain. Two-thirds of staff agreed that they are encouraged to give feedback on their concerns and ways to improve their unit, which is the lowest rate of agreement and largest decrease in this domain compared to 2022 (-7%). Staff reporting that they feel unsafe around clients, and client aggression towards staff being a major problem are both still below 15%, though the former has been steadily increasing since 2020. About three quarters of staff agreed with all other statements in this domain.

Figure 5: Staff Safety (Physical and Psychological) in Your Unit

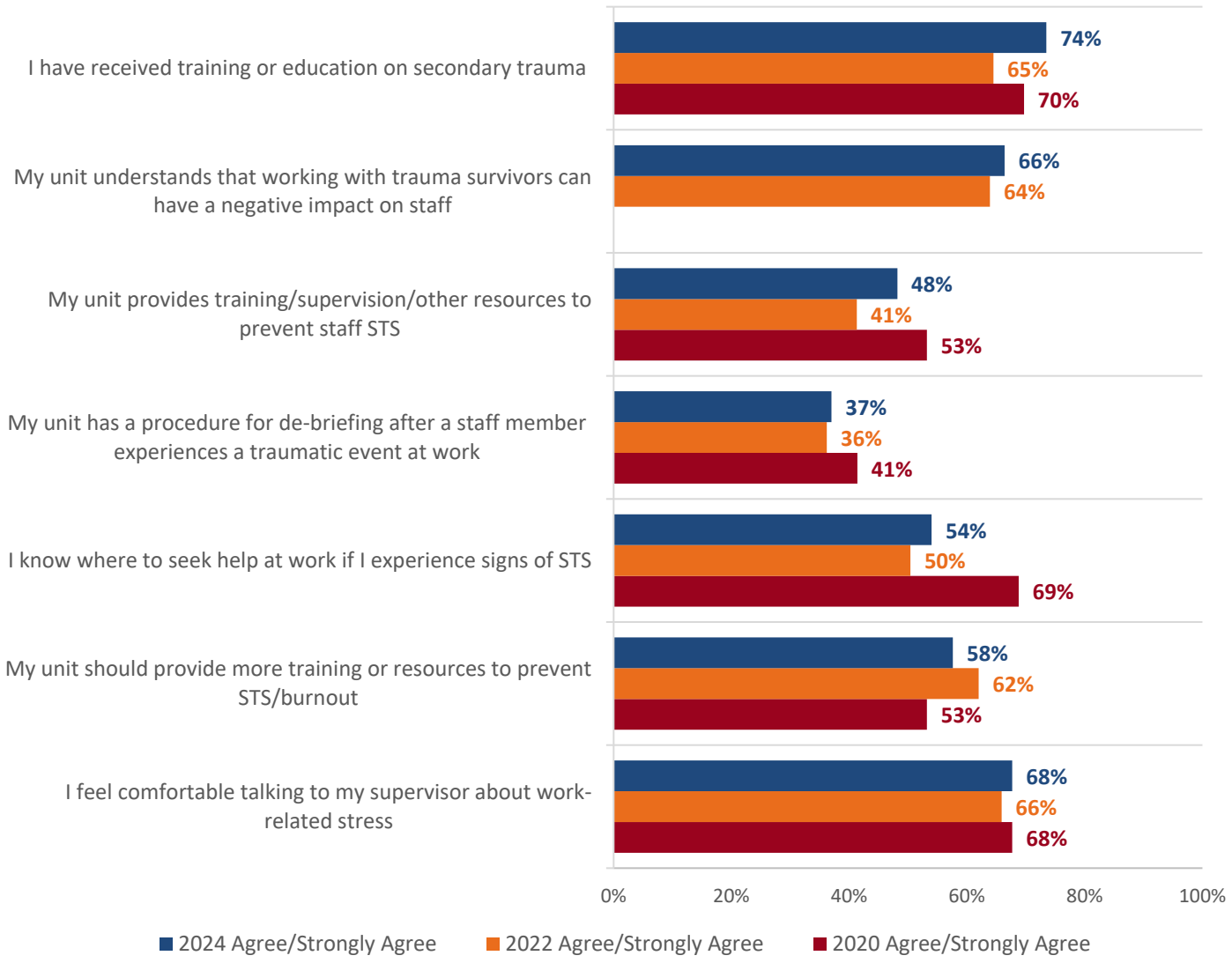


Domain 5: Staff Secondary Trauma Prevention in Your Unit

Working in a field with such high rates of trauma can result in secondary traumatic stress (STS) for staff. Frequent exposure to traumatic stories and events can cause staff to experience STS, which is common in juvenile and criminal justice. Secondary trauma impacts personal well-being which can impact job performance and can account for high rates of turnover.

Shown below in Figure 6, Nearly three-quarters of staff reported receiving training or education on secondary trauma; a 9% increase from 2022. However, more than half of staff still believe their unit should provide *more* training or resources to prevent secondary traumatic stress/burnout. There were slight increases seen from 2022 across the remaining questions within this domain. Most notably, the level of staff who agree that their unit provides training/supervision/other resources to prevent staff STS, which increased by 7% and make-up nearly half of respondents. While more than half of staff agree they know where to seek help if they experience signs of STS, this is likely an area we need to improve upon. Agreement remains low (just over a third) when asked if the unit has a procedure for de-briefing after a staff member experiences a traumatic event at work, which shows a need for increased attention in this area as there has not been much change since 2020.

Figure 6: Staff Secondary Trauma Prevention in Your Unit



*The second question, "My unit understands that working with trauma survivors can have a negative impact on staff," was missing on the 2020 survey.

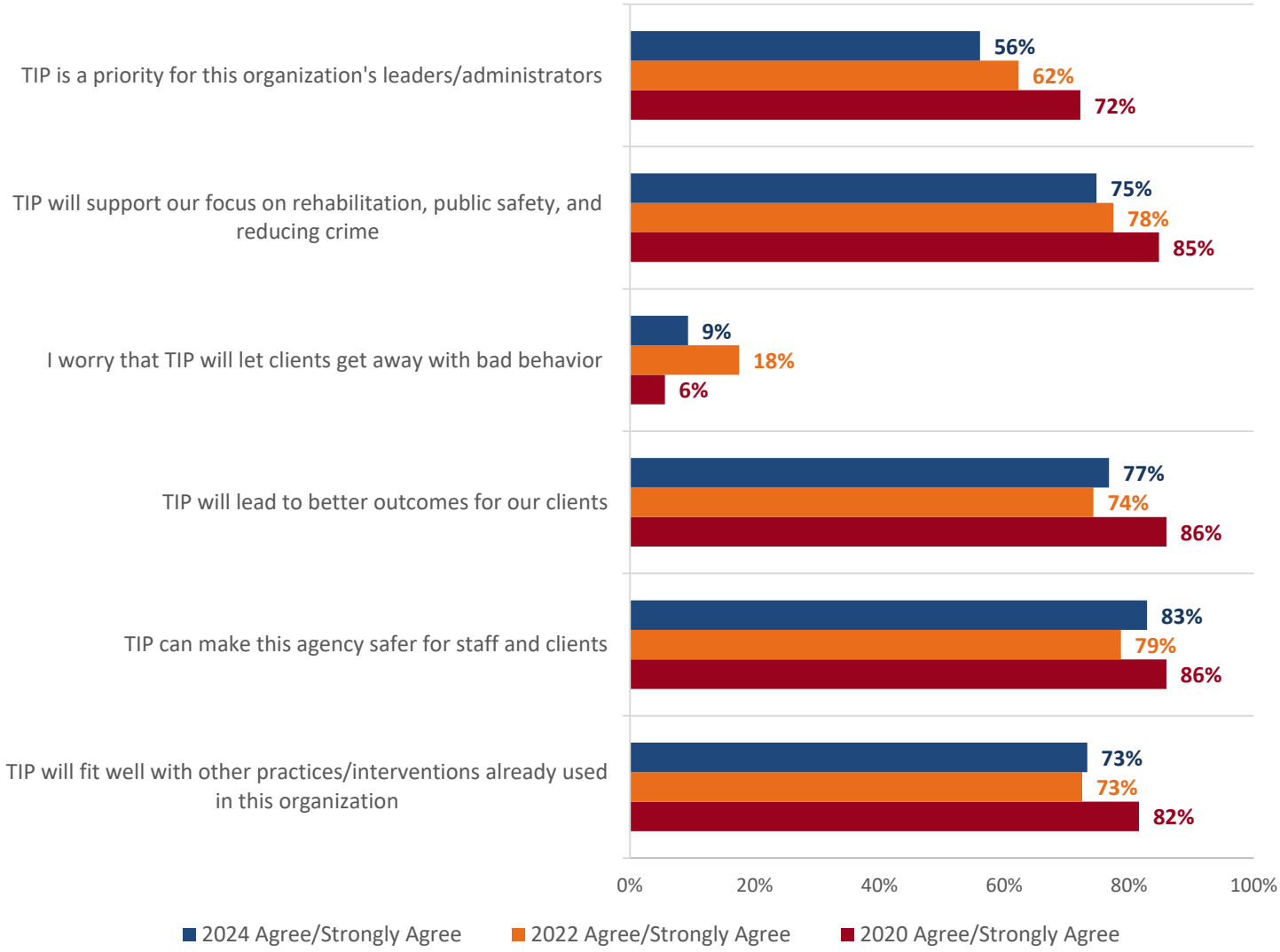
Domain 6: How Well do Trauma-Informed Practices Fit with Your Organization?

A trauma-informed approach can contradict the traditional culture of the criminal justice system. To successfully implement a trauma-informed juvenile justice system, staff at every level must be committed to the shift in culture. This domain assesses whether staff believe a trauma-informed approach fits with the agency's mission, structure, and existing practices.

In 2024, more than half of respondents agreed with all but one statement in this domain, as shown in Figure 7. Even so, there has been a steady decline in agreement since 2020 with TIP being a top priority for our leadership (-16%) and the belief that it will support rehabilitation, public safety, and crime reduction (-10%). On the other hand, worrying that TIP lets clients get away with bad behavior decreased by half since 2022, with only 9% agreement currently, which tells us that the majority of staff feel trauma informed practices are not contributing to delinquency.

Respondents who agreed that TIP leads to better outcomes and makes the agency safer both slightly increased from 2022 and are currently at more than three-quarters agreement. Based on these results, it may be helpful for agency leadership to put out additional information on Trauma-Informed Practices, sharing the efforts we are actively participating in and how they are beneficial, as well as monitoring follow-through on recommended changes.

Figure 7: How Well do Trauma-Informed Practices Fit in Your Organization?

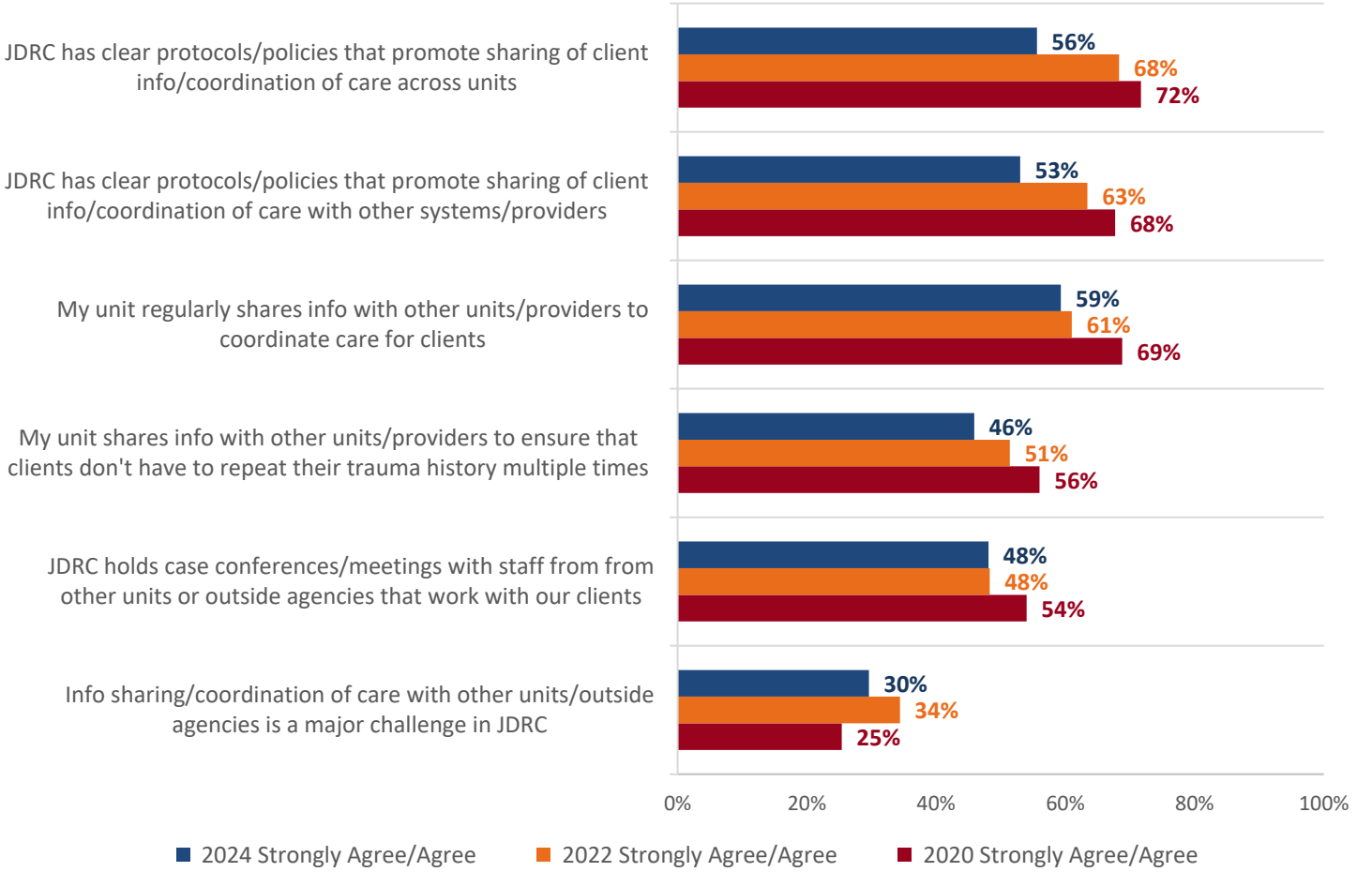


Domain 7: Collaboration & Coordination of Care

Individuals encountering the criminal justice system tend to be involved with multiple agencies (i.e., child welfare agencies, mental health services). A trauma-informed agency should work collaboratively with other agencies to successfully, and legally, share pertinent client information, assist with treatment or service planning, and minimize the opportunity for re-traumatization for the client by sharing trauma histories multiple times. Organizations should establish clear protocols for cross-system information sharing that upholds legal requirements and ensures client confidentiality, which is vital to a trauma-informed organization.

Overall, agreement rates have decreased across nearly all questions regarding Collaboration and Coordination of Care since 2022, with four statements declining since 2020 (see Figure 8). Currently, there are three areas showing agreement levels at just over half which include: clear policies that promote sharing of client information and coordination of care with other units (16% decrease from 2020), regularly doing so within the agency, as well as clear policies for sharing that same information with other systems or providers (15% decrease from 2020). However, less than a third of staff believe information sharing and coordination of care with other units or outside agencies is a major challenge. While this is a fairly low percentage, especially in comparison to the rest of the domain, it still accounts for about 40 staff members who think it is a major challenge. The overall downward trend in agreement reported in the majority of areas in this module suggests a level of additional support in this domain could be useful, especially in regard to policies and protocols, how they are carried out, and how we are working with others both within and outside of our agency to coordinate care.

Figure 8: Collaboration & Coordination of Care

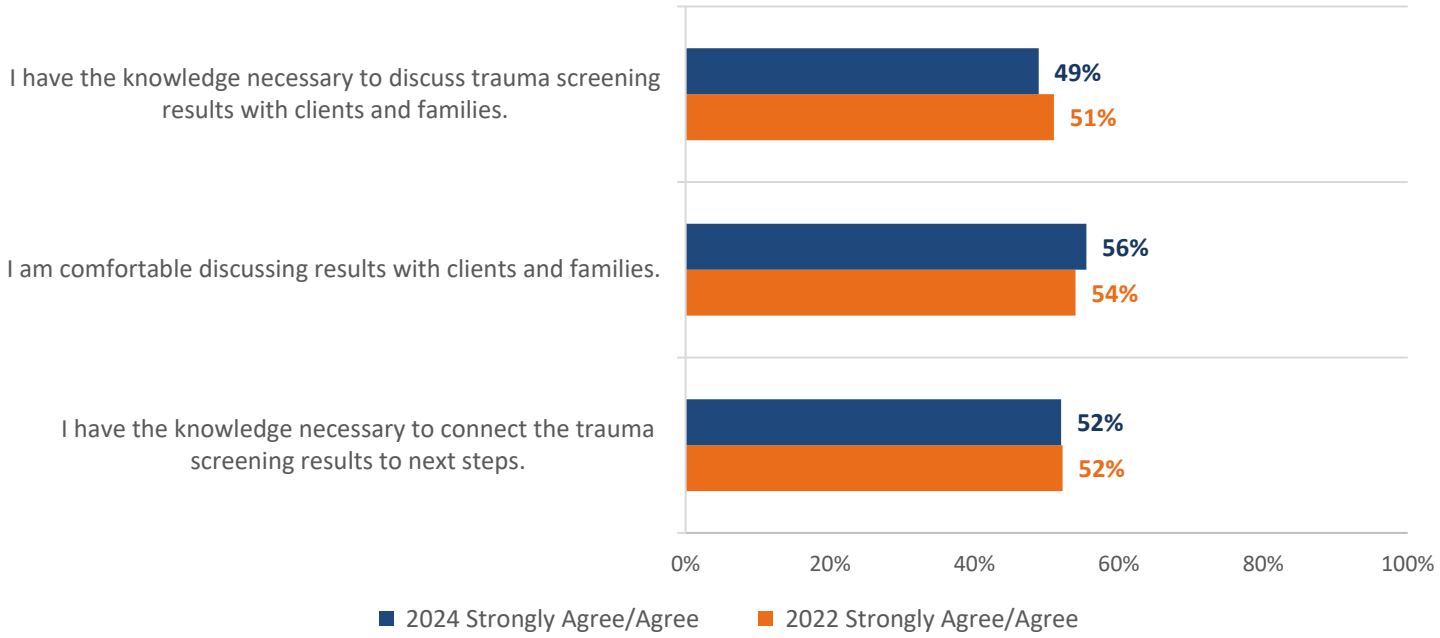


Domain 8: Staff Usage of Trauma Screening

A trauma-informed program should routinely screen individuals involved in the criminal justice system for traumatic stress symptoms that may contribute to their offending and impact their success in court-ordered programming. Staff who conduct trauma screenings (STRESS, ACE, and/or MAYSI) must be able to accurately interpret the results of the screening tool, explain the results of the screening to clients and families, and determine what actions need to be taken based on the results of the screening (e.g., trauma-informed services).

In 2022, the questions for Domain 8 were added to the Organizational Trauma Assessment through collaboration with the Research Team and Trauma Team to better assess our implementation and use of these screening tools. As seen in Figure 9, the responses for this domain fall around 50% agreement for each statement (comparable to 2022), indicating there is still a need for improvement in these areas. Addressing this domain would mean ensuring that staff are knowledgeable enough to discuss screening results with clients comfortably and to be able to outline what next steps would look like based on those results through training refreshers or other means.

Figure 9: Usage of Trauma Screening



Staff Feedback

Staff were offered the opportunity to provide feedback in the "Comments" sections of the assessment. Of the 141 completed surveys, a total of 31 staff (22%) provided written feedback. Themes that emerged from those comments included: continuous and updated training on trauma-informed practices, a focus on employee wellness and secondary-traumatic stress (STS) and improved staff and client safety within the workplace. The breakdown of themes and the frequency reported for each are presented in Table 4 below. About a quarter of the comments did not share common themes or fit in with the themes below. See *Appendix I* on page 31 for a complete list of comments.

Table 4: Staff Comment Trends	
Comment	**Frequency**
Need for continuous and updated training on trauma-informed practices in the agency. *"I haven't received any information or training on trauma informed practices in years since the initial trainings rolled out by the agency."* *"Our staff needs regular trauma informed trainings. They need regular training in terms of working with traumatized clients, identify ways to practice self-care, and avoid shaming[?] other workers."* *"Trauma informed trainings are essential to utilize when working in the criminal justice field. Most of our clients have experienced trauma so having measures established to assist them is critical. All units to participate in trauma informed trainings."*	11 (35%)
Need to address employee wellness and STS. *"…I think we are lagging behind in employee wellness and safety. I think there should be more emphasis on what employees can do at work when confronted with difficult clients (i.e. steps to take, how to focus on self and employee wellbeing in the moment)..."* *"…Also, for our staff that deal with so much we have to do a better job taking care of them as they are dealing with very tough cases.""…Our staff work with clients daily that have to share their stories so that a preliminary protective order can be filed. In addition, the same stories are mentioned in the court hearings that are held twice a day, every day. Unfortunately, our staff do not have any way to deal with those traumatic stories that they hear about from our clients. We desperately need something to be put in place."*	7 (23%)
Need to improve safety measures within units. *"There needs to be more safety measures within the unit to protect staff and citizens. A shared waiting room between DR and CCS is not trauma informed nor is it safe. We have attempted to request a wall to divide the waiting areas in the past, to no avail. The offices where staff see clients could also be improved. The furniture needs to be placed more safely, doors/windows need to be kept open and emergency call buttons need to be installed." "There are also some questions about unit safety that I scored low, not due to any organizational issues, but due to the fact that our building itself has become known as generally unsafe relative to other government buildings, and we are aware that many clients are carrying firearms at all times."*	6 (19%)

Summary and Recommendations

The purpose of this organizational assessment was to evaluate how JDRDC implemented trauma-informed care across the agency. The previous report conducted in 2022 showed improvements across several topics compared to the 2020 report. However, there were also several declines in agreement, and a decrease in staff buy-in for TIP. Specific areas for improvement in 2022 were identified in Domains 2, 5, and 7. The present report, conducted in 2024, is the fourth follow up to the initial 2016 report.

There was significant improvement in agreement rates for topics related to Staff Training in Trauma-Informed Practices compared to 2022. Additionally, the percentage of respondents indicating that they need more training to work with traumatized clients has continued to decline with each iteration of the survey, indicating that there is more access to training opportunities. Client and Family Safety was also a domain that saw moderate increases in agreement compared to 2022. Despite the high rates of agreement in this domain, getting input from clients on their services and implementing regular safety protocol checks are two areas to consider for improvement.

Similarly, respondents also had moderate-to-high rates of agreement regarding Staff Safety, with most respondents feeling safe and comfortable working with clients. In fact, less than 15% of staff reported feeling unsafe with clients and that client aggression is a major problem, though the latter has been slightly increasing. Despite a steady decline in respondents feeling that TIP is a priority for agency leadership over the last three iterations of the survey, there appears to be an increase in buy-in for TIP compared to 2022. Respondents showed slightly higher agreement with how well TIP fit with the organization, and less than 10% of staff worry that TIP will allow clients to get away with bad behavior (a 9% decrease from 2022). One suggestion is for agency leadership to share our current efforts surrounding TIP to demonstrate buy-in at all levels, as well as tracking follow-through on recommended changes.

Feedback comments from staff reflected the need for a safe, supportive, and effective working environment, with an emphasis on building the knowledge and capacity necessary to implement TIP. Staff suggestions included regular, mandated training on trauma-informed care and secondary trauma, implementation of safety measures such as emergency call buttons and improved physical safety of facilities, as well as better support systems for staff dealing with secondary trauma, including wellness checks and additional resources to help manage stress.

Similar to 2020 and 2022, the availability of trauma-informed services within JDRDC (Domain 2) was identified as the area with the greatest need for continued improvement. Additionally, specific areas for improvement within domains 2, 5, 7, and 8 were also identified[5]:

Domain 2 – Availability of Trauma-Informed Services in Your Unit:

- Ensuring clients can access trauma-informed services without long waitlists
- Providing clients/families with workshops or education on trauma
- Ensuring all clients are asked if they are experiencing PTSD symptoms during the intake process
- Addressing concerns about not having access to a trauma expert for consultation
- Creating trauma-informed safety (crisis) plans for all clients who have experienced trauma
- Making sure safety plans include the client's trauma triggers or reminders and ways to help de-escalate the client during a trauma reaction
- Establishing and communicating clear criteria for referrals to trauma-informed treatment

Domain 5 – Staff Secondary Trauma Prevention in Your Unit:

- De-briefing procedures for staff who experience a traumatic event at work
- Providing more training or resources to prevent secondary traumatic stress (STS)/burnout

[5] These areas include: the statements that less than 50% of staff agreed with, for questions in which we want agreement to be high, and the statements that more than 50% of staff agreed with, for questions in which we want agreement to be low.

Domain 7 – Collaboration & Coordination of Care:

- Enhancing coordination of care, information sharing, and case conferences/meetings with other units, outside agencies, and/or providers that work with our clients

Domain 8 – Staff Usage of Trauma Screening:

- Increasing staff knowledge about trauma screening tools and facilitating client and family discussions about the results

Below are a few recommendations to address specific areas in need of improvement:

- **Regular Training, Workshops, and Education**:
  - Develop a regular, mandatory training curriculum and workshops on TIP, STS, Safety Planning, and trauma screening tools for the JDRDC workforce.
  - Develop workshops on best practices for care coordination and sharing information with other JDRDC units and outside agencies/providers.
  - Seeking advanced training opportunities and certifications for staff in trauma care to build internal capacity and expertise in TIP.
  - Create educational and accessible physical materials and online resources that explain trauma and its effects, coping strategies, and available resources for clients and families, as well as staff.
- **Collaborative Partnerships**:
  - Invite trauma experts to lead workshops and share their experiences and insights with implementing TIP and/or how to help staff manage STS.
  - Identify and share professional networks or associations focused on trauma care, especially in the juvenile & criminal justice fields, that JDRDC staff can participate in, offering access to experts and resources.
- **Traumatic Incident Debriefing**
  - Conduct further research on best practices for debriefing after traumatic events at the workplace and how JDRDC might best implement and enforce those practices.
  - Create a Traumatic Incident Debriefing policy or procedure to follow based on the aforementioned research to implement agency wide.
- **Developing and Enhancing Policy and Procedure:**
  - Conduct a policy review for the intake process, ensuring that the process is standardized and trauma-informed in both Juvenile and Domestic Relations Intake, as well as for Community Corrections Services.
  - Examine where JDRDC can improve safety planning and what training might be needed to do so
  - Develop a standardized safety plan template that can be personalized for the needs of each client.
  - Develop clear criteria for when and how to refer clients to trauma-informed treatment, including the development of a communication strategy for each unit to ensure staff know how to make referrals, who to contact, and how to document them.

Appendices A-H: 2024 Findings by Unit

Programs and units were divided into six different groups[6]:

Administrative Services

- Senior Administration, Human Resources, Finance, Research Services, Language Access, Special Initiatives
- ***n's for responses range from 12-16***

Juvenile Probation/Intake

- Assessment Unit, Central Intake Services, Intensive Supervision Program, North County Probation, South County Probation, Supervised Release Services, Victim Services
- ***n's for responses range from 30-32***

Adult Probation/Intake

- Community Corrections Services (Adult Probation & Pre-Trial Services Program), Domestic Relations, Alcohol Safety Action Program (ASAP)
- ***n's for responses range from 30-33***

Juvenile Detention Center

- ***n's for responses range from 22-25***

Residential Facilities

- BETA, Stepping Stones, Foundations, Shelter Care
- ***n's for responses range from 22-23***

Adult/Family Services

- Family Counseling, Mediation, Supervised Visitation & Exchange
- ***n's for responses range from 7-8***

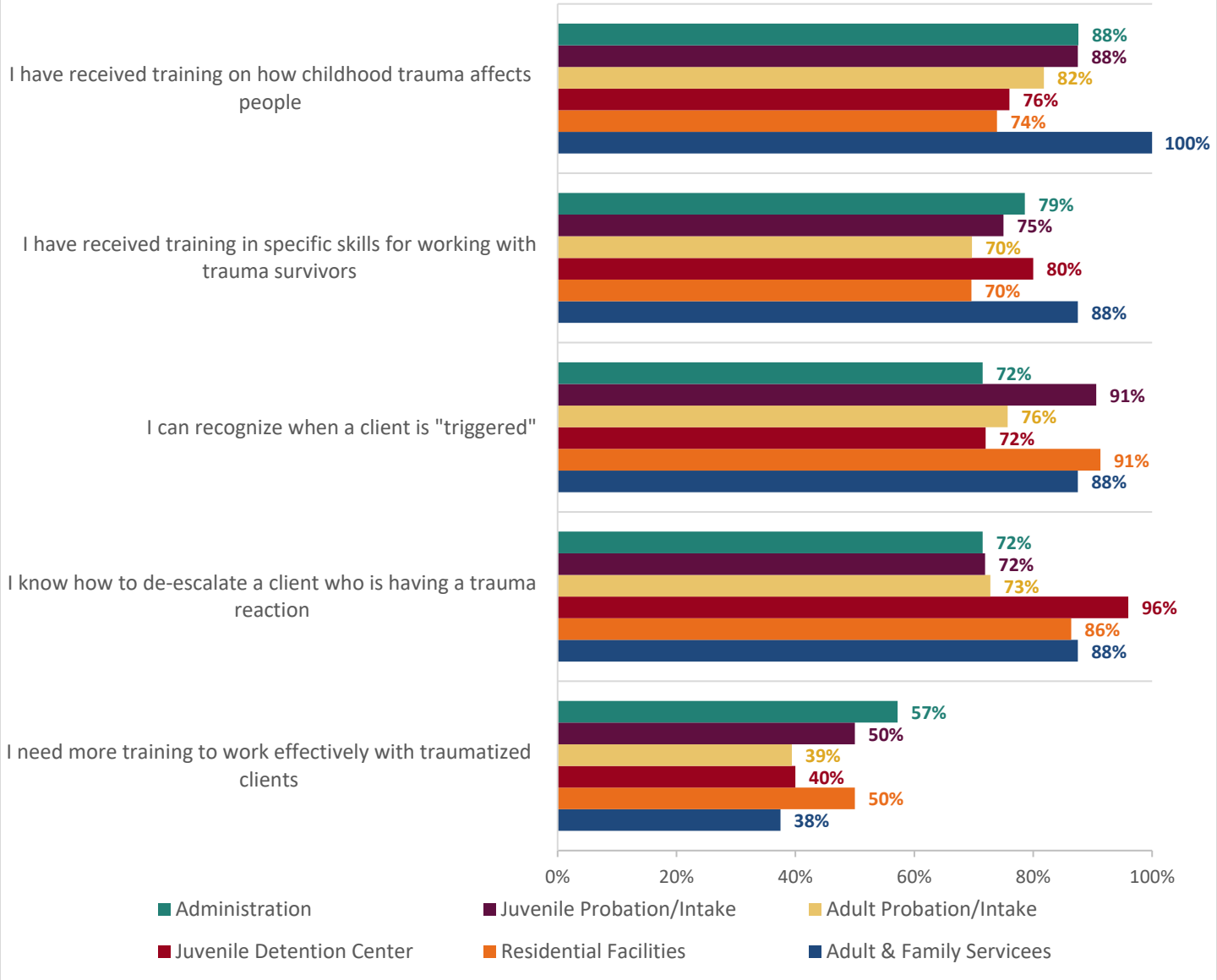
[6] Four respondents did not specify their unit, and as such, they are not included in this analysis.

Appendix A: Unit Responses for Domain 1 - Staff Training in Trauma-Informed Practices

Differences Across Units in 2024:

- Adult Probation/Intake had the lowest average rate of agreement for topics in this domain, with staff from this unit being least likely to agree that they received training in specific skills for working with trauma survivors.
- Administration staff also had lower agreement rates for topics in this domain and indicated the highest need for more training to work effectively with traumatized clients compared to other units, with over half of their staff agreeing.
- Half of the staff from Residential and Juvenile Probation/Intake units also indicated a need for more training. Residential staff, despite high rates of agreement in other areas in this domain, were less likely than staff in other units to agree that they received training on how childhood trauma affects people and in specific skills for working with traumatized clients, with just under three-fourths of staff agreeing.
- Adult & Family Services had a high level of agreement with many statements in this domain, but especially with receiving training on how childhood trauma affects people, which all staff showed agreement with. However, note that the number of staff from this unit is low (n=8).
- Additionally, the findings suggest additional training needs related to de-escalating a client and recognizing when they are triggered for just a few of the units. Though, JDC staff had an especially high level of agreement, nearly 100%, with knowing how to de-escalate.

Figure 10: 2024 Agree/Strongly Agree Responses by Unit for Domain 1

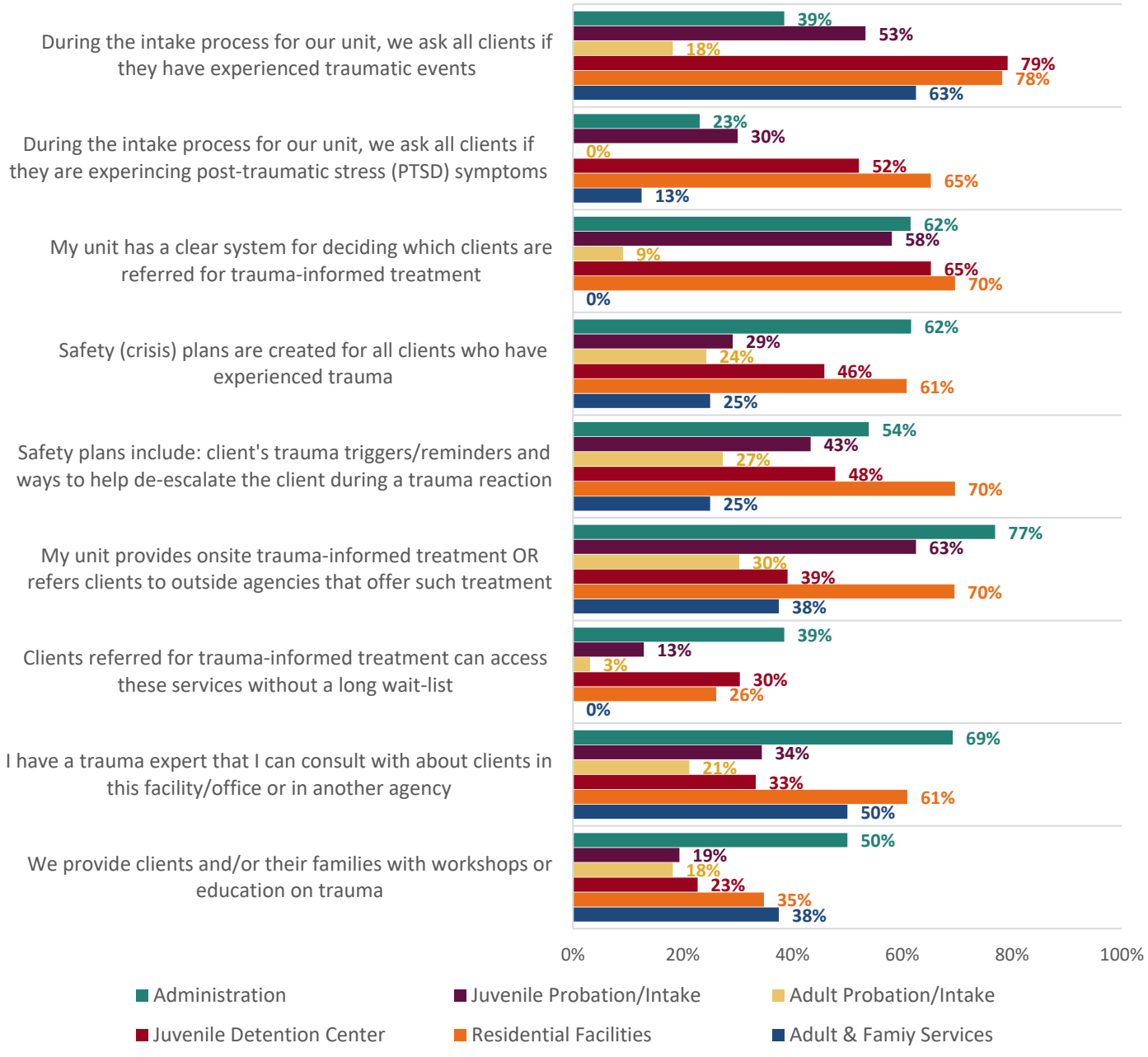


Appendix B: Unit Responses for Domain 2 - Availability of Trauma-Informed Services in Your Unit

Differences Across Units in 2024:

- Adult Probation/Intake showed the lowest levels of agreement on topics in this domain, with less than a quarter of respondents agreeing with seven of the nine statements in this domain. Having clear referral processes and access to treatment without long waitlists are areas of concern with less than a tenth of staff agreeing, while **none** agreed that they ask clients about PTSD symptoms during their intake process.
- JDC and Juvenile Probation/Intake staff show low-moderate rates of agreement, with less than half of staff from both units agreeing with six of the nine statements in this domain. Less than a quarter of staff from both units agreed that they provide clients/families with workshops or education about trauma.
- Adult & Family Services also had lower levels of agreement, with less than half of staff agreeing with seven of the nine statements, however, the number of staff in this unit is significantly lower (n=8).
- Residential Facility staff had higher rates of agreement, with five statements having at least two-thirds agreeing. Areas of concern are accessing treatment without long waitlists and providing trauma education to clients.

Figure 11: 2024 Agree/Strongly Agree Repsonses by Unit for Domain 2

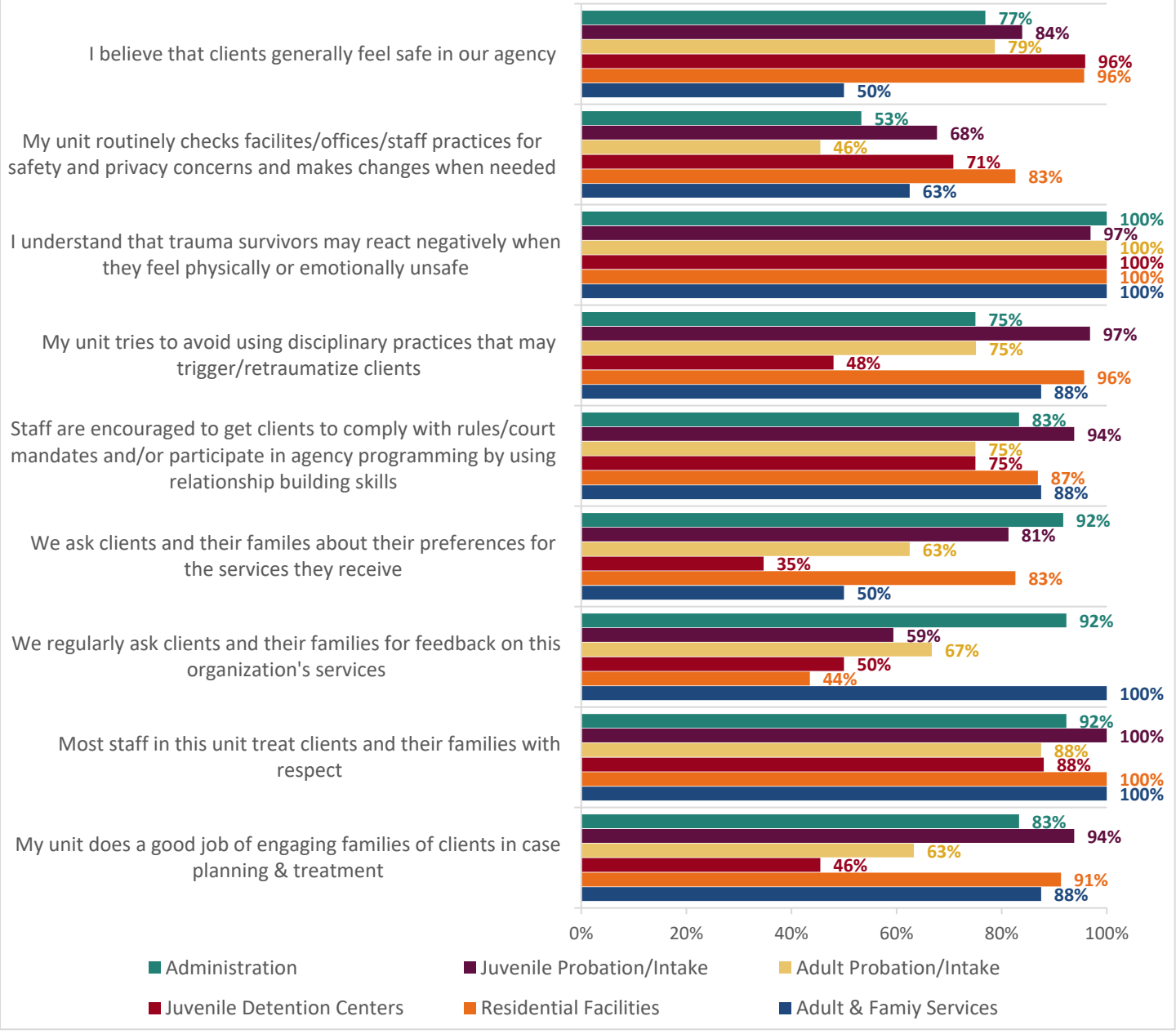


Appendix C: Unit Responses for Domain 3 - Client and Family Safety in Your Unit

Differences Across Units in 2024:

- JDC staff showed the lowest levels of agreement compared to other units with three statements in this domain. They were least likely to agree that their unit engages families in case planning and treatment, soliciting feedback on JDRDC's services, asking them their preferences for services they receive, and avoiding disciplinary practices that may trigger/retraumatize clients, with half or less of staff agreeing to these statements. The last one is of particular concern, as these practices may increase the risk of criminal behavior for youth in detention.[7]
- Other units showed moderate to high levels of agreement in this domain, with some variances: Juvenile Probation/Intake and Residential Facilities staff were also less likely to agree that they ask for feedback on the agency's services, while Adult Probation/Intake and Administration staff were less likely to agree that their unit routinely checks for safety and privacy concerns and makes changes when needed.
- Five out of six units had 100% of respondents who understood trauma survivors may react negatively when they feel unsafe, while half of the units had 100% agreement that their unit treats clients and families with respect.

Figure 12: 2024 Agree/Strongly Agree Responses by Unit for Domain 3



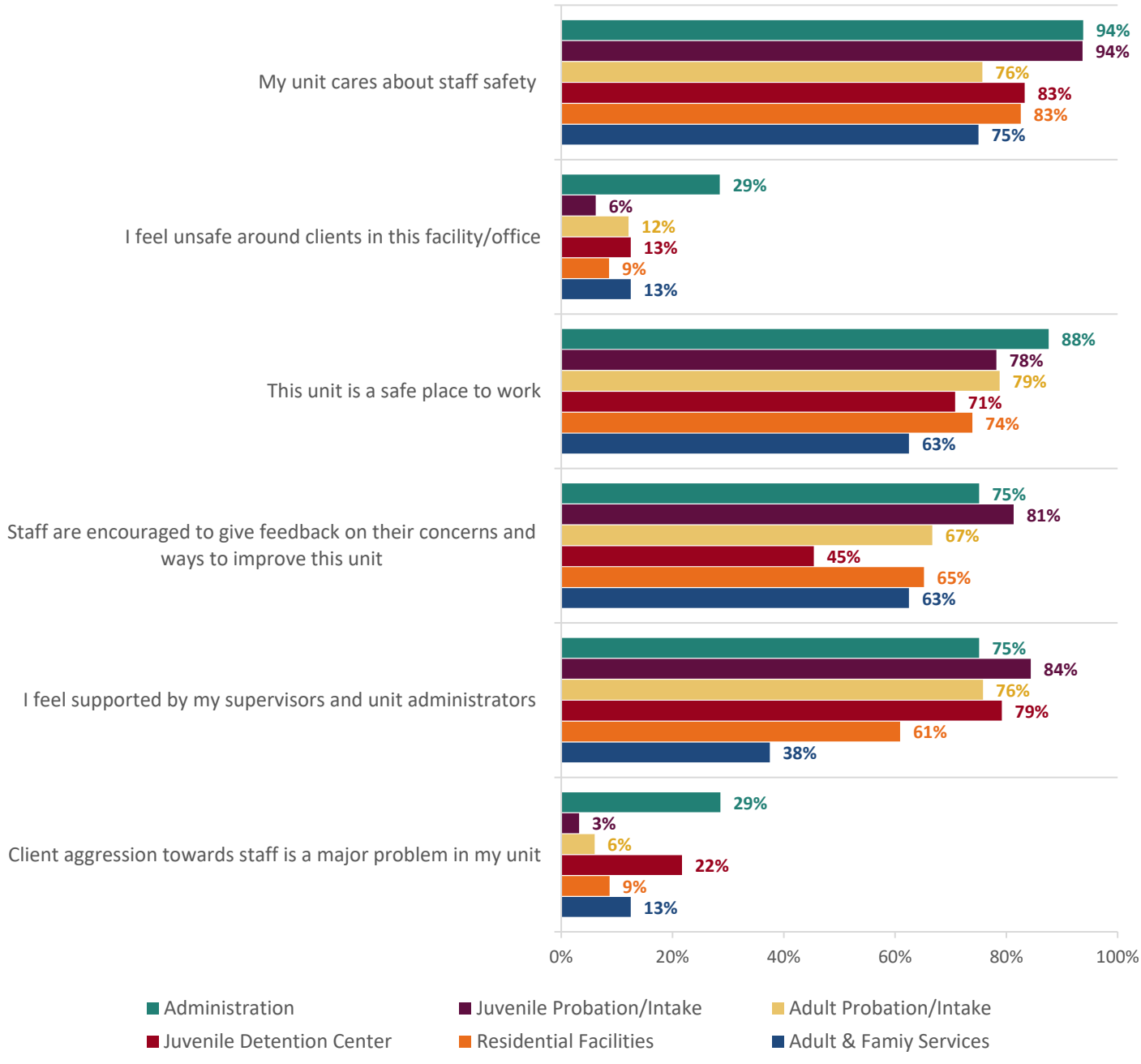
[7] Branson, C. E., Baetz, C. L., Horwitz, S. M., & Hoagwood, K. E. (2017). Trauma-informed juvenile justice systems: A systematic review of definitions and core components. Psychological trauma: theory, research, practice and policy, 9(6), 635–646. https://doi.org/10.1037/tra0000255

Appendix D: Unit Responses for Domain 4 - Staff Safety (Physical & Psychological) in Your Unit

Differences Across Units in 2024:

- Adult & Family Services had lower rates of agreement across this domain, however, there was a smaller number of respondents from this unit (n=8). Respondents from both Adult & Family Services and Residential had lower agreement with feeling supported by their supervisors and administrators compared to other units.
- Four units had no more than two-thirds of staff agreeing that they are encouraged to provide feedback on their concerns or suggestions for improving the unit, with JDC least likely to agree having less than half of staff who did so. Overall, this indicates potential issues with communication and support in those units.
- Respondents from JDC and Administration had the highest rates of agreement regarding client aggression as major problem in their unit, with just under a quarter of staff and just under a third of staff agreeing with that statement respectively. Additionally, about a quarter of Administration staff indicated feeling unsafe around clients. Focusing on improving staff safety and de-escalation strategies in these units may be beneficial.

Figure 13: 2024 Agree/Strongly Agree Responses by Unit for Domain 4

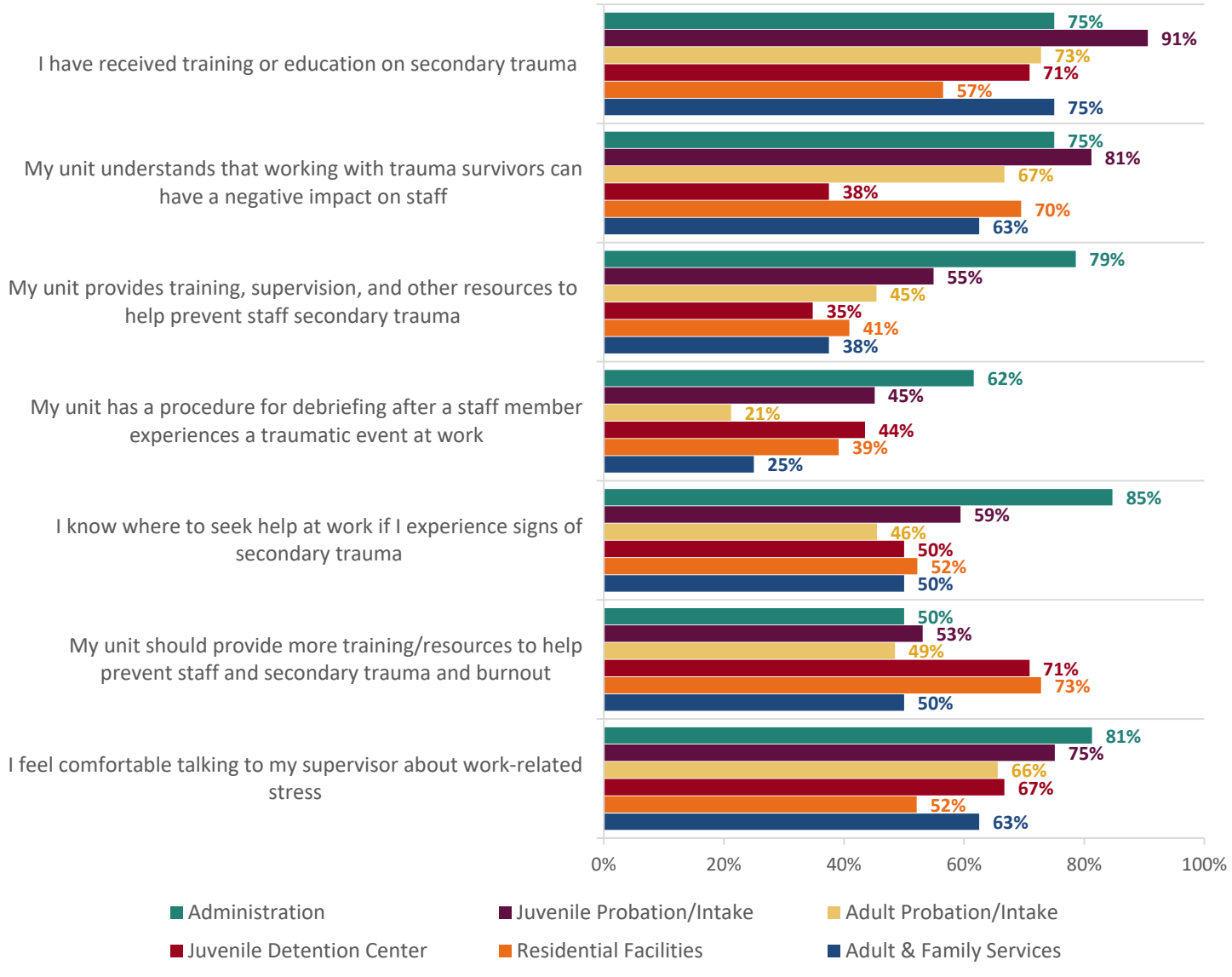


Appendix E: Unit Responses for Domain 5 - Staff Secondary Trauma Prevention in Your Unit

Differences Across Units in 2024:

- JDC reported the lowest levels of agreement for two statements in this domain, with just over a third of respondents agreeing that the unit provides training and supervision to prevent staff secondary trauma and understands working with trauma survivors can have a negative effect on staff.
- Adult Probation/Intake had lower agreement rates compared to other units for having a procedure for debriefing after staff experiences a traumatic event (less than a quarter agreed) and knowing where to seek help if experiencing a traumatic event at work (less than half agreed).
- Nearly three quarters of JDC and Residential Facilities staff expressed a need for more training to prevent staff secondary trauma and burnout, compared to around half of staff in all other units.
- Additionally, just over half of Residential Facilities staff feel comfortable talking to a supervisor about work related stress, a 30% decrease from 2022. Meanwhile, JDC showed a 31% increase in the same area, indicating the processes put into place were effective in changing the perception of staff.
- Administration staff showed higher rates of agreement, with more than three quarters likely to agree in most all areas of this domain, with agreeing the unit provides training and supervision to help prevent staff secondary trauma having the largest increase (+59% from 2022).

Figure 14: 2024 Agree/Strongly Agree Responses by Unit for Domain 5

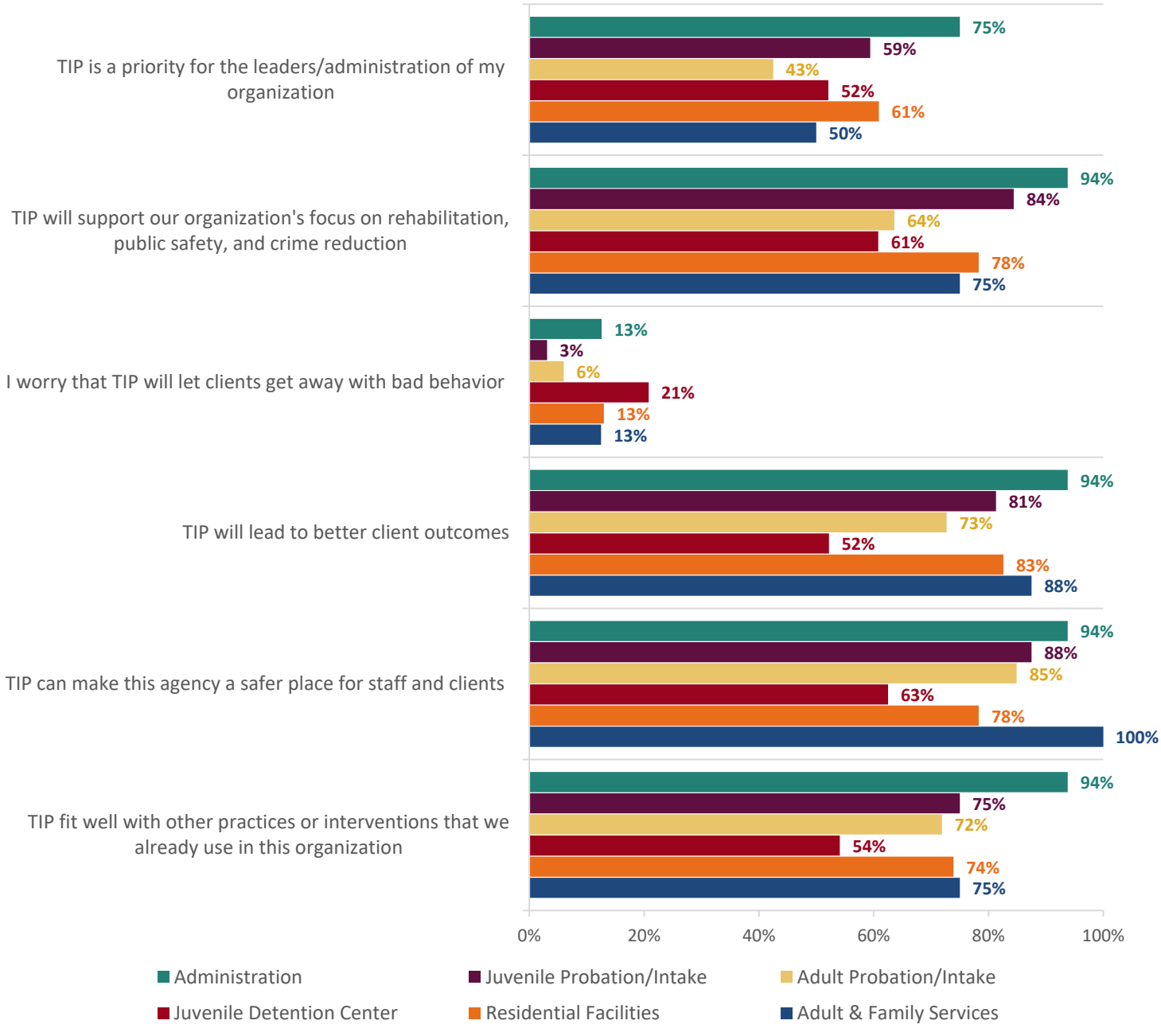


Appendix F: Unit Responses for Domain 6 - How Well Do Trauma-Informed Practices Fit with Your Organization

Differences Across Units in 2024:

- JDC staff reported the lowest agreement level for four out of six statements in this domain. Three areas had just over half of respondents agreeing: TIP will lead to better client outcomes, will fit with other practices/interventions already in place, and is a priority for leadership. Additionally, although JDC staff expressed the most concern that TIP will let clients get away with bad behavior compared to other units, they decreased 15% from 2022. JDC would benefit from more training and resources to help staff see the overall benefits of TIP.
- Administration recorded the highest agreement rate across all units with 4 of the 6 areas at nearly 100% agreement.
- Compared to 2022, agreement levels in JDC decreased (between 2-12%) in all but one area. Administration also showed slight decreases in most areas, however reported agreement levels at nearly 100%, therefore decreases are not areas of concern.

Figure 15: 2024 Agree/Strongly Agree Responses by Unit for Domain 6

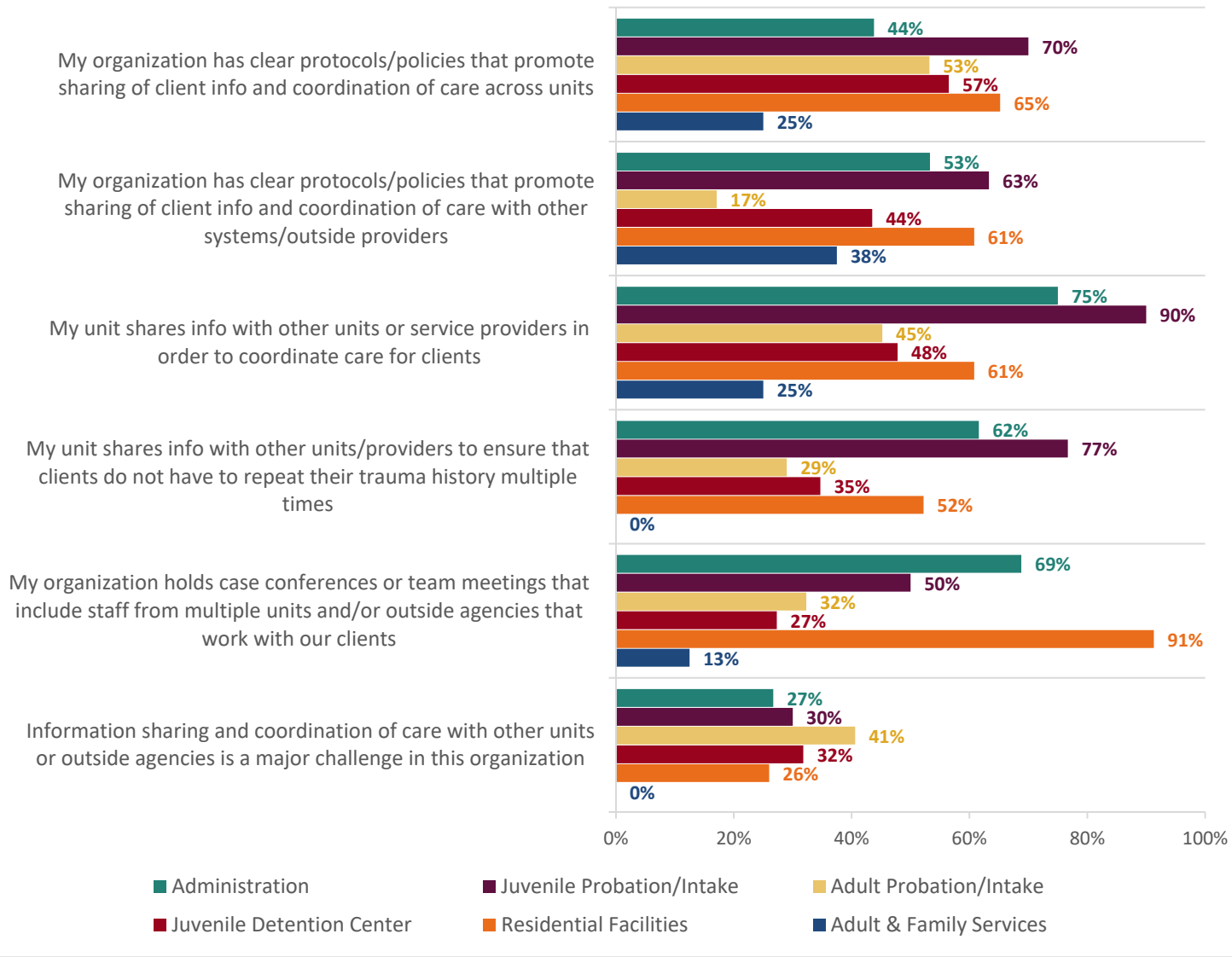


Appendix G Unit Reponses for Domain 7 - Collaboration and Coordination of Care

Differences Across Units in 2024:

- Adult & Family Services saw the lowest overall agreement across units, with a quarter or less of staff agreeing in most areas, with the exception of responding to the agency having clear policies promoting the sharing of client info/coordinating care with other systems, where over a third of their staff agreed. However, they had fewer respondents (n=8).
- Adult Probation/Intake showed the lowest agreement for the agency having clear policies in place to promote sharing client info and coordination of care with other systems. Furthermore, Adult Probation, JDC and Adult & Family services had approximately a third or less of staff agreeing that their unit shares information with other providers to ensure clients do not have to repeat their trauma history and that their unit holds case conferences that include staff from other units or agencies, with **none** of Adult & Family Services respondents agreeing to the former.
- Juvenile Probation/Intake showed the highest agreement rate across most areas in the domain, with the highest in sharing information to coordinate care for clients (25% increase from 2022) and sharing info to ensure clients do not have to repeat their trauma histories (17% increase).
- Residential Facilities staff had over 90% of staff agree the organization holds case conferences or team meetings that include staff from multiple units or outside agencies, up 45% from 2022.
- Administration staff reported a 62% increase in agreement compared to 2022 that their unit shares info with other providers to ensure that clients do not have to repeat their trauma history multiple times.

Figure 16: 2024 Agree/Strongly Agree Responses by Unit for Domain 7

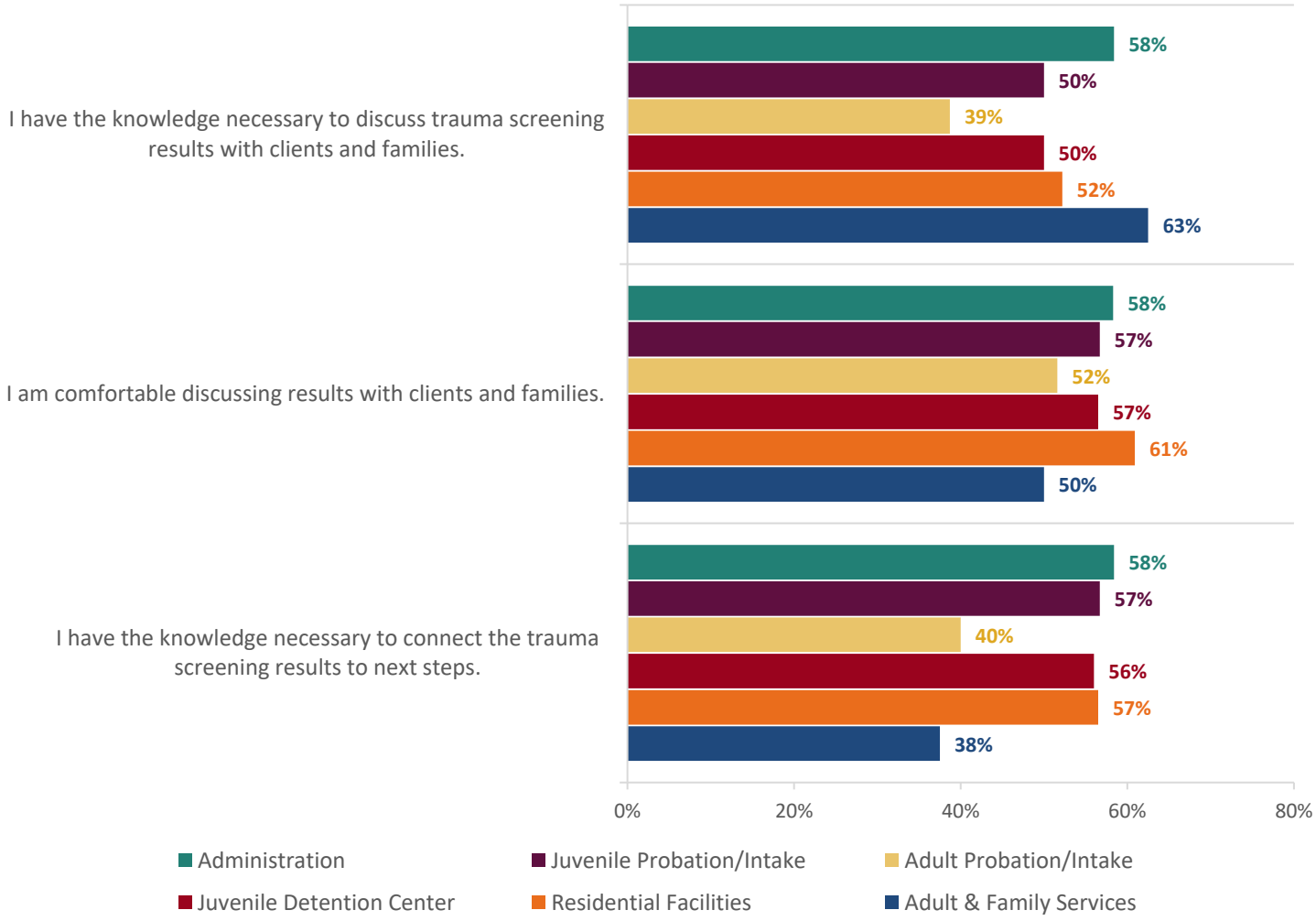


Appendix H: Unit Responses for Domain 8 – Staff Usage of Trauma Screening

Differences Across Units in 2024:

- Adult & Family Services respondents had the highest agreement rate for having the knowledge to discuss trauma screening results with clients at about two-thirds agreement but had the lowest in connecting trauma screening results to the next steps with just over a third of staff agreeing, with Adult Probation/Intake not falling far behind for the latter statement at 40%.
- Adult Probation/Intake staff report the lowest level of knowledge necessary to discuss trauma screening results with clients and families compared to other units, while Residential Services felt the most comfortable discussing results with clients and families. However, with the latter statement, all units fell in a close range of about 50-60% agreement from their respective staff, meaning there may be a need for additional training in discussions with clients and families.
- Overall, when compared to 2022, Residential Facilities saw a 15% increase in knowing how to connect trauma screening results to the next steps. However, most areas across all units remain at just over half of staff with the knowledge or comfort level needed to effectively use Trauma Screenings to their full potential, indicating a suggested area for more training.

Figure 17: 2024 Agree/Strongly Agree Responses by Unit for Domain 8



Appendix I: Staff Feedback[8]

Trauma-Informed Training

- *I believe we would benefit from more trainings.*
- *Annual training and updated training practices should be implemented.*
- *More education and trainings would be great.*
- *I haven't received any information or training on trauma informed practices in years since the initial trainings rolled out by the agency.*
- *Our staff needs regular trauma informed trainings. They need regular training in terms of working with traumatized clients, identify ways to practice self-care, and avoid shaming [illegible] other workers.*
- *Additional trainings, periodically, would be helpful (mandated). Also - as a note- survey could be less time consuming (quite lengthy).*
- *Trauma informed trainings are essential to utilize when working in the criminal justice field. Most of our clients have experienced trauma so having measures established to assist them is critical. All units to participate in trauma informed trainings.*
- *I feel that our judges need additional training on trauma-informed practices. There are several doors which allow clients free access to back offices, including in Juvenile Intake and Administration, without requiring a badge swipe. Staff report feeling unsafe due to this lack of security.*
- *The most difficult problem facing our unit is the refusal of some staff to use a trauma informed counseling style. We have [some] staff who equate trauma-informed counseling with "weak" and "soft." They will never buy into the trauma informed model, and it seems to be something they are allowed to "opt out of" as our supervisors defend their "black and white" approach to the rules when pressed. We're told [that we all do the job differently], as if being trauma informed is a choice you can make or not. I believe it needs to be made crystal clear to people that this is not optional anymore and let go of employees who want to argue this point.*
- *[In JDC], we are not given the right tools to do our jobs correctly and efficiently. We are dealing with a population now, in 2024, that have all different kinds of mental-health diagnoses. We are not informed of any triggers these residents have, or any real directives on how to deal with a resident that may have experienced trauma in their personal lives. We give their meds when we are directed to, and that's about it. It would be nice to be more informed on how to go about dealing w/ residents w/ past trauma experiences, and mental health diagnoses. I know it is a tall task, but I'm willing to bet that Fairfax County has the tools and resources to formally train us in how to better deal with residents we have coming through our doors at JDC.*
- *[In my previous employment with the county], I will say most of the staff understood the need for different consequences based on a youth's trauma experiences, other staff did not understand and would at make it difficult to utilize Trauma informed practices and felt that it was babying the clients. There is a fine line between being trauma informed and being soft. I feel that education and follow-up from the supervisor could benefit all staff to understand how building the relationship with the youth and finding ways to support their concerns can assist in our youth with having a successful treatment in a JDRC facility. (As always safety is the biggest priority for the staff, and sometimes this can make being trauma informed more difficult). In Domestic Relations I have seen the supervisors focus on being Trauma informed from the initial intake process through all areas of the program. They have done an excellent job assisting the staff in utilizing any process they need for their safety and self-care. They continuously provide education during the monthly staff meetings. As always I feel that the more we understand about trauma and the more we provide assistance to our staff the stronger we will become as an organization.*

Employee Wellness and STS

- *More attention to secondary trauma and stress related to work.*
- *The administrative staff is usually the first point of contact for clients and receive the most abuse. Our agency seems to only think about the intake officers, in reality the admin staff has already heard the client's stories and seen any evidence that they wanted to present.*

[8] Staff feedback comments were edited to remove any personally identifying information; edits are in [brackets].

- *As a large organization that deals with clients who have high needs and risk, it is important to have available resources as often times it is difficult to get clients services that they need. There are so many roadblocks which halt effective treatment. Also, for our staff that deal with so much we have to do a better job taking care of them as they are dealing with very tough cases.*
- *[Previous efforts for additional training were unexpectedly and unavoidably cancelled without options for replacement.] Our staff work with clients daily that have to share their stories so that a preliminary protective order can be filed. In addition, the same stories are mentioned in the court hearings that are held twice a day, every day. Unfortunately, our staff do not have any way to deal with those traumatic stories that they hear about from our clients. We desperately need something to be put in place.*
- *I believe the organization does a good job of training staff about how to identify and work with clients related to trauma. I think we are lagging behind in employee wellness and safety. I think there should be more emphasis on what employees can do at work when confronted with difficult clients (i.e. steps to take, how to focus on self and employee wellbeing in the moment). In terms of staff safety, I think that our court is a safe place to work but clients have access to areas that they should not because security locks have not been fixed making it possible for clients to walk into our hallways undetected (i.e. the hallway in 21). Thanks for taking the time to read my comments.*
- *Secondary Trauma training is of high significance and much needed. We have had the training and put some practice in place but there are questions about the next steps in getting clients the help that they need. It would be better to have a more coordinated response. Also having proper staffing in place would allow people to use their leave as needed and not have to put the rest of the working team in a more stressful situation because we are under staffed. Administration seems to have lost focus on the need to consider front line staff perspectives. This also leads to negative outcomes related to trauma exposure. Getting rid of the Full Court Press is an example- staff are humans and the administration should remember that we are impacted by the lack of communication and supports.*
- *When referring to support, etc. from supervisors, that is referring to my DIRECT unit supervisor and assistant. I have not experienced support or wellness checks from upper management concerning secondary trauma (and our unit has had a bit of it.)*

Staff and Client Safety

- *We have made facilities improvements geared towards relief for trauma-inflicted clients at the Main Courthouse and at Shelter Care. There are also plans in place for all other JDRDC Facilities.*
- *The building where my unit is housed is unsafe for me as a staff member. It has improved since the homeless encampment in the woods behind the building was removed. Our unit has a separate entrance for staff and that makes me feel safe.*
- *I feel that our judges need additional training on trauma-informed practices. There are several doors which allow clients free access to back offices, including in Juvenile Intake and Administration, without requiring a badge swipe. Staff report feeling unsafe due to this lack of security.*
- *There needs to be more safety measures within the unit to protect staff and citizens. A shared waiting room between DR and CCS is not trauma informed nor is it safe. We have attempted to request a wall to divide the waiting areas in the past, to no avail. The offices where staff see clients could also be improved. The furniture needs to be placed more safely, doors/windows need to be kept open and emergency call buttons need to be installed.*
- *I think many of these questions would be answered differently years ago, but due to turnover the collective understanding of trauma and surrounding practices is very low by comparison. There are also some questions about unit safety that I scored low, not due to any organizational issues, but due to the fact that our building itself has become known as generally unsafe relative to other government buildings, and we are aware that many clients are carrying firearms at all times.*
- *I believe the organization does a good job of training staff about how to identify and work with clients related to trauma. I think we are lagging behind in employee wellness and safety. I think there should be more emphasis on what employees can do at work when confronted with difficult clients (i.e. steps to take, how to focus on self and employee wellbeing in the moment). In terms of staff safety, I think that our court is a safe place to work but clients have access to areas that they should not because security locks have not been fixed making it possible for clients to walk into our hallways undetected (i.e. the hallway in 21). Thanks for taking the time to read my comments.*

Additional Comments

- *Adult side does not regularly check on client's past trauma*
- *Inter-staff conflicts are not adequately addressed in my workplace. It negatively affects the quality of the work we do.*
- *I think information played on a TV or radio within our office about trauma services would be helpful to clients while they wait.*
- *I believe our agency needs to give better support for staff members like myself that have been traumatized by the tolerance of intolerance that is common and happens towards people like me for not being in accordance with the political agenda of this agency and the political agenda [of other leadership]. I can't begin to describe the trauma I've received from their bias treatment towards me.*
- *I think we could do a better job as an agency following up on the outcomes of the trauma survey to ensure we are addressing the issues that have come up.*
- *Suggestions--Assessors from the ASU should reach out to workers who know the case they are writing a report on. Assessors should write a full social history on every client instead of some of them getting a modified report.*
- *We are a very trauma-informed unit and I see the quality of work in our daily services. Each client is treated with respect regardless of what they are filing for. All of our staff engage with clients and their families in a way that makes them feel safe during times of concern or uncertainty.*
- *The organization as a whole does a great job implementing trauma-informed practices to rehabilitated youth and families. They provide resources to allow individuals to get treatment and find programs that will help the youth make good decisions and become successful in their future lives. I do think in some ways it can be negative because it is just providing another reason for these youth to do the things they do. They feel as though they are able to do those things because they know they are not going to get in trouble or not have strict punishments.*