

FACES Assessment Guide for Juvenile Support Settings

Overview

The FACES Assessment is a trauma-informed screening tool designed to identify adverse childhood experiences (ACEs) among youth involved in the juvenile justice system. Administering this tool allows juvenile justice professionals to better understand the backgrounds of the youth they serve, tailor rehabilitative services, guide behavioral health referrals, and advocate for systemic supports addressing the root causes of trauma and delinquency.

Background: Expanded ACEs

The FACES Assessment builds upon the original 10-item ACEs questionnaire developed by Felitti et al. (1998) and adapted by Ande (2011). It includes 24 items that encompass a broader range of adversities—such as housing instability, exposure to violence, involvement with foster care, and systemic discrimination—that are often disproportionately experienced by justice-involved youth. This expanded tool reflects the complex trauma histories that can shape a young person's behavior and decision-making.

Understanding ACEs in Juvenile Justice

Youth in juvenile justice systems are significantly more likely to have experienced multiple forms of trauma. Unaddressed ACEs are linked to behavioral health disorders, substance use, academic challenges, aggression, and recidivism. Screening for ACEs is not about labeling youth, but about understanding the experiences that influence their behavior and tailoring interventions accordingly.

The Value of Universal Screening

Screening youth for ACEs within detention centers, diversion programs, and probation services can:

- Identify youth at elevated risk for mental health and substance use disorders
- Inform trauma-responsive case planning and court recommendations
- Support alternatives to detention based on risk and need



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- Facilitate referrals to behavioral health care and family services
- Advocate for policy reforms that address root causes of system involvement

Survey Administration

Delivery Methods

- Paper-based or electronic, depending on facility capacity
- Can be self-administered or facilitated by a trained staff member

Sample Size

Ideally, all youth entering the system or in court-supervised settings should be screened. Smaller samples may be used for pilot programs but should be evaluated cautiously to ensure equitable representation.

Scoring and Interpretation

Each 'Yes' response counts as one point, for a total ACE score ranging from 0 to 24. Follow-up questions provide valuable context but do not count toward the total score. A score of 4 or more indicates a higher likelihood of trauma-related challenges. In juvenile justice settings, individual ACE scores can inform placement, case planning, service intensity, and behavioral health referrals.

At the population level, ACE score distributions help identify patterns and systemic needs within facilities or regions. Aggregated data can guide the development of trauma-informed programs, training for staff, and partnerships with mental health, education, housing, and legal service providers. They also support advocacy for addressing the social determinants that disproportionately affect justice-involved youth.



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Integration Strategies

Effective implementation of the FACES Assessment in juvenile justice settings requires:

- Training probation officers, court personnel, and facility staff in trauma-informed care
- Creating safe, confidential spaces for youth to complete the assessment
- Developing protocols for clinical follow-up and warm hand-offs to community providers
- Embedding ACEs data into case management systems to support coordinated care

Contact

For questions or implementation support, contact Jamie Freeny, DrPH, MPH at jfreeny@gmail.com

Citations

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