Forensic Briefs

Episode 49: Dr. Apryl Alexander - Rethinking Justice-Involved Youth

In this episode, Dr. Apryl Alexander discusses her path into forensic psychology and her work with justice-involved youth. The conversation explores polyvictimization, the abuse-to-prison pipeline, school discipline, racial disparities, trauma-informed treatment, and the limitations of focusing only on individual behavior. Dr. Alexander challenges forensic psychologists to consider children's lived environments, systemic inequities, and opportunities for prevention and advocacy.

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Dr. Guyton Welcome to this episode of Forensic Briefs, everyone. We are delighted to have you join us. Also joining us today is Doctor Apryl Alexander, today's guest. She is the Metrolina Distinguished Professor of Health and Policy in the Department of Health Management and Policy at the University of North Carolina at Charlotte. She is also the executive director of the UNC Charlotte Violence Prevention Center.

Dr. Guyton Doctor Alexander received her doctorate in clinical psychology from the Florida Institute of Technology, with concentrations in forensic psychology and Child and Family therapy. Her research and clinical work focus on violence and victimization, human sexuality, and trauma informed and culturally informed practices. She is an award winning researcher whose work has been published in several leading journals. She is also the recipient of the 2024 Karl F. Heiser Presidential Award For Advocacy from the American Psychological Association, and the 2025 Summer Advocacy Achievement Award from the American Public Health Association.

Dr. Guyton Additionally, Doctor Alexander is the 2026 president of the AP Division 37, the society for Child and Family Policy and Practice. She is an

engaged public scholar who has been featured in numerous media outlets including the Associated Press, Essence Magazine, USA today, and NBC Nightly News discussing her research and advocacy work. We are delighted to welcome her here today to talk about those things with us.

Dr. Guyton Welcome to Forensic Briefs, Doctor Apryl Alexander. We are so excited to have you on with us today.

Dr. Alexander Yeah, thanks for having me on.

Dr. Guyton You know, you are not only a prolific researcher, but someone who publishes about a variety of topics rather than a single topic. And you have published extensively on what we'll be talking about today, which is focusing on justice-involved youth. But you've also written about educational process systems and expansively about the intersection of racially minoritized populations within the legal system.

Dr. Guyton Can you tell us a little bit about your evolution of your interests and experiences, and how they brought you to these and your other professional passions?

Dr. Alexander I always say I have an unusual entryway into psychology. Now, when I speak to students, they say, oh, I took a psychology class in middle school or a high school, and I knew that I wanted to be a psychologist from there. That just wasn't my journey. I had little exposure to psychology in middle school or high school. I don't even remember talking about mental health.

Dr. Alexander So for me, I went to college as an animal and poultry science major. My whole childhood I wanted to be a veterinarian. So I went to Virginia Tech as an animal and poultry science major, going on that trajectory of wanting to be a veterinarian. So if you've ever been a Blacksburg, Virginia, I was out there with the cows and the horses and the sheeps

and the pigs for my first year and a half of undergrad. Volunteerism was always instilled in us by my parents at an early age, and I can't remember the exact story, but there was an opportunity to volunteer at a women's domestic violence hotline and shelter in our area.

Dr. Alexander So signed up for that, and you have to go through like a 40 hour training. And so started in that training, and I was so exposed to so many new ideas and concepts that I had no awareness of. I hadn't experienced domestic violence or childhood abuse in my history and so really overwhelming and flooded me with a lot.

Dr. Alexander And then during that term, yes, worked on the hotlines of helping support survivors as they needed help and services, and then also worked in children's programs. So they had a shelter and within that shelter, some programming for children. And by the end of that semester, which I was also taking Intro To Psychology as an elective, but by the end of my semester there, I said, I want to work with survivors for the rest of my life.

Dr. Alexander Like, this is it. How do we continue to provide support for individuals who have experienced interpersonal violence? So switched my major to psychology, which everybody said what? And that was a big transition and really started learning about psychology and the science behind psychology along the way. Worked with an incredible professor at Virginia Tech, Doctor Russell Jones, who did a lot of work in the area of disaster related trauma.

Dr. Alexander So being exposed to people's experiences after their families had experienced residential fires, hurricanes, tornadoes, even on his research team, my first kind of experience in research was helping him coauthor a book chapter on minorities and implications of disaster related trauma as they experienced it. Again, still didn't know about research and publication at this point, but knew that this was important because that chapter came out like just the weeks before Hurricane Katrina.

Dr. Alexander So really thinking about the applied aspects of I wrote this thing, but not recognizing how important it could be to have this as a guide. And so went to a master's degree program right down the street from Virginia Tech, Radford University. They had a faculty member there, Dr. Anne Elliott, who does a lot of work in working with sexual assault and research and working with individuals there.

Dr. Alexander I was also continuing to work at that women's shelter from undergrad, but in a different role. They called it a care companion. So we would go to hospitals and police stations after a person had experienced a sexual assault to sit with them, listen, provide support, sit through that physical evidence recovery kit, see how they engage with police, and when we provided the services to them, that was like the only time I would see them.

Dr. Alexander I would never see that person again and would always be curious, what are the next steps for this person? Do they decide to press charges and enter the legal system? What happens to the kit and evidence? Had a couple incidents where we had tension with the police officers who were engaging in some victim blaming while we were there. So started getting exposed to this field of forensic psychology.

Dr. Alexander We had an elective and talked about the intersection of psychology and the legal system, and I was like, oh, I think that's it. That's what I want to explore more of. And so, knew I wanted to pursue my doctorate. So I went to Florida Tech, which has a PsyD program, and I selected it because it was a good fit for me.

Dr. Alexander They had a forensic concentrations. So again, getting me more experience there. And they also had a practicum site called the Family Learning Program. This was a site that provided trauma focused treatment to youth who had experienced sexual violence and their families. So for the first two years that I worked in that program, working with what we called then the non offending caregiver.

Dr. Alexander So the parents or grandparents of this child who had experienced sexual violence in working with them in treatment and along the way worked with the teens and pre-teens. We had a residential program, worked there, so spent my whole four years in grad school working in this program. Had another kind of spin to this story too, that I wrote in my ethics class.

Dr. Alexander You know, the prompt was, what's a population you can't work with or would need more experience in working with? And I wrote an essay. I think I still have it on my Dropbox account that I would never, ever, ever, ever, ever work with sex offenders. And that as a person who had been supporting victims my whole career, I just couldn't fathom that.

Dr. Alexander But as I was doing some practicum working with youth, some started engaging in some problematic sexual behavior and I was like, oh, am I doing the thing that I didn't want to do? Is this how some of the offending starts? And so the Family Learning program also had an outpatient adult sex offense program. So that was like a companion-like program through the Family Learning program.

Dr. Alexander So I often heard bits and pieces about their supervision, but I said I didn't want to do that. So I asked my professors, like, can I reach? Can I try this and work in this program? So I did, and I ended up really loving that work as well. Some of my myths were kind of debunked. And then regardless of whether I was working with survivors or those who caused harm, it's all in the space of public safety.

Dr. Alexander So that's where my career is headed. Did a internship at Patton State Hospital, continuing to do some of the traditional forensic work and competency risk assessment, worked on their sex offense treatment unit, went to get the postdoc and all of that. And so for me, I thought my career is kind of in the traditional forensic psychology realm. I'm going to work in a state hospital for a few years and maybe do some private practice on the side.

Dr. Alexander But an opportunity came open working at Auburn University as a clinical faculty that Auburn had a program that was supported through the Department of Youth Services to provide sex offense treatment to youth that the legislator said, I think it was in 1999, any youth who is adjudicated for a sex offense needed to receive treatment. How many experts do we have in the state of Alabama

Dr. Alexander that's like low resource and can do this work? So a great partnership came open between Auburn University and University of Bama. We said there was only one day of the year that they didn't get along was during the football game, but rest of the years they collaborated to build this rich program outside of Montgomery, supporting those youth. So that was unconventional and not what I was thinking I was going to do, but really enjoyed that work and again, went to a PsyD program that was focused on clinical work, and I talked about kind of my path wasn't academia.

Dr. Alexander I thought it was going to be in kind of applied spaces. But as we were working with those youth and they were undergoing psychological assessments when they first came in the treatment, just a lot of questions came open. Me and my students would talk in supervision about patterns we were seeing with these youth and things we were curious about.

Dr. Alexander And so we were always collecting data aligned with those assessment measures. And we started asking questions that we were curious about. We keep seeing this pattern of trauma among these boys. Is that true and what does that look like? So that's where I got my start in research, is asking the questions I had of just being a clinician and working with people, and from a spirit of curiosity.

Dr. Alexander And so that's where kind of my research career started and has continued, uh, exploring the questions that I just have about people and what I'm noticing and it’s expanded from there.

Dr. Guyton I can see that, though, right? Because the things that you're publishing about are the things that you're doing, right. You know, I've seen you publish about educational processes or working with graduate students and evolving them in advocacy. Right. Because that's what you're doing. And and I love that sort of spirit of curiosity of, you know, looking at what you're doing, wondering about it, and then publishing about it.

Dr. Guyton So because, you know, other people are curious about these things too. So you're really sharing, you know, what you're doing and what you're learning with, with the broader audience.

Dr. Alexander Yeah, I see so many people in community or even students make research too complicated. They're like, I can't think of a research question. I was like, yes, you can. What is something you were talking about with your friend the other day? Or you were watching the news and said, why did that person do that? I said, that's your research question.

Dr. Alexander That's kind of the spirit of what I follow of I I have a lot of questions about life. So are there ways and approaches that I can explore that?

Dr. Millkey Well, as a as a fellow PsyD, I appreciate the myth busting you're doing on some of these misconceptions. Also, I think it's really cool, sort of amazing, you know, you described how your consciousness was open to this by working with people who had experienced trauma when you were probably 19 or 20 years old when you were. And here you are, you know, that acorn has really become an oak as so much of you've done so much great work on victimization, polyvictimization, juveniles who are involved in the criminal justice system.

Dr. Millkey For our listeners, you know what? Where do we need to start in understanding the role of victimization, polyvictimization in our youth involved in the justice system?

Dr. Alexander I think first and foremost, trauma exists. I think we're getting close to recognizing that, like as a society, that we are starting to get a glimmer of people are experiencing trauma. And I think maybe people don't understand like how it shows up and how it manifests over time. When we talk about trauma, it could come in all sorts of forms.

Dr. Alexander So from the person who had a car accident and you can't get back in the vehicle or you're still jumpy as you drive because of that experience. To a person who has had a history of assaults and repeated assaults over time, we can understand the incident. But what are the long term impacts that that might have on a person?

Dr. Alexander Our hopes are that they get treatment early and intervene, but we know that's not the case for most people, whether that's stigma around seeking mental health treatment or just pure accessibility of how do I get access to treatment, what modalities work. So again, for me, it's one starting with that awareness of here are some of the stats of people in their experiences of trauma that if you now know that 1 in 4 women and 1 in 8 men have experienced sexual abuse, how does that change things for you with kind of looking at your friend group, at looking at your romantic relationships and how that pops up?

Dr. Alexander What are you doing with that information? So, you know, first building that awareness and then thinking, what are some of the things that we need to change in order to be what we're now labeling as trauma informed care? Now that we know this, how does this person kind of see and navigate the world and how can we best support them?

Dr. Alexander So for our youth and the justice system, again, you have this youth who becomes incarcerated for whatever it is. So they've engaged in some assaults in school, they're kicked out of the school system, and now

they're either in detention or treatments. Again, we don't want to excuse the behavior, like the assault was really bad. But if we're going to explore treatment, why did you think assault was appropriate?

Dr. Alexander Why did you hit that person? Why did you smack him on the head with a hammer? Diving deeper into that. Again, when I was in the space working with these youth, over and over again, when we were doing our assessments, trauma kept appearing. That we were asking the questions, whether it was from our validated measures or just from what we've known in the literature.

Dr. Alexander And so that's where you see the one article that I was interested in. I had done research on polyvictimization before. So if people aren't aware, polyvictimization is the experience of different forms of traumatic events across the lifespan. That's for some people, you've experienced maybe witnessing domestic violence - this is a quirky part in the research - you're more likely to experience other forms.

Dr. Alexander We don't know why necessarily that is, but it happens. Maybe some vulnerability factors. So not only have you witnessed the violence in your household, you are also bullied in school. Also in a gang where sexual violence was prevalent as a girl, and so you were sexually assaulted. Seeing these repeated forms of violence in the history. And so we were asking these kids, mostly these boys, these questions, and we were seeing that pattern over and over again that it wasn't just one you experienced trauma, but you experienced multiple types across the lifespan.

Dr. Alexander So again, we're doing assessments and we're like, is this true? And we studied it and it was true. We were seeing these polyvictims of kids who are experiencing an average of like 15 types.

Dr. Millkey In that article, it was amazing to me that the low poly victim category still had like between 8 and 9 different types.

Dr. Alexander Yeah, we had trouble labeling that really, we don't even want to label that low, but that's how we can best describe it for this article. Yeah.

Dr. Millkey Well like wasn't it you know, I think you have like three people who didn't have something like that. Yeah. And just just for our listeners, the article that we're talking about is a 2021 article that was in the Journal of Aggression, Maltreatment and Trauma. It was called Polyvictimization Among Adolescents Adjudicated For Illegal Sexual Behavior Or Latent Class Analysis. We'll have

Dr. Millkey the information for that in our show notes.

Dr. Guyton And and a shout out to the coauthors Katherine McCollum and Kelly Thompson.

Dr. Millkey Of course. Absolutely. You introduced a term in there, well you introduced it to me. And as soon as you said it, I thought, oh, of course, that makes sense. But it just was nothing that I had ever thought about. You talked about the sexual abuse to prison pipeline. It makes so much sense when you say it, but I never thought about it.

Dr. Millkey Could you talk about it?

Dr. Alexander Yeah, again becomes a little peculiar. So more and more people are becoming familiar with the school to prison pipeline. There's been a lot of literature of how our school systems are structured, and funneling some kids into the criminal legal system. This is often done through how we're using punishment in school. So you're getting suspended or expelled for your behavior.

Dr. Alexander And for some kids, benign behaviors like talking back to a teacher, dress code violations, even zero tolerance policy. So one time a kid I

worked with used to go fishing with their dad, had a pocket knife in their jacket or whatever, came back to school. They found the pocket knife. Zero tolerance. You're expelled. There's no explanation that you were just fishing with your family over the weekend, wasn't maladaptive or violent in any nature, but zero tolerance policies are zero tolerance.

Dr. Alexander So for those kids, they're being removed or displaced from the school system into alternative school. When you're placed in these low resource alternative schools, the outcomes aren't good. And maybe you're mixed in with some kids who actually are engaging in some severe delinquent behavior. And then eventually, again, with that displacement, that isolation, it often leads kids to going into the juvenile legal system, which then raises your likelihood of going into adult corrections later in life.

Dr. Alexander So people describe that as the school to prison pipeline. Over time and again, schools are trying to hold themselves accountable for addressing that. But other advocates and researchers said, does it start before then? So as I'm talking to school teachers, you have this kid who comes to school and they keep falling asleep in class, or they have their head down. Again, you're non-compliant.

Dr. Alexander We're sending you out of the classroom - detention, suspension, without asking any questions. Was that kid witnessing domestic violence in the home all night and couldn't sleep, and schools the only place they can sleep. So is there more that's happening to some of these kids beyond some of the behavioral issues? There was a great report that came out that talked about the sexual abuse to present pipeline, particularly among girls, that they found that almost 90% of girls had experienced, who were in the juvenile legal system, had experienced physical or sexual abuse.

Dr. Millkey Wow. God, that's terrible.

Dr. Alexander When you hear a number like almost 90, do we need to do something different? So again, that special issue came up around the same time we were already thinking about this pattern among the boys in our program. And so wanting to extend that research, is there a pathway of even abuse to prison, and looking at that. Again, some mixed findings, but again, compelling among the youth that we were serving in this one population, that we did see a lot of this polyvictimization among these youth who are now detained.

Dr. Guyton Well, I think too, about like the zero tolerance policy. You talking about the kid, you know, went fishing and had a knife in his backpack. But we also see kids who they're carrying a knife because they're being victimized. Right. And so it's a it's a way to feel safe or tougher. Right. And arguably that's a riskier kid than the one who forgot that he had it in there.

Dr. Guyton But in terms of intervention strategy, that just speaks to, you know, what is the function of that behavior and how do we address it, right? So for the kid who's experiencing, you know, domestic violence at home versus the kid who's being bullied relentlessly versus a kid who's, you know, just angry and potentially acting out like those just seem like very different trajectories that are getting treated kind of all with the same intervention of suspension or, or expulsion or, you know, things like that, which just seems like really a terrible idea.

Dr. Alexander Yeah. And now I'm in a university and I'm situated in a school of public health or a Department of Public Health. You know, we talk a lot about what's called the social determinants of health, all of the things in your life that maybe contribute to negative health or behavioral health outcomes. One of the social determinants is thinking about place and environment.

Dr. Alexander So there was a time where I believe this was in Denver, where they were examining gun carrying among kids, and it was much higher than anybody would have liked. And so diving into why that is, some of these

kids said I don't feel safe, particularly even walking to school. So when I think about space and lived environments, we could be thinking about physical space.

Dr. Alexander What type of neighborhood do you live in? Does that make you susceptible of getting robbed or jumped? Our sidewalks and the paths that I see kids walking to school don't feel safe for me as an adult. So again, not excusing the behavior, but it gives us some explanation or lens to what these youth are experiencing in their environments and why it might lead to these behaviors.

Dr. Guyton Yeah, and I think to really not centering accountability, like full accountability on the child. Right. You know, that I think in our in our culture in America, it's very, you know, very individual responsibility. We don't really seek to understand the the determinants of health or of a particular aggressive behavior, but especially with youth who are not in control of their own situations and and experiences, right.

Dr. Guyton It just seems even more imperative to really look at, you know, what is going on that is leading the, you know, this child to that. Is that because, you know, an adult is doing this in the home? They just, you know, they're problem solving skills are clearly, you know, less well developed than adults. But we may be reacting to them as if they are making, you know, you've made a decision.

Dr. Guyton And so therefore you're going to get punished for it or adjudicated or, you know, whatever the consequence is, without really recognizing that these are children and that they are within so many other sort of social contexts that really do determine their behavior.

Dr. Alexander Absolutely. So much to unpack about that, of yeah, when we see these high profile incidents in the news, it's easy to blame the child. Oh, it's that one off child. It's them in that problem. Maybe the people blame the parents of, oh, the parents didn't do this or that. One of our next

studies is examining they're starting to hold parents accountable for their kids criminal behavior, like legally.

Dr. Alexander So yeah, blame on the parent. While we need to be thinking about all these forms of like crime and violence as a community problem. What are all of us not doing well? How are we not serving these, you know, like how you said children, I often have to remind people that these are children thinking about the labeling that we do very quickly, the delinquent, the felon.

Dr. Alexander And I'm annoying where I like to keep repeating child back. Sometimes I even avoid seeing an adolescent. I like to remind people this is a child in really thinking about how that shapes the way that we treat them.

Dr. Millkey But it's true, April, because people will look at these children who yes, have done things, but they are children and, you know, they they they come from a they come from background, they come from a context. As you point out in your chapter, you know, things are just not cooking on in the frontal lobe area in the same way that they would for adults.

Dr. Millkey And let's be honest, not always in adults are things cooking like they should. Hey, I did want to ask a question. It's something that you referred to in this 2021 article. In the High Poverty Victimization Group, there were actually two groups. There was the high poly victimization high symptomatology subgroup, and there was a high poly victimization low symptomatology group.

Dr. Millkey Can you unpack that a little bit? Like what's the differences? Do you know why there's differences? I'm just curious.

Dr. Alexander And it was interesting with the low poly victimization groups. So that low poly victimization group, I believe, had an average of nine different types of trauma in their histories. But when we looked at their behavioral profile, so looking at their experiences of anxiety,

depression, sexual concerns, anger, it wasn't clinically elevated. Not to the degree we would think with nine.

Dr. Alexander I'm not sure why that is. Is that some resiliency factors that are happening with those youth we didn't quite examine that, is that that this feels like the norm for these youth, and they're not getting agitated or depressed because unfortunately this chaos is their normal. So I was kind of interested in that result in that finding of what was going on with them versus the high poly victimization group?

Dr. Alexander You were seeing some of the elevations in the post-traumatic stress and what we would have expected. And so, yeah, just kind of thinking about how these youth are like activated in how they're living, like their baseline is not good at this moment. And again, for part of the sample, the one that we are focusing on these problematic sexual behaviors, how does this now inform our treatment of them.

Dr. Alexander And so again this was like a call to action for some trauma informed treatment. Yes they're here for a reason, their behavior. But in order to address that we probably need to address some of these other issues as well.

Dr. Millkey Treating it as a clinical issue.