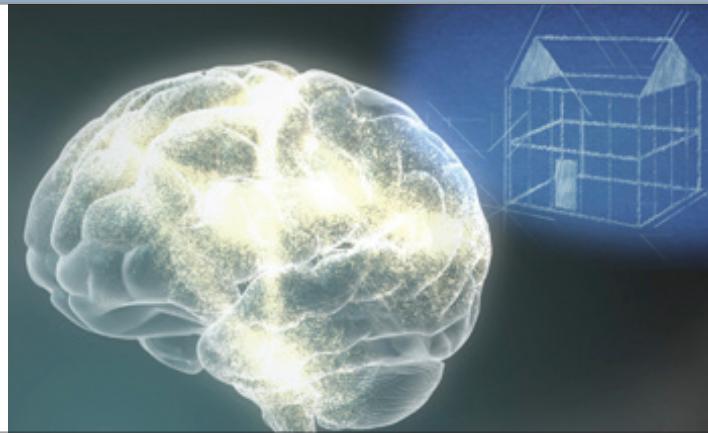


Long term effects of Trauma on a Child's Development



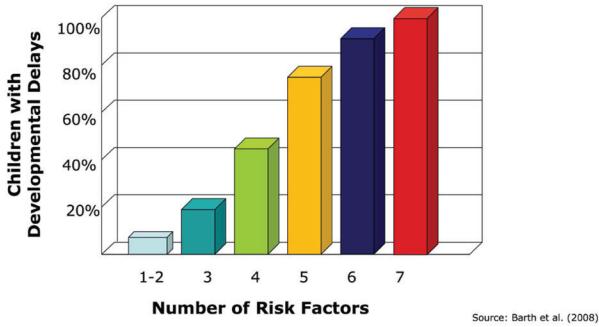
Background

Science has confirmed the damaging effects of trauma on a child's brain and the relevance and importance of good mental health. As a child's brain architecture is being built, early experiences and toxic environments are major determinants of the capacity of a child's later functioning. But as children grow, they encounter increasingly complex tasks and demands. Like the structure of a house, the brain needs to become functional in a variety of ways to accommodate new expectations and demands. The experiences and environments that adolescents have available to them become the building materials that allow them to adjust to new demands, to support new skills, and to become reliable members of society.

Each year in the United States, more than 6 million referrals are made to the child welfare system and more than 600,000 of these children are determined to be substantiated victims of abuse or neglect.

 Center on the Developing Child
HARVARD UNIVERSITY

Significant Adversity Impairs Development in the First Three Years



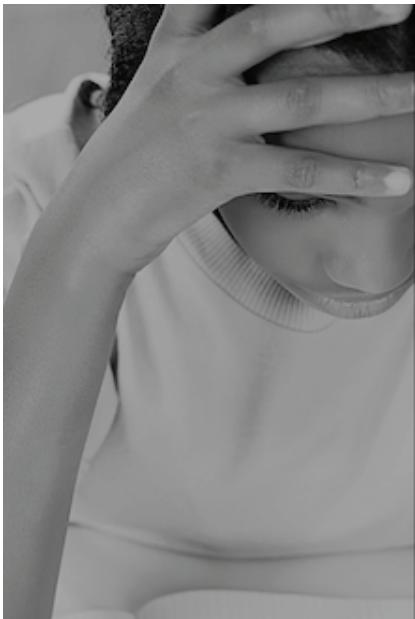
- Among children in the child welfare system, 85% have been exposed to at least one potentially traumatic event and most have experienced multiple forms of trauma.
- 98.2% of parents had a significant history of trauma (as measured by the Life Stressor Checklist - Revised-LSC-R) 1
- Children exposed to trauma experience significantly higher rates of chronic health and mental health problems, impaired academic performance, and involvement with juvenile justice and adult criminal justice systems.
- The costs to society of children maltreated in a single year are \$124 billion in future healthcare and social service costs. 2

The topic of trauma is multi-faceted and reflects numerous issues such as race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background. This brief addresses the effect of trauma on the development of the brain and the

impacts that are manifested in later years, often times through the juvenile justice system. A greater understanding of the various aspects and definitions of trauma, the research behind the fields' growing knowledge, best practices on building a trauma-informed juvenile justice system, and policy changes and recommendations will be provided.

Identifying Trauma

Trauma occurs when children's exposure to traumatic events overwhelms their ability to cope with what they are experiencing. Traumatic events can cause increased anxiety, depression, symptoms of posttraumatic stress disorder, difficulty managing relationships, and, difficulty with school and learning. 3 The Substance Abuse and Mental Health Services Administration (SAMHSA) describes individual trauma



as resulting from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”⁴

Adverse childhood experiences (ACEs) are traumatic experiences that occur during childhood and impact development into adulthood. A collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente, launched in 1995, is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.

The idea that a youth having experienced trauma should be able to control their emotions through willpower and self-control ignores the scientific understanding that mental health is developed over time through brain development with contributing factors and opportunities for intervention.

A major ingredient in the developmental process is the serve and return interaction between children and their parents and other caregivers in the family or community. In the absence of responsive caregiving – or if responses are unreliable or inappropriate – the brain’s architecture does not form as expected, which can lead to disparities in learning and behavior.⁵

The majority of children in the child welfare system have been exposed to trauma, including physical abuse, sexual abuse, and chronic neglect. Other types of trauma include, but are not limited to, emotional abuse or psychological maltreatment, victim or witness to violence, historical trauma, school violence and bullying, and chaotic and unpredictable parenting.

Public institutions and service systems intended to provide services and supports to individuals are often themselves trauma-inducing. The use of coercive practices such as seclusion and restraints in the behavioral health and juvenile justice systems; the abrupt removal of a child from an abusing family in the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; or intimidating practices in the juvenile justice system can be re-traumatizing for individuals who already enter these systems experiencing significant trauma. These program or system practices and policies often interfere with achieving the desired outcomes of these systems.⁶

Societal Consequences of Early Childhood Exposure to Trauma

Youth who have experienced trauma need to feel safe and cared for. Looking at youth behavior through a trauma lens offers greater insight into why youth can appear to be acting aggressively, not sleeping, or “tuning out”. These responses may have been protective in a child’s earlier environment but not appropriate as a child becomes an adolescent. Children may place themselves in harm’s way for traumatic accidents or violence because of impulsivity and poor supportive relationships.

While child abuse and neglect usually occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs. The costs of maltreatment and trauma to children, families, and society at large are profound. The lifetime cost of child maltreatment and related fatalities in 1 year totals \$124 billion, according to a study funded by the Center for Disease Control (CDC). Child maltreatment is more costly on an annual basis than the two leading health concerns, stroke and type 2 diabetes.⁷

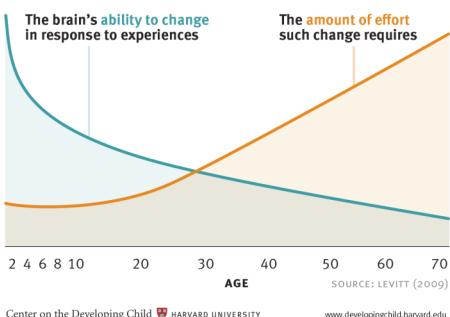
Indirect costs represent the long-term economic consequences to society because of childhood trauma. These include costs associated with increased use of our health-care system, juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. Prevent Child Abuse America estimates that child abuse and neglect prevention strategies can save taxpayers \$104 billion each year. One study found that all eight categories of adverse childhood experiences were associated with an increased likelihood of employment problems, financial problems, and absenteeism (Anda et al., 2004). The authors assert that these “long-term costs—to the workforce and to society—are preventable.”

In addition, the system must work to prevent and manage secondary traumatic stress. All state agencies and service provider personnel are affected personally by knowing about the traumas experienced by the youth to whom they provide supervision and services. Secondary Trauma is the emotional duress that results from learning about another person’s traumatic experiences and from observing firsthand the traumatized person’s posttraumatic stress reactions. Secondary trauma may involve feelings of sadness, irritability, anxiety, distrust, guilt, depression, or worry that can impair work functioning, spill over into one’s personal life outside of work, and result in problems interacting with youth, families, or other staff that can result in a conflictual and unhealthy workplace, absenteeism, burnout, health problems, and turnover.

Trauma-Informed Practices

A trauma-informed approach recognizes trauma symptoms and the impact of trauma on youth's thoughts, feelings, and behaviors. A trauma-informed approach asks "What happened to you?" instead of "What's wrong with you?"

Trauma-focused (or trauma-specific) treatments look for root causes and not just the resulting symptoms (depression, an inability to concentrate, an eating disorder, etc.). Trauma-focused treatment can help youth understand how trauma affects their emotions and how to cope with related feelings of distrust, control of physical and emotional responses, and inability to form positive relationships.⁷ The brain and body need to learn new responses once the young person is in a safer setting.⁸ Research shows that the teen brain can be “rewired”



Trauma-focused treatment generally supports youth by identifying their feelings and managing anxiety, sadness, anger, and other difficult emotions, understanding the connection between thoughts, feelings, and behaviors, learning to replace hurtful thoughts with more helpful ones, reframing traumatic experiences so that they are viewed as only one part of many life experiences, learning about personal safety and how to develop healthy boundaries, and identifying strengths that help them cope with ongoing grief, loss, and uncertainty.

The goal of trauma-informed care is to enhance systems to better understand, identify, and serve children exposed to trauma through efforts including training, screening, policy development, and access to evidence-based interventions.⁶ Trauma-informed care is not so much a new model of service delivery as it is an approach to service delivery. It weaves trauma knowledge and sensitivity into existing actions and models in a way that avoids or minimizes negative side-effects of intervention and increases the likelihood of meaningful engagement and effective implementation of other models. Focus on trauma-informed care models that provide evidence-based and evidence-informed trauma-specific interventions goes further in viewing the whole service-delivery experience through a trauma lens. Trauma-informed care engages the customers and clients as partners, empowering them to help guide their intervention and seeking out the unique path to safety and resilience that will give the clients the capacity to face and overcome trauma triggers and new adversities in the future. 10

Trauma-informed care means that regardless of the reasons an individual comes seeking services, staff asks them about their trauma history respectfully, and is prepared to listen. Roger Fallot, clinical psychologist and Director of Research and Evaluation at Community Connections in Washington, DC, says that trauma-informed services:

- Incorporate knowledge about trauma in all aspects of service delivery;
 - Are hospitable and engaging for survivors;
 - Minimize revictimization; and
 - Facilitate recovery.

The four R's of trauma-informed care are 1) A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; 2) **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and 4) seeks to actively **resist re-traumatization** by not confining care to the behavioral health specialty service sector only, but looking holistically to other systems, (children welfare, criminal justice , primary health care, peer run and community organizations).⁶

Organizations and service systems that serve youth and families should use trauma-informed policies and programming to build and maintain partnerships with schools, law enforcement, child welfare, healthcare, courts, community-based organizations, and adult and peer opinion leaders and advocates. Trauma-informed juvenile justice systems should ensure that their practices and policies address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background. Juvenile justice organizations should review and reform system-, program-, and workforce-level policies and practices in order to protect them from further traumatization or exacerbation of pre-existing traumatic stress reactions.



Progress and Policy

The Connecticut Department of Children and Families (DCF) has emerged as a national leader in addressing childhood trauma. In 2011, the federal government awarded DCF with a 5-year \$3.2 million grant to develop the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT). Support for CONCEPT was provided by the Department of Health and Human Services, Administration for Children and Families, and Children's Bureau. Partners include Department of Children and Families, the Child Health and Development Institute, which serves as the Coordinating Center, and The Consultation Center at Yale University, which serves as the CONCEPT evaluator. The CONCEPT initiative has helped to advance four core components of a trauma-informed child welfare system: workforce development, trauma screening, dissemination of evidenced-based treatments, trauma informed policy.²

The goal is to build a cross-system framework that helps understand each other to strengthen their understanding of the connections between trauma and behavioral health issues, and to guide systems to become trauma-informed.⁸ People in the organization or system are also able to recognize the signs of trauma. Through CONCEPT, Connecticut has helped improve outcomes for children exposed to trauma by leading enhancements in the areas of workforce development, screening, evidence-based treatments, and policy changes. It has become evident that addressing trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.

Staff training, a budget that supports this ongoing training, and leadership that realizes the role of trauma in the lives of their staff and the people they serve is key. The organization should have practitioners trained in evidence-based trauma practices. Policies of the organization, such as mission statements, staff handbooks and manuals should promote a culture based on beliefs about resilience, recovery, and healing from trauma. The organization should commit to providing a physically and psychologically safe environment, and leadership should ensure that staff work in an environment that promotes trust, fairness and transparency.

The Juvenile Justice Policy and Oversight Committee (JJPOC) has begun including trauma in its work around diversion, recidivism and incarceration and multi-system change efforts. The JJPOC Diversion Workgroup this year, completed a School-Based Diversion System



plan which lays out strategies and recommendations for the types of interventions that would help mitigate the effects of trauma in the school environment. The plan is a comprehensive recommendation that was approved by the JJPOC in January, 2018.

To address the multi-system need for diversion, three major recommendations were made in the plan.

1. Pursue opportunities for integration of the behavioral health and juvenile justice systems.
2. Support school diversion in Connecticut schools to increase capacity for early identification and intervention, reduction of exclusionary discipline practices, and improvements in behavioral health services and supports.
3. Continue to support implementation of the School Based Diversion Initiative (SBDI) in the schools with the highest rates of arrest and support enhancements that ensure district-wide and statewide reach.

Conclusion

There still remains areas of the juvenile justice system that may feel like a maze without enough paths coming out. A lot of young people get trapped on a path that goes straight to prison.

Approximately 20% of all juvenile court referrals in Connecticut occur because of in-school incidents. Consequently, disciplinary reforms and school-based prevention, early intervention, and diversion efforts are needed, and must address mental health and trauma needs that frequently underlie challenging behaviors.

A path that addresses underlying needs, improves behavioral functioning, reduces recidivism, and saves taxpayer dollars, may be best realized by diverting children exhibiting low-level offenses, and those with mental health needs, from the juvenile justice system and instead linking them to alternative services and supports including behavioral health treatment. 11

Child Health and Development Institute of Connecticut (CHDI) made several recommendations for furthering trauma-informed care in the child welfare system: In their Issue Brief BUILDING A TRAUMA-INFORMED CHILDWELF ARE SYSTEM,

- Expand collaboration between the child welfare and behavioral health systems through cross-training and alignment of case plans and services across systems
- Expand trauma screening for all children who come into contact with the child welfare system, including children under age 6 and children who are not placed out-of-home
- Advance policy and reimbursement strategies that support dissemination and sustainability of evidence-based treatments, including models specifically designed for children under age 6
- Support research to better understand the effects of trauma informed care on child and family outcomes 6.

Going forward, organizations, across service-sectors and systems, are encouraged to examine how a trauma-informed approach will benefit all stakeholders; to conduct a trauma-informed organizational assessment and change process; and to involve clients and staff at all levels in the organizational development process. 8

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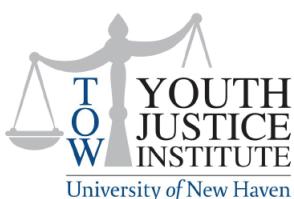
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The Tow Youth Justice Institute is a university, state and private partnership established to lead the way in juvenile justice reform through collaborative planning, training, research and advocacy.

Please visit our website at newhaven.edu/towyouth and follow us on social media @towyouth or call 203-932-7361 with questions or for more information.

