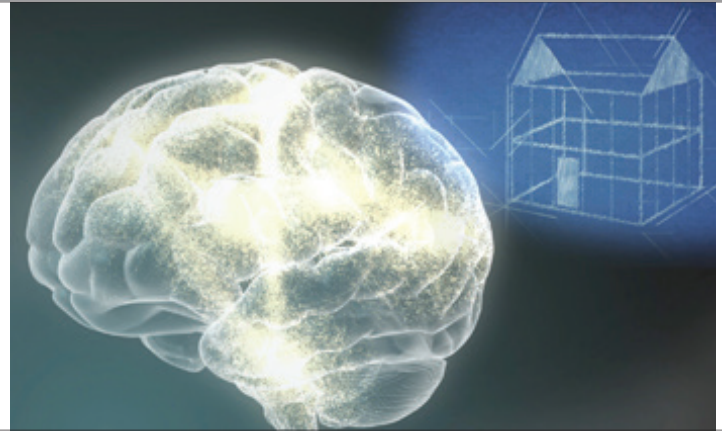


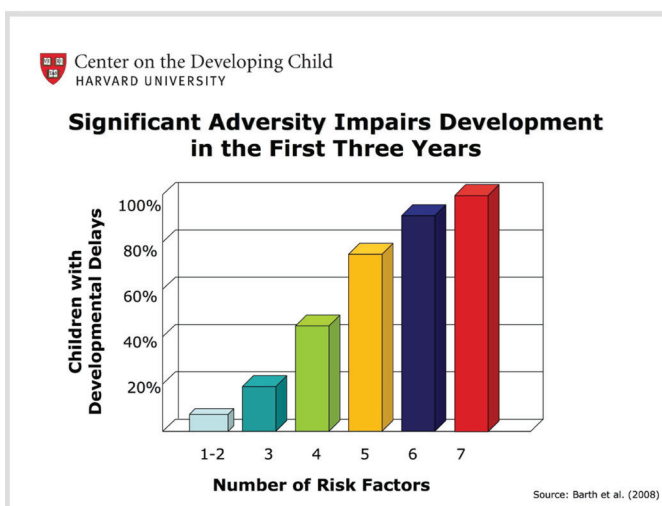
Long term effects of Trauma on a Child's Development



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.



- 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 (SAMSHA) 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.

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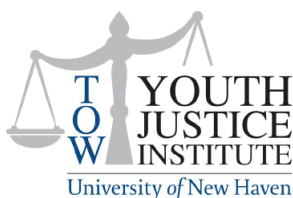
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The Tow Youth Justice Institute is a university, state and private partnership established to lead the way in juvenile justice reform through collaborative planning, training, research and advocacy.

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