**Addressing the Mental Heal Impact of
Violence and Trauma on Children**

COALITION ADDRESSING
TRAUMA

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In a letter to the President in 2006, the Congressional Addiction, Treatment and Recovery Caucus noted psychological trauma, caused by violence, abuse, neglect, disaster, terrorism and war, as a "public health crisis." While strides have been made to raise public awareness of the nature and impact of trauma and to provide trauma-informed care in adult services, child trauma remains a serious concern requiring much more than technical assistance and education to service providers. Because children "belong" to their families and do not have the same rights as adults, their welfare, safety and long-term health rest in the hands of their caregivers. All too often, we see that kids are left in situations of prolonged, interpersonal and repeated abuse and neglect, impacting their worldview, neurobiology, developmental momentum, mental and behavioral health, and subsequently, their ability to engage in healthy relationships.

What Is Happening to Our Children

Studies show that reports to social and child protective services come primarily from teachers, law enforcement and other social service or medical professionals, where most of the reports are of new concerns. The majority of abuse cases indicate parental harm; however where abuse or neglect is indicated, the abusive parent's access typically remains in tact. There remains a disparity in how and if states will actually pursue these cases in the criminal justice system. If the same level of violence or neglect were perpetrated by a stranger or someone outside the family, there would be a criminal investigation and process. But when a parent is accused, Social Services investigates under a different standard than what would be used by law enforcement. Studies have shown the long-term effects of violence and abuse on children's mental and physical health, and yet it is evident that social and child protective services rarely step in – and when they do, there is a disproportionate gender focus on and response to mothers. "Mothers are, if anything, losing custody more often to fathers, particularly when the men abuse them or their children, and abusive men now win child custody more than do men who are non-violent."[i]

In addition to abuse and neglect, children also face a host of other adverse conditions that can impact their health and development. The witnessing of violence (in the home, community, school, etc.), substance abuse in the home, mental illness in the home, parental separation and divorce, having an incarcerated parent or family member, and having a parent deployed to a war zone all contribute to trauma exposure for a child. Additionally, these adverse situations create toxic stress for the child, often forcing them to be responsible for themselves or even play the role of caregiver for others in the home. These adversities essentially rob the young person of their childhood and often force adaptations that can lead to health risk behaviors.

Children's capacity for language varies based on their developmental stage. When trauma and abuse disrupt normal language acquisition, behavior becomes their only

form of communication. These expressions typically come out when and where a child feels safe – often in school. Instead of asking "What is this child trying to communicate?" and "What is happening with this child?", we rush to try to find an answer to "What is wrong with this child?", missing the important role of behavior as communication. In addition to communicating distress, some of the most troubling behavior is a natural consequence to what we now understand as a "mental injury." Many of the primary complaints we hear from teachers (aggression, poor attention span, lack of problem-solving skills, spacing out, impulsivity) are the result of a nervous system that is out of balance. When we miss these cues, the child is labeled – typically as "bad," "troubled," "ill" or "disabled" – when the reality may be that behavioral problems are a cry for help. More and more, the response to children whose behavior has become problematic is to medicate, which can impact the child's health across the lifespan, and healthcare costs are significantly increased as a result. When we "listen" to the child's behavior, we have the opportunity to provide supportive interventions that can prevent a downward spiral that often leads to additional layers of trauma.

When we teach our children to tell a trusted adult if they are being harmed, if they are afraid or if they have been hurt, the child's expectation is that there will be some help and relief. Sometimes the child may not even realize what is happening to them as harmful, as "safe touch" is not uniformly taught to and understood by children. When a child experiences fear and harm, sometimes it is impossible for them to reach out for help because of threats and other coercive actions by the abuser. And when a child does break out of that place of fear to reveal what may be happening, it takes significant strength and courage. But what so many children are learning, as a direct result of our broken systems, is that even when they disclose and ask for help, nothing positive happens. The impact that this has on their esteem and worldview is profound – especially if it happens repeatedly.

For the small number of children that are given access to a mental health therapist, trauma screening is often absent from evaluation. When a child's abuse history is missed by mental and medical health professionals, not only does the trauma remain unaddressed, but the child may be labeled with a stigmatizing mental health diagnosis. Treatment strategies for complex trauma issues are hard to address within the current mental health system, which is ill equipped to provide cross-environment education and supportive strategies to caregivers and schools. Because some children grow up in communities where shootings and violence is prevalent and there is no "safe haven," their ability to stabilize their nervous systems becomes impossible, making it even more essential for trauma awareness and a coordinated care response to be in place.

The current laws that guide child protective services also require serious review and revision. If there is a level of abuse, violence or neglect – a threshold – that has to be reached for the child welfare agency to take action in the best interest of the child, then this needs to be clearly outlined. Many reports lead to superficial investigations. If we do not re-examine how these cases are processed and evaluated, we are just wasting tax-payer dollars with meaningless investigations, not to mention the time and stress for those who report and are involved in the investigation. We require social service staff to

report suspected abuse or neglect, and we strongly encourage the public to do so; but reporting is only successful in providing some safety for the child if the responsible agency actually does something. Unfortunately, many concerns are brushed off as "poor parenting" or "parenting style," or part of a bitter custody dispute rather than real risk to the child.

To illustrate some of what our children are experiencing…

Trauma, Violence and Neglect

Domestic Violence
- Approximately three to ten million children are exposed to violence in their homes each year.[ii]
- A child is abused or neglected every 42 seconds.[iii]
- Children who witness violence at home display emotional and behavioral disturbances as diverse as withdrawal, low self-esteem, nightmares, and aggression against peers, family members and property.[iv]

Traumatic Event Exposure
- In the United States alone, from 1996 to 1998, there were more than 5 million children exposed to some form of severe traumatic event such as physical abuse, domestic and community violence, motor vehicle accidents, chronic painful medical procedures and natural disasters.[v]
- A national survey of 12- to 17-year-old youth showed that 8 percent reported a lifetime prevalence of sexual assault, 17 percent reported physical assault and 39 percent reported witnessing violence.[vi]

Youth and Crime
- Most children who have turned to sex trade and trafficking ran away from home or were abandoned. The majority of those kids both use and sell illegal drugs. The risk of a child 10-17 being sex trafficked is higher than the risk that he or she will die in an accident or be raped or sexually assaulted.[vii]
- Law enforcement agencies arrested approximately 2.8 million juveniles in 1997. Of that number, 2,500 were arrested for murder and 121,000 for other violent crimes. Juveniles accounted for 19 percent of all arrests, 14 percent of murder arrests, and 17 percent of all violent crime arrests.[viii]
- Most of the children prosecuted in adult court are charged with non-violent offenses. About 10,000 children are held in adult jails and prisons on any given night, with very little, if any, educational services available during incarceration. Approximately 40-73 percent of the girls in the juvenile justice system have been abused, and 75 percent of them are regular users of alcohol and drugs.[ix]

Lesbian, Gay, Bisexual and Transgender (LGBT) Youth
- Young people who are lesbian, gay, bisexual or transgender are at least seven times more likely to be crime victims than heterosexual people. At least 75 percent of crimes against LGBT youth are not reported to anyone.[x]

- LGBT youth live, work and attempt to learn in constant fear of physical harm at school. 27 perecent have been physically hurt by another student.[xi]
- In a typical class of 30 students, 8 students (27 percent of the class) will be directly affected by homosexuality of self, one or more siblings, or one or both parents.[xii]
- Over half (56.4 percent) of transgender students reported verbal harassment based on all three personal characteristics—gender expression, gender and sexual orientation. Over half (55.2 percent) of these students also reported some incident of physical harassment with over a quarter reporting this type of harassment because of all three characteristics.[xiii]
- According to this study, gay and lesbian youth are two to three times more likely to complete suicide than other youths and 30 percent of all completed youth suicides are related to the issue of sexual identity.[xiv]

Children in Military Families
- Maltreatment of children in families of enlisted soldiers was 42 percent higher if a parent was deployed and away from home than when they were home.[xv]
- A report commissioned by the Army determined that during deployment, rates jump, outstripping civilian abuse rates: neglect (increases four-fold), maltreatment (increases three-fold), and physical abuse (increases two-fold).[xvi]
- Children aged 3 years or older with a deployed parent exhibit increased behavioral symptoms compared with peers without a deployed parent, after controlling for caregiver's stress and depressive symptoms.[xvii]

Media and Violence
- The National Television Violence Study found that nearly 2 out of 3 TV programs contained some violence, averaging about 6 violent acts per hour.[xviii]
- Young children (ages two through seven) are less exposed to media violence than older children, but data collected in 1999 show that they still spend more than three hours each day watching television and videos.[xix]

Bullying
- More than 50 percent of children between the ages of 8 and 11 reported that bullying is a "big problem" at school.[xx]
- 86 percent of children between the ages of 12 and 15 reported that they get teased or bullied at school, more prevalent than smoking, alcohol, drugs, or sex among this age group.[xxi]

Mental Health Impact
- In children, trauma may be incorrectly diagnosed as depression, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, generalized anxiety disorder, separation anxiety disorder, and reactive attachment disorder.[xxii] [xxiii]
- According to the U.S. Department of Health and Human Services, mental health problems affect one in every five young people. Two-thirds are not getting the

help they need. Between 7.7 and 12.8 million children have a diagnosable mental disorder.

- Rates of PTSD identified in childhood range from 2 percent after a natural disaster (tornado), 28 percent after an episode of terrorism (mass shooting), and 29 percent after a plane crash.[xxiv]
- In a community sample of older adolescents, 14.5 percent of those who had experienced a serious trauma developed PTSD.[xxv]
- The U.S. has the highest rates of childhood homicide, suicide, and firearm-related death among industrialized countries.[xxvi]

There is no question that our children are exposed to abuse, violence, neglect and other overwhelming adversity that is traumatic and has a long-term impact on cognitive, social, emotional and physical development. Our children need a different response from our systems, communities and families. They should have the right to be healthy, happy and safe.

What is Trauma?

The American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-IV) defines a "traumatic event" as one in which a person experiences, witnesses or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others. A person's response to trauma often includes intense fear, helplessness or sheer horror.[xxvii] Trauma can result from experiences that are "private" (e.g. sexual assault, domestic violence, child abuse/neglect, witnessing interpersonal violence) or more "public" (e.g. war, terrorism, natural disasters).

Medical researchers, sociologists and healthcare professionals increasingly recognize trauma as a significant factor in a wide range of health, behavioral health and social problems.[xxviii] [xxix] Trauma resulting from prolonged or repeated exposures to violent events can be the most severe.[xxx]

Clearly, different individuals react to trauma in their own way, depending on many mediating and exacerbating factors. Some of these factors include aspects of the individual (e.g., age, past experiences, strengths), the environment (e.g., supportive responses and access to safety and resources) and the nature of and circumstances surrounding their traumatic experiences (e.g., severity, frequency, intrusiveness, stigma, intentionality). For example, trauma associated with repeated childhood physical or sexual abuse, especially at the hand of a trusted adult, can become a central defining characteristic to a survivor's identity, impacting nearly every aspect of his or her life. Regardless of its cause, trauma is a central mental health concern and a "common denominator" for abuse, neglect, violence, disaster, terrorism and war victims.

The Human Cost

Trauma can have severe negative impacts on a person's physical and emotional state. The most common experiences include flashbacks, emotional numbness and

withdrawal, nightmares and insomnia, mood swings, grief, guilt, distrust and a lack of physical or sexual intimacy. Trauma has been linked to hallucinations and delusions, depression, suicidal tendencies, chronic anxiety and fatigue, hostility, hypersensitivity, eating disorders such as anorexia or obesity and other obsessive behaviors.[xxxi] Victims are at a much higher risk for co-occurring mental health disorders and substance abuse, violence victimization and perpetration, self-injury and a host of other coping mechanisms which themselves have devastating human, social and economic costs. Trauma has been linked to social, emotional, and cognitive impairments, disease, disability, serious social problems and premature death.[xxxii]

In fact, between 51 percent and 98 percent of public mental health clients diagnosed with severe mental illness report having trauma histories,[xxxiii] and prevalence rates within substance abuse treatment programs and other social services are similar.[xxxiv] In children, trauma may be diagnosed incorrectly as depression, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, generalized anxiety disorder, separation anxiety disorder and reactive attachment disorder.[xxxv] [xxxvi] Adults also encounter similar misdiagnosis and obstacles in having their trauma experiences understood and addressed.

The Adverse Childhood Experiences (ACE) Study, which examined the health and social effects of traumatic childhood experiences over the lifespan of 18,000 participants, demonstrated that trauma is far more prevalent than previously recognized, that the impacts of trauma are cumulative, and that unaddressed trauma underlies a wide range of problems. Chronic medical conditions such as heart disease, cancer, lung and liver disease, skeletal fractures and HIV-AIDS plague many trauma survivors. Also, a host of social ills from homelessness, prostitution, delinquency and criminal behavior, to the failure to finish school or an inability to hold a job, stem from the effects of a traumatic event. [xxxvii] [xxxviii] [xxxix] Fractured relationships and support systems also greatly impact the survivor and their ability to heal.

The Public Cost of Unaddressed Trauma

When unrecognized and untreated trauma manifests itself as civic problems, we all foot the bill. Trauma can significantly increase the use of healthcare and behavioral health services, as well as boost incarceration rates and increase the need for victim compensation and services. For instance, we know that more than 40 percent of women on welfare were sexually abused as children.[xl] So taxpayers then pick up the tab for the greater reliance on public resources such as Medicare, Medicaid, Welfare and other programs, plus the strain on the law enforcement, court, victim service and prison systems. Meanwhile trauma costs business and the American economy in decreased productivity and unemployment payments.

The financial burden of trauma to society is staggering. The economic expenditures of untreated trauma-related alcohol and drug abuse alone were estimated at $160.7 billion in 2000.[xli]   The estimated cost to society of child abuse and neglect is $94 billion per year, or $258 million per day.[xlii] For child abuse survivors, long-term psychiatric and

medical health care costs are estimated at $100 billion per year.[xliii] Lost productivity from violence accounted for $64.4 billion annually, with another $5.6 billion spent in medical care.[xliv]

Next Steps

The Congressional issue briefing "Addressing the Mental Health Impact of Violence and Trauma on Children" that took place on October 11, 2011 marks an important first step in considering how our policymakers, Administration and government, communities and families can be more responsive to the needs of children. Given the state of the economy in the United States, where publicly funded program budgets are being greatly reduced, we need to find creative and collaborative approaches to meet the needs of our children. Prevention should be the primary focus, but building an understanding of how trauma impacts children and how to promote healing and resilience is paramount for their long-term wellbeing.

This issue brief will be updated with discussion points and recommendations following the Congressional briefing.

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