

Issues in Brief



DC Action for Children

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Child Abuse and Neglect through the Lens of Trauma

INTRODUCTION

Jamie sees her mom's boyfriend beat her up. Jordan sees his neighbor get shot. Maria loses everything in a fire. Michael is beaten by his father who is high on drugs. Brianna is removed from her mother's home in the middle of the night because she is home alone. George is moved to his third foster home in six months. Stephanie is being sexually abused by her uncle. A school shooting occurs. A hurricane hits.

Although these children have had different experiences, all are victims of trauma. Some will show few effects of trauma while others may act out or have difficult behaviors. Some children live in constant fear while others take the experience and thrive and grow from it.

While trauma manifests differently for each child, one thing is certain of children in the child welfare system and that is that they have experienced trauma related to abuse or neglect and removal from their home. It is important to understand trauma — its effects, its causes and children's reactions to it — so that systems can better identify and address trauma and its manifestations. It is unfortunate that the agencies designed to help and protect children can end up causing them more harm. The District's child welfare system must focus on treating the trauma in a comprehensive way, including parents and foster parents.

This issue brief will discuss childhood trauma as related to child maltreatment. This will be followed in the coming months with the results of the "mental health" survey conducted by DC ACT as well as with a discussion of best practices here and across the country.

WHAT IS TRAUMA?

The National Institute of Mental Health (NIMH) categorizes trauma as medical and psychological. NIMH defines psychological trauma as "an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects." (<http://www.nimh.nih.gov/publicat/violence.cfm>)

In plain language, psychological trauma is a response to a stressful or extreme event. When we think about childhood trauma, we typically think of being the victim or witnessing physical abuse, sexual abuse, violence in the home or community, automobile accidents, natural disasters, and being diagnosed with a life threatening illness. (*Facts for Families*, No. 70; Updated October 1999 on-line at www.aacap.org/)

Professionals and experts believe that the more direct exposure one has to the event or situation the greater the risk of emotional harm. Emotional harm is also greater if the event occurs regularly, as often seen in child abuse or neglect. Trauma can be experienced personally, witnessing an event or hearing about an event after the fact.

WHAT IS TRAUMA IN FOSTER CARE?

By its very nature, the child welfare system serves children and youth who have had traumatic experiences. Children in the system suffer from trauma based on the incident that brought them into the system. Removing them from their home and placing them in substitute care exposes children to further trauma. Each time the removal/placement cycle is repeated, the trauma is repeated. All this from a system designed to protect young people.

Children traumatized by abuse and neglect often exhibit behaviors similar to those of children exposed to other kinds of trauma. Some will become withdrawn or depressed, others will show extreme anxiety, while others will be hostile or aggressive. The reactions to the trauma can occur at any time because simple things such as a sound, picture or situation can trigger memories which remind the child of what happened causing the anxiety and feelings of insecurity to return. This can make it difficult for children to trust and attach to adults, especially if they have been threatened or harmed by adults in the past. (http://nctsnet.org/nctsn_assets/pdfs/materials_for_applicants/A_Systems_Integration_Approach.pdf)

Children and youth who have been abused over a long period of time face a greater risk of suffering from a psychiatric disorder or developmental delays, having difficulty with peer relationships, exhibiting poor academic performance and motivation for learning and struggling to fully participate in society. (http://nctsnet.org/nctsn_assets/pdfs/materials_for_applicants/A_Systems_Integration_Approach.pdf)

The behaviors of children who suffer from trauma can make it difficult for them to maintain placements, especially if foster parents are not give the support and information they need to assist the child. This can cause children to experience yet another trauma — moving into a new foster home.

Child welfare agencies and systems not attuned to the trauma associated with abuse, neglect and removal, as stated above, can further harm children and youth. The National Traumatic Stress Network's 2005 study *Helping Children in the Child Welfare System Heal from Trauma: A Systems Integration Approach* makes the case that protocols for working with children, youth and families involved in the child welfare system are essential. The report offers recommendations demonstrated to reduce the effects of the trauma. (http://nctsnet.org/nctsn_assets/pdfs/materials_for_applicants/A_Systems_Integration_Approach.pdf)

RESILIENCY: WHY SOME KIDS CAN THRIVE FOLLOWING TRAUMA

Not all children who experience child abuse and neglect will suffer from long-term consequences. Factors that can affect the outcome of trauma in chil-

dren include the age of the child and developmental status when the abuse or neglect occurred; the type of abuse; the frequency, duration and severity of the abuse; and the relationship between the victim and abuser. (http://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm) The ability to cope or even thrive after a traumatic experience is referred to as resiliency. Children who are resilient tend to possess certain characteristics such as:

- optimism
- self-esteem
- intelligence
- humor
- creativity
- independence
- access to a supportive adult and support system

It is important to identify protective factors that contribute to a child succeeding following trauma so that the community can foster the individual and community characteristics that lead to resiliency.

The lack of resiliency factors does not doom a child. In fact, the University of Missouri-Columbia reports "The good news is that resiliency factors can be taught, modeled and encouraged by families, schools and communities." (<http://extension.missouri.edu/bsf/selfesteem/index.htm>) Certainly, it is natural to presume that children who are resilient prior to the trauma fare better than those who develop skills after a traumatic event. However, the New York University Child Study Center reports that the timing or pace of the emergence of resiliency is not well documented in children. What is clear is that children in environments exhibiting resiliency have better outcomes generally.

POST TRAUMATIC STRESS DISORDER (PTSD)

Children who experience trauma once or repeatedly are at risk of developing Post Traumatic Stress Disorder (PTSD), a mental health disorder. The *DSM-IV TR* explains that

the essential feature to PTSD is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience...The person's response to the event must involve intense fear, hopelessness, or horror (or in children the response must involve disorganized or agitated behavior).

The American Academy of Child and Adolescent Psychiatry explains that following trauma children may initially be agitated or confused and repeated trauma may cause dissociation — emotional numbing to deaden or block the pain and trauma. Further, children with PTSD will avoid places or situations that remind them of the trauma or may become less responsive emotionally, depressed, withdrawn and detached from their feelings. (*Facts for Families*, No. 70; Updated October 1999 on-line at www.aacap.org/)

CONSEQUENCES OF TRAUMA

There are consequences of trauma besides PTSD. Abused and/or neglected children are affected physically, mentally, psychologically and behaviorally. Further, child maltreatment has been shown to impair brain development resulting in developmental delays. In children who have experienced or witnessed violent or traumatic events, brain development can also be stunted or otherwise affected as a result of anxiety or PTSD. One study found that of 700 children studied one quarter of the children in foster care for a year or more had recurring physical or mental health problems. (http://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm)

Abuse and neglect can result in fear, isolation and the inability to trust, all of which can lead to life-long problems of low self-esteem, depression and difficulty in relationships. Moreover, there is a link between child abuse and neglect and poor mental and emotional health and cognitive and social difficulties. One long-term study found that as many

as 80% of young adults who had experienced abuse and neglect meet the criteria for at least one psychiatric disorder such as depression, anxiety, panic disorder, PTSD and reactive attachment disorder by the age of 21. (http://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm) Attachment difficulties lead to future problems in relationships with peers and other adults.

Although not all children who are abused or neglected will suffer from behavioral problems, maltreatment certainly increases the likelihood of difficulty in the adolescent years with delinquency, teen pregnancy, poor academic achievement, use of drugs and alcohol and mental health problems. These “negative” behaviors make it difficult for children to maintain placements in foster care causing more trauma and attachment problems from multiple foster care placements.

The effects can be long-lasting. In fact, it is estimated that one-third of children who are abused and neglected will abuse their own children. (http://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm)

All of these consequences make proper diagnosis and treatment imperative.

TREATMENT OF TRAUMA AND PTSD

In an ideal world, a child would not have to experience trauma, especially trauma as a result of child abuse and neglect. When prevention of maltreatment has failed is when child abuse and neglect or other trauma occurs, it is important to for the child

Symptoms of PTSD in children	
Worry about dying at an early age	Losing interest in activities
Having physical symptoms such as headaches and stomach aches	Showing more sudden and extreme emotional reactions
Having trouble falling or staying asleep	Showing irritability or angry outbursts
Having trouble concentrating	Acting younger than their age such as clingy or whiny behavior or thumb sucking
Showing increased alertness to the environment	Repeating behavior that reminds them of the trauma

Source: *Facts for Families*, No. 70; Updated October 1999 on-line at www.aacap.org/.

to regain a sense of safety and security as quickly as possible. This means minimizing reoccurrence of the trauma and providing intervention quickly. Proper diagnosis is also essential so the correct intervention is used. Behaviors exhibited by a child who has experienced trauma can look like other mental health disorders such as ADHD, anxiety and depression. While the symptoms can be similar, it is critical to identify if trauma is a precipitating event because some interventions are more effective in treating trauma. (*Facts for Families*, No. 70; Updated October 1999 on-line at www.aacap.org/)

Safety must be emphasized when treating trauma. Also essential is support from parents, school and peers. Children can also benefit from psychotherapy, particularly cognitive behavioral therapy (CBT), which allows the child to talk, draw play and write about the traumatic events. CBT is effective because it teaches methods to overcome anxiety, fear or depression and modifies the undesirable behaviors by replacing them with positive behaviors. CBT also includes parent education in the process so that caregivers are able to assist the child at home. Play and art therapy can be helpful for young children who have difficulty expressing their feelings in words. Medication can also be effective in treating the symptoms of PTSD such as sleep disturbance, intrusive thoughts, depression and anxiety or panic. Medication has been commonly used in adults and research is now looking at its effectiveness in children. (<http://www.nimh.nih.gov/publicat/violence.cfm>)

Central to the child's success is access to mental health professionals with expertise in working with children and youth who have experienced trauma. The city must do all in its power to ensure that there is adequate capacity in the field to assist children who have experienced traumatic events. This will increase the likelihood of the child being able to move past the trauma and work to develop strong and lasting relationships.

CONCLUSION

We know that children entering the child welfare system have experienced trauma and so we must provide appropriate supports and services in the near and long terms to ensure young people adjust as well as they can. Treatment must be provided by practitioners with expertise in treatment of trauma, specifically child abuse and neglect. We cannot risk greater harm through misdiagnosis, mistreatment and moving children from foster home to foster home because their behaviors cannot be maintained. Ultimately, we need to make preventing child abuse and neglect a priority so that children never have to experience this type of trauma in the first place.

In the next few months, we will expand on this report by discussing best practices and making recommendations about ensuring that children and youth involved in the child welfare system in fact receive the breadth and depth of services they need.

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DC Action for Children is an independent, non-profit multi-issue children's advocacy organization dedicated to improving conditions for children, youth and their families in the District of Columbia.

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