

Congressional Briefing: Addressing the Mental Health Impact of
Violence and Trauma on Children

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Good morning, everyone. I want to use the little bit of time I have here today to really elevate the issue of exposure to violence and specifically, the importance of trauma and trauma-informed care.

At the Administration for Children, Youth and Families, I am responsible for both the Children's Bureau as well as the Family and Youth Services Bureau. And in that role, the Children's Bureau is responsible for funding the Child Welfare systems across the country. With the Family and Youth Services Bureau, we're responsible for overseeing the funding related to domestic violence, the runaway and homeless youth population as well as teen pregnancy prevention.

What's striking when considering each of those programmatic areas is what they share in common – children who are exposed to traumatic events. Whether that is in the domestic violence universe, where we know a child is exposed to domestic violence they are fifteen times more likely to also experience abuse or neglect. Or you focus on the child welfare system, where – at least in Illinois we were able to document – for children entering foster care, about 25% of them had a clinical need around issues of trauma.

In addition to that, if you look at the runaway and homeless youth population, many of them have been abused prior to leaving their homes. And living on the streets in this country is not anything if it's not a traumatic experience. Now let's not confuse having a traumatic experience with suffering from trauma. Not all children that experience traumatic events develop symptomatology – a clinical need for intervention around trauma, but many do.

And so, part of what we are trying to do at the Administration on Children, Youth and Families is to take a trauma-informed approach across all of the populations that sit within my responsibility. And to develop common approaches and strategies to support addressing the needs that children have.

We're trying to push the envelope by moving people beyond the premise that the best intervention for a child exposed to trauma, is to simply remove them from the environment in which the trauma occurred, to really focus on healing and recovery. To really begin to talk about what are the social and emotional impacts of trauma, long term. And how do we begin to address the issue in a way that promotes healing

and recovery in such a way so that we are more capable, not less capable, of sending young people off into the world able to take care of themselves, love in a caring and appropriate way and having a high level of functioning.

That's the basic premise that we start with. And then, over the last two years we have looked for opportunities to integrate trauma into policy as well as funding. For example, in the recent reauthorization of Safe and Stable Families, which is really included in what is considered to be Title 4B, those are the funds that are dedicated to child welfare agencies for the purposes of providing services and interventions. During that reauthorization we were able to work with Congress, in order for them to include language in the bill - throughout the bill - to talk to child welfare agencies about recognizing the need to address trauma. So from a policy standpoint, we now have a policy in place that says trauma is a critical issues, all states ought to be looking at it and they ought to be thinking about what are the most appropriate ways to address them.

In addition to that, we have been able to use some of our discretionary spending to also incentivize moving child welfare agencies to an approach that is also trauma-informed. In the last month we were able to announce a little under \$3 million in discretionary grants specifically for the propose of building the capacity of child welfare agencies to recognize issues of trauma and to effectively intervene.

We're hopeful that if Congress provides the kind of financial support that they have in the past, we will, in the coming year or two, also be able to have resources to address trauma in the context of the domestic violence universe. We have been working with the Domestic Violence Caucus and others to really look at this issue of how we really integrate trauma into our understanding of children who are exposed to domestic violence, and how we help women who have been abused to also heal and recover from trauma.

We are moving in the right direction. Lord knows we have a lot of work to do, but we're raising the issue form a policy standpoint, we're raising the issues from a practice standpoint and we're raising the issue from a funding standpoint. I think that moves us in the right direction.

We're also working closely with SAMHSA. When you look at where the greatest knowledge is on this issue, look to SAMHSA. We have been working with SAMHSA to be a thought partner, as well as a supporting agency as we go forward and implement trauma-informed care in foster care.

I mentioned the roughly \$3 million that we were able to fund this year. In addition to that SAMHSA has agreed to partner and provide the technical assistance to those grantees. It's an opportunity for us to leverage the knowledge base that SAMHSA has - the expertise that they have - with the resources we have available to us through discretionary grants, so that we could, in partnership, move the field forward.

The last point that I would make, is that when you look at the brain science, there is little question that maltreatment – said differently, trauma – has a long-lasting effect. When you look at the child and adolescent needs and strengths assessment that we use in the child welfare system in Illinois, we saw about 25% of those entering the door needed help, and over time we say that issue grow – so it was like 40% for a child who had been in care for more than two years.

Let me circle around to the last point that I'd like to make here. I think there are a lot of different directions we could go to realize the full potential of trauma-informed care. I think that we ought to drive forward as quickly and aggressively as possible. However, it's a lot of work. Training staff, training foster parents, training front-line workers and investigators and social workers is a lot of work. But I have the benefit of knowing that it is completely doable.

We introduced a trauma-informed care curriculum in Illinois in 2005, and we trained every foster care parent in the state and every social worker in the state. We introduced three evidence-based strategies around trauma and we did them in every region in the state.

Whereas I can talk to you on this very high level about brain development, I can talk to you on a policy level, but I can also talk to you on an implementation level. There is nothing that I've described here – nothing that I will discuss over the next hour – that isn't imminently doable if we have the focus of resources, expertise and the patience to do the work on implementing policies, practices and procedures in the right way, so that we get the most from the limited resources that we have available.

Thanks.