

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

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Good morning. I'm Kathryn Power, Director of the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS). I am pleased to be included this morning to discuss the prevalence and impact of childhood trauma and to share the good news that prevention works. I'm addressing you today not only as a mental health professional, but also as a mother, a former teacher, and a lifelong victims' rights advocate. The mental and physical health needs of trauma survivors, and especially our Nation's young people, have informed my work for more than 40 years.

In our efforts to offer support for trauma survivors of all ages, we must recognize that trauma is not a disease. Trauma is a public health issue that affects the quality of lives of individuals, of their families, and of our Nation as a whole. We cannot hope to rein in health care costs and improve health care quality if we don't attend to trauma and its consequences.

Trauma occurs when an external threat overwhelms a person's coping resources. Interpersonal violence—including physical and sexual assault such as rape, incest, battering, and murder—shatters trust and safety, fragments relationships, narrows hope, and impedes recovery.

Children growing up in the United States today face a surprising level of violence, including child abuse, witnessing domestic violence, crime, and bullying. An estimated 3 to 10 million children witness domestic violence every year. More than a third of adolescents between the ages of 14 and 17 have seen a parent assaulted. Children are also the victims of violence. Every 35 seconds a child is abused or neglected in the United States, and every 6 hours a child dies from abuse or neglect. One in 5 girls and 1 in 10 boys are sexually abused before adulthood. In one study, 92 percent of incarcerated girls reported sexual, physical, or severe emotional abuse.

Childhood experiences of abuse and neglect are not only common, they are highly destructive, even years after they occur. As Elizabeth pointed out, they exert a powerful impact on adult emotional health, physical health, and major causes of mortality in the United States.

And trauma is intergenerational. Parents' own trauma histories are risk factors for negative parenting behaviors. Higher levels of exposure to trauma lead to decreased parenting satisfaction, reports of child neglect, psychological aggression, and a history of child protective services reports.

Of particular importance to the future of American competitiveness, the more adverse experiences a child has, the more likely he or she is to have serious job problems as an adult. And the costs of untreated trauma are astounding. A study using 2008 data shows that the predicted incremental cost of untreated trauma to the health care system alone ranges between \$333 billion and \$750 billion annually. This represents between 17 percent and 38 percent of the total U.S. health care dollar. The human costs are incalculable.

In the past decade, a new understanding of the impact of trauma stemming from violence has begun to fundamentally alter the way services are delivered. We now approach trauma as a public health issue that can be addressed by creating safe, stable, and nurturing environments for children, youth, and families. As the result of the ACE study and SAMHSA's Women, Co-occurring Disorders, and Violence Study, we have begun to view individuals and their behaviors through a different lens.

The SAMHSA study on women and violence highlighted the extent to which trauma can become the central organizing principle in a person's life, affecting her ability to form relationships, keep a job, or live in stable housing. The study made clear that many individuals previously labeled as "mentally ill," "substance abusers," or "criminals" were coping with the results of severe trauma histories. This understanding helps us interpret much of what we once considered pathological behavior—such as IV drug use or self-injury—as coping mechanisms that allow individuals to survive unspeakable acts.

These coping mechanisms develop at an early age. Children exposed to violence may act out or withdraw. A child who was getting good grades may fall behind. One who has many friends may become isolated. It is perhaps not surprising that mental, emotional, and behavioral disorders are common, even among very young children. About 1 in 5 children will have at least one such disorder, and many have more than one. Parents often report concerns about emotional and behavioral problems before age 5.

We must stop the cycle of violence and abuse and help our children and their families learn healthy coping mechanisms that allow them to bend, rather than break, in the face of life's adversity. This is the very definition of resilience. The good news is we know how to do so.

A growing body of research has demonstrated that there are effective strategies to promote healthy development, enhance social and emotional wellbeing, and prevent and reduce a host of behavioral health problems.

In 2009, the National Research Council and Institute of Medicine (IOM) of the U.S. National Academy of Sciences published a groundbreaking report. It was called Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. The report was commissioned by SAMHSA's Center for Mental Health Services.

The 2009 IOM report made two important contributions to prevention science. First, the report noted that many mental, emotional, and behavioral disorders among young people—including substance use and abuse—can, in fact, be prevented. Second, and equally important, it pointed out that programs to promote mental health should be part of the full range of mental health services. The report outlined effective programs that prevent mental, emotional, and behavioral disorders and promote emotional health.

The IOM report fits squarely for calls to adopt a proactive, public health approach to health care. Indeed, I believe we truly have reached the “tipping point” where policymakers, health and mental health care providers, and the general public increasingly understand that behavioral health is essential to health.

Implicit in the public health model is the identification of risk and protective factors. Prevention programs emphasize the avoidance of risk factors. Some risk factors—such as poverty, child maltreatment, family dysfunction, and exposure to violence—predict multiple negative outcomes. This means interventions that target these risk factors result in beneficial outcomes in multiple areas of a child's life and in multiple systems and sectors within society. It also means we must attend to the broader social and economic conditions in which children live.

Increasingly, our communities are stressed by the crisis of poverty. The authors of the IOM report wrote, “We are persuaded that the future mental health of the Nation depends on how the costly legacy of poverty is dealt with.” Poverty often results in overcrowding, poor schools, limited health care, unsafe and stressful environments, and lack of adequate food. All of these risk factors can imperil cognitive, emotional, and behavioral development.

Promotion strives to bolster supportive family, school, and community environments. It seeks to identify and instill in young people protective factors that enhance wellbeing. We must consider the development of social and emotional competence as a public health issue and a matter of public policy. The costs—in disrupted relationships, in lost or reduced earnings, and in lost lives—are simply too high.

Because half of all lifetime cases of diagnosable mental illness begin by age 14 and three-fourths start by age 24, interventions targeted to young people show the most promise. In addition, symptoms precede onset of a full-blown condition by 2 to 4 years, which means we have an important window of opportunity in which to respond.

Evidence-based interventions aimed at family functioning have been shown to reduce aggressive, disruptive, or antisocial behavior; improve parent-child interactions; and prevent child maltreatment. School-based social and emotional learning programs may improve academic outcomes, and violence prevention programs have demonstrated success in preventing violence or risk factors for violence. The Safe Schools/Healthy Students Initiative, a joint effort of SAMHSA and the U.S. Department of Justice, was recently cited by the White House as one of three model programs that uses a community approach to prevent violence.

Many of these programs are simple and easy to implement. For example, SAMHSA supports dissemination of 'The Good Behavior Game.' Classroom teams are given small rewards for positive behavior such as being on-task or displaying cooperation. The Good Behavior Game has been shown to increase academic engagement and reduce disruptive behavior. Over the long term, it reduces the development of conduct disorder, substance abuse, and suicidal ideation.

Most evidence-based prevention programs have been shown to produce far more benefits than they cost. This is significant given the fact that costs associated with behavioral health problems in young people, in 2007 dollars, were estimated at \$247 billion.

In addition, there are some key elements or "kernels" of evidence-based programs that can themselves be implemented by families, schools, and whole communities. For example:

Giving verbal praise to acknowledge and reinforce desirable behavior can improve cooperation and social competence and reduce disruptive behavior.

Supplementing the diet with Omega-3 fatty acids, found in some fish and nuts, is associated with a reduction in aggression, violence, and depression.

And providing children with meaningful roles in school and at home can build self-efficacy, enhance family functioning, and decrease negative behaviors.

#### SAMHSA's Role

No one organization or Federal agency can do this work alone. The effects of trauma spill over into our hospitals, our jails, and our social welfare systems, and these organizations also must be part of a comprehensive solution. SAMHSA is committed to leading efforts at the Federal, State, and local levels to develop and disseminate trauma-specific interventions and trauma-informed principles and practices.

To help promote mental health, wellbeing, and healthy relationships among trauma survivors and their families, SAMHSA will embark on a National Trauma Campaign to raise awareness of the behavioral health consequences of trauma. Among the goals of the campaign are to prevent the cycle of abuse, trauma, and behavioral health challenges across generations among those who have experienced a

traumatic event. Using messages of empowerment, resilience, hope, and compassion, we hope to promote healing and recovery for families with young children by supporting behavioral health services and supports that are trauma-informed.

SAMHSA has begun this important work. In 2001, as authorized by the Children's Health Act, SAMHSA funded the National Child Traumatic Stress Network. The Network's mission is to use empirically supported strategies to improve access to services for children, their families, and communities throughout the United States who are impacted by violence and trauma.

Today, the Network includes more than 130 medical universities, academic-based research facilities, and community service agencies. They work in schools, child welfare agencies, community mental health clinics, hospitals, juvenile residences, and dependency and delinquency courts. Network members have succeeded in increasing awareness of the impact of child traumatic stress, providing education and training, and developing resources to enhance the knowledge and skills of behavioral health staff.

Last month, SAMHSA announced 15 grant awards totaling \$7 million over the next year to improve services available to children and adolescents who have experienced traumatic events. Treatment and Service Adoption Center grants will develop the best methods for preventing, screening for, and treating behavioral health problems that may result from traumatic events. Community Treatment and Services Center grants will support the delivery of trauma-informed practices and interventions to children and adolescents in community-based settings. We haven't a moment to lose.

The gap is substantial between what is known and what is actually being done. The authors of the IOM report believe that "the Nation is now well positioned to equip young people with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships that strengthen the social fabric." This can and should be the vision of the future of health in America.

The time to begin is now. Thank you.