Child Trauma: The Role of Public Policy

Public policy decisions play a pivotal role in prevention, service, and treatment efforts for children who have been affected by traumatic events. An understanding of this role is a critical part of well-informed discussion of the impact of traumatic events on the health and well-being of children and families. Well-informed policy decisions can lead to better prevention efforts, more appropriate services, more effective treatments, and sufficient funding for these activities, but poor decisions can fail to help or make a bad situation worse. Ideally, policymakers are informed by a comprehensive understanding of how traumatic events impact children and families. In reality, policymakers may not have the information they need.

Child traumatic stress occurs when children are exposed to traumatic events, and when this exposure overwhelms their ability to cope with what they have experienced. Policies cannot prevent all bad things from happening to children, but they can help prevent some traumatizing events from occurring and help ensure that the necessary infrastructure is in place when events do occur and support is needed.

Good public policies must address the complexities of child trauma directly. Child trauma comes in many forms, including abuse, disaster, bereavement, violence, or war, and affects all ages, genders, cultures, and communities. Child trauma occurs, is diagnosed, and is treated in a variety of settings, including hospitals, schools, surrogate care, or family homes. Funding for services comes from multiple sources, including federal health care, private health insurance, state block grants, federal discretionary programs, and personal income. Creating effective policy in such complex contexts requires strong collaborative relationships among policy leaders, affected families, and all those who work with traumatized children.

Policy Interventions at Multiple Levels

Repeated exposure to traumatic events can affect a child's development and greatly increase the risk of future serious health problems, even death.[4] Left untreated, problems can worsen, negatively affecting a child's educational, social, and mental health outcomes. Fortunately, knowledge about how best to identify and treat traumatized children is increasing. Policy interventions can help ensure that this knowledge continues to expand, and that what is learned is mobilized effectively to improve the lives of traumatized children. Such interventions are needed at the federal, state, local community, and program/treatment level.

Federal

Federal policies do address some forms of child trauma, but these efforts are piecemeal and uncoordinated. In contrast, a coordinated public health approach would work to reduce the impact of trauma across the population as a whole.[6] This kind of approach targets different segments of the population with different kinds of efforts focusing on prevention programs for the general public, early detection and intervention for populations at risk (including children), and treatment for those who need it. Public health programs can provide psychoeducational information to the public about what child trauma is, what signs of trouble to watch for, and where help can be sought. Such campaigns have been launched

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around acute events, such as the September 11, 2001 terrorist attacks and the 2005 Gulf Coast hurricanes. Incorporating trauma information into standard public health and mental health campaigns could provide a psychoeducational "vaccine," helping families and others to understand,

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prepare for, and support children when they are exposed to traumatic events of all kinds.

Federal policies should also support evaluation of prevention and intervention efforts, as well as coordinated studies of prevalence and incidence across all trauma types. Large gaps exist in available information, and the information that currently exists in federal studies and reports has not been synthesized or comprehensively analyzed.[3] A thorough synthesis could provide important guidance about how to create and implement effective prevention and intervention programs.

State

State policies can directly affect the ways in which child trauma services are integrated into child-serving state systems, including child welfare, mental health and addiction services, juvenile justice, and schools. Several states (Ohio, Oklahoma, and New Mexico) are currently addressing the impact of trauma through state infrastructure grants, funded by the Substance Abuse and Mental Health Services Administration to help states transform their mental health systems. In the state of Massachusetts, policymakers are fully involved in a coalition of concerned advocates that is addressing trauma in the public school system. This partnership led to specific legislative changes and funding for schools to remove trauma as a barrier to learning.[1]

Local Community

Policy efforts at the local level can support collaborative partnerships among agencies whose missions overlap in the service of children's needs. This kind of collaboration generally requires policy changes at the institutional or agency level. Creating effective collaboration also requires building trust among diverse professional groups, and between families and the organizations who are offering services to them.

Several programs have been successful in building such partnerships.[8] In one case, a prevention effort, a partnership between a local substance abuse program and a pediatric primary care clinic helped mothers obtain the addiction treatment they needed and get pediatric care for their children at the same location. Because this program succeeded, literacy programs and early childhood education services were added. In a second case, a community child development clinic joined with a police department to create a child development/community policing program to help children and families who were affected by domestic and community violence. This program expanded to offer "24/7" on-call services for child clinicians to work with first responders in cases of domestic violence, and to offer training in this model to police and other clinicians. In a third case, the integration

of mental health services into schools was shown to be effective in addressing the chronic exposure to violence experienced by many children in the Los Angeles Unified School District.[10]

Ideally, all child-serving systems will someday have an understanding about the impact of trauma and how to collaborate to provide support for children and families. Such community partnerships are not yet the standard of care, as noted in a recent survey by the National Child Traumatic Stress Network (NCTSN).[11] The survey revealed major shortcomings in the ways in which trauma issues were addressed. Regardless of the type of service system, agencies rarely received in-depth information about a child's trauma history when a child was first referred to them. Collecting and sharing such information is critical to the development of an effective case management and treatment plan.

Program/Treatment

Policy changes within programs and agencies can directly affect indi-

vidual treatment and services. In this issue, the report by Ingelman and colleagues (pages 23-26) describes an approach that can help guide caseworkers to make more trauma-informed decisions. This approach is founded on eight essential elements; for example, "Maximize the child's sense of safety," and "Address ripple effects in the child's behavior, development, relationships, and survival strategies following a trauma." Policies that promote the inclusion of families as treatment partners are also critical for providing high quality care.

A Broad View of Child Trauma

The complexity of the child trauma issue underscores the responsibility of the public health system to move beyond a narrow focus on medical issues.[7] Understanding public health as closely aligned with social justice leads to greater clarity about how policy directives affect children exposed to trauma. Taking this broader view highlights key policy imperatives such as improving the public health system, reducing socioeconomic disparities, addressing health determinants (such as poverty, pollution, unemployment, or hunger), and planning for health emergencies with a focus on the needs of the most vulnerable, including children. The chronic underfunding of the public health system, with mental health and trauma needs often particularly neglected, results in an unfortunate over-emphasis on intervention only after problems have become severe (and possibly less amenable to treatment), and a corresponding under-emphasis on prevention and early intervention. Emergency response plans often fail to consider the vulnerabilities of those without resources, or the impact that chronic exposure to trauma and the lack of access to health care may have on chances for future recovery. A broad public health perspective would take into account the multiple ways that social justice issues, such as poverty, racism, and violence, affect the health and safety of children.

Policymakers generally rely heavily on science-based evidence when making decisions.[5] This can work well when the science base is adequate.

When it is not, then society has a responsibility to fund research that moves beyond biological- or individual-level causes and cures to a larger psychosocial, public health perspective. To enhance the research base, research funding priorities should expand to include qualitative information, economic evaluations of the total impact of interventions and policy changes, systematic research of actual demonstrations of techniques, and the full participation of survivors in the identification of research needs.[2]

Current Policy Issues

In 2006-2007, many federal and state policy-related challenges illustrate the tensions imposed by the chronic underfunding of public health and social services related to child trauma. Examples of successful recent efforts, initiatives that are in progress, and some notable setbacks include:

- Head Start Federal legislation for programs to serve children at risk of abuse addressed support for home-based services, training of parents in child development, promotion of collaborations between Head Start and child welfare agencies, and training of Head Start staff regarding children exposed to trauma.
- Federal legislation enacted in the Violence Against Women Act extended services to children exposed to domestic violence.
- The State Child Welfare Legislation Report [9] highlighted key state-level child welfare issues, including some which involve children exposed to trauma:

  - Adoption, including adoption of children with abuse histories;
  - Parent and child involvement in case planning to ensure a comprehensive understanding of the child's history;
  - Social worker loan forgiveness programs to attract and keep a workforce in place and reduce turnover; and
  - Strengthening of behavioral health care for children in the child welfare system, so that training in trauma-informed care

can be integrated into child services through these service structures.

- The Deficit Reduction Act made several highly significant changes to Medicaid that have the potential for reducing services for traumatized children. Such changes include reductions in reimbursement for Medicaid rehabilitation and school-based services, and the addition of restrictions to the scope of Medicaid rehabilitation services.
- Following a Government Accounting Office report which documented at least 12,700 children placed in child welfare and juvenile justice systems solely to access mental health services, new policies have been recommended. Efforts around custody (e.g., Keeping Families Together Act, HR 5803) establish state family support grants to help ensure that families do not have to give up custody of their children solely to obtain mental health services. The traumatic impact of losing one's child, or one's family, in order to obtain health care is an example of the secondary traumatization that can be caused by the very system that is supposed to help. This Act is intended to prevent these losses from occurring.

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The integration of high quality, trauma-informed services into all child-serving systems is a more efficient way to allocate scarce resources to ensure that traumatized children and families obtain appropriate care regardless of the service system that helps them. The National Child Traumatic Stress Network and its national and local partners are working in multiple ways to raise the standard of care for traumatized children in all service systems, including developing and supporting policies that help this integration of services and system transformation to occur.

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