



ISSUE BRIEF

# SUPPORTIVE COMMUNITIES

## Why should child protection agencies become **trauma-informed**?

### Introduction

Over the last two decades, there has been an intense focus on the impact of trauma on children and how it affects a child’s development into and throughout adulthood.<sup>1</sup> We now know that even babies can be affected by exposure to traumatic events.<sup>2</sup> Research indicates that most of the adverse effects of trauma, including child maltreatment, manifest themselves in a child’s behavior, interpersonal relationships, and emotional and mental health.<sup>3</sup> Challenges that develop in these areas often have negative effects across the lifespan, limiting a person’s chances to succeed at school, work, and home.

Youth in foster care have particularly high rates of trauma exposure and also are significantly more likely than the general population to have directly experienced violence, specifically abuse and/or neglect.<sup>4</sup> Perhaps no other child-serving system encounters a higher percentage of children and parents with trauma histories than child protection agencies.<sup>5</sup>

The adverse effects of trauma, however, can be mitigated — or even reversed — with the right services and supports.<sup>6</sup> As a result of the increased understanding of trauma’s prevalence and connection to physical and behavioral health and well-being, a growing number of organizations and service systems are developing Trauma-Informed Systems (TIS) to make their services more responsive to people who have experienced trauma.<sup>7</sup> Integrating these findings into policies, programs,



casey family programs



## Why should child protection agencies become trauma-informed?

and practices is a logical next step for child protection agencies seeking to develop a more comprehensive and holistic approach to improving outcomes for children and their families.<sup>8</sup>

Trauma-informed practices and interventions can assist parents and caregivers who have experienced trauma to provide nurturing and safe homes for children. Additionally, trauma-informed foster and kinship parents are more aware of the connection between a child's exposure to trauma and the child's behavior, and are better equipped to provide children with protective and coping skills to mitigate the impact of being removed from their homes.

In fact, research indicates that when child protection agencies infuse trauma-informed care into everything they do, children experience fewer placements and fare better in foster care.<sup>10</sup> Trauma-informed service

improvements to enhance resilience and well-being, such as ensuring that more children receive trauma screening, assessment, and evidence-based treatment, may lead to improved outcomes, such as:<sup>11</sup>

- Fewer children requiring crisis services
- Decreased use of psychotropic medications
- Fewer foster home placements, disruptions, and re-entries
- Reduced length of stay in out-of-home care, and
- Improved child functioning and increased well-being.

Regardless of whether children are in their homes of origin or in out-of-home care, when the trauma-related needs of children and families are identified, child and family well-being and resilience improve.<sup>12</sup>



A trauma-informed approach asks, “What happened to you?” instead of “What’s wrong with you?” It is designed to avoid re-traumatizing already traumatized people, with a focus on “safety first” (including emotional safety) and a commitment to do no harm.<sup>9</sup>

- ACES CONNECTION

# Why should child protection agencies become trauma-informed?

## What are trauma-informed systems?

To treat the consequences of trauma, trauma-informed systems use evidence-based and best practice treatment models to directly address the impact of trauma on an individual's life and to facilitate trauma recovery.<sup>13</sup> While these treatment models are key, they are just some of the components in a trauma-informed system, which is less about “what” a system is doing and more about “how” the system is doing it.<sup>14</sup>

Looking at how a system is functioning requires administrators and staff to be aware of all the ways in which the system's interactions with children and families might inadvertently make them feel unsafe, either physically or emotionally. Therefore, a trauma-informed child protection agency is both an organizational structure and a treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.<sup>15</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA) lists the key components of establishing a trauma-informed system as:<sup>16</sup>

- Realizing the widespread impact of trauma and understanding potential paths for recovery.
- Recognizing the signs and symptoms of trauma in families, staff, and others involved with the system.
- Responding by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeking to actively resist re-traumatization.

## Considering the impact of trauma on families

To effectively support children and families, the child protection agency and service providers need to understand the trauma history of both the children and their parents/caregivers, as there is an interrelation between trauma and symptoms of trauma (such as substance abuse, eating disorders, depression, and anxiety), which can affect both child and parent.<sup>17</sup> Studies have found that children and families in the child welfare system have experienced high rates of trauma and associated behavioral health problems,<sup>18</sup> which

makes it even more vital to develop a trauma-informed system to address these issues.

In a trauma-informed system, child protection agencies and service providers partner with each other and the families they serve to approach every interaction with an understanding of and sensitivity to the effects of trauma on those interactions.<sup>19</sup> For example, San Diego County:<sup>20</sup>

- Initiated a countywide trauma training adapted from the National Child Traumatic Stress Network
- Trained staff on safety-organized practice
- Increased cross-system collaboration
- Developed and disseminated trauma-informed tools
- Increased agency focus on and dialogue about trauma
- Built the capacity of trauma treatment providers

## MANAGING THE COMPLEX AND INTEGRAL DIMENSIONS OF TRAUMA REQUIRES EFFECTIVE, TRAUMA-INFORMED CHILD WELFARE IN WHICH:

- All parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system.
- Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices.
- They act in collaboration, using the best available science,<sup>26</sup> to facilitate and support resiliency and recovery.<sup>26</sup>

- CHADWICK CENTER FOR CHILDREN AND FAMILIES

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- Trained resource families and community service providers on caring for children who have experienced trauma, and
- Incorporated child and birth parent voices in all assessments, giving them as many choices in case planning and services as possible and appropriate.

## Considering the impact of trauma on staff

While a trauma-informed system emphasizes physical, psychological, and emotional safety for the children and families served, it also recognizes the effects of trauma on staff. Working in child protective services can be dangerous, with caseworkers confronting threats or violence in their daily work and dealing with a highly traumatized population.<sup>21</sup> Because they often are exposed to traumatic events, child welfare staff

experience higher rates of vicarious trauma (also known as secondary traumatic stress, or STS), workplace stress, and compassion fatigue, when compared to staff in other social services.<sup>22</sup> These, in turn, affect staff well-being, which has an impact on both employee turnover and effectiveness of services.<sup>23</sup>

Some support interventions that agencies can offer to prevent or respond to STS include one-on-one supervision, critical stress debriefings, and use of Employee Assistance Programs (EAPs).<sup>24</sup> One model, called a Clinical Risk Management Team (CRMT), helps staff to work more effectively with traumatized families. CRMT uses structure and support from colleagues to allow workers to express their feelings about traumatic cases in a validating, safe, and normalizing environment.<sup>25</sup>

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