

Develop a trauma informed child welfare system for a resilient Iowa

The effects of child abuse and neglect are as varied as the children affected. Traumatic experiences can overwhelm children's natural ability to cope. They cause a "fight, flight, or freeze" response that affects children's bodies and brains. Chronic or repeated trauma may result in toxic stress that interferes with normal child development and cause long-term harm to children's physical, social, emotional, or spiritual well-being. These adverse effects can include changes in a child's emotional responses; ability to think, learn, and concentrate; impulse control; self-image; attachments to caregivers; and relationships with others. Not all children will experience all of these effects. Children's responses to traumatic events are unique and affected by many factors, including their age at the time of the event, the frequency and perceived severity of trauma, and the child's innate sensitivity, as well as protective factors such as the presence of positive relationships with healthy caregivers, physical health, and natural coping skills.

Trauma of all kinds is extremely common among children involved with child welfare. Studies show that as many as 9 out of 10 children in foster care have been exposed to some form of violence (Stein et al., 2001). Entry into the child welfare system causes additional trauma due to separation from family, school, neighborhood, and community, as well as fear and uncertainty about the future. In addition, children who enter the child welfare system are more likely than others to have experienced multiple traumatic events and to exhibit more complex symptoms. Child welfare systems that are trauma informed are better able to address children's safety, permanency, and well-being needs.

Legislative Recommendation:
Invest in the Development of a Trauma Informed Child Welfare System in Iowa

ACEs:

Adverse childhood experiences (ACEs) are traumatic events that can dramatically upset a child's sense of safety and well-being.

Child Protection in Iowa Facts

30% of children involved in a Child Abuse Assessment (deemed higher risk cases) will subsequently experience confirmed or founded abuse.

11.2% of children involved in a Family Assessment (deemed lower risk cases, typically Denial of Critical Care/Neglect cases) will subsequently experience confirmed or founded abuse.

1,350 of 8,857 families originally assigned to the Family Assessment pathway were re-assigned to the child abuse assessment pathway.

Re-assigned cases constitute **5%** of all accepted intakes in 2016.

8.1 per 1,000 children in Iowa will be placed in foster care (higher than the national rate of 5.6 per 1,000 children).

Children of color are disproportionately represented in Iowa's foster care system: 5 times the number of American Indian/Alaskan Native and 4 times the number of African American children per 1,000 as compared to white children.

More than **400,000** Iowans are mandatory reporters of child abuse and neglect.



SHIFTS IN THINKING

Moving from a traditional child welfare approach to one that is more trauma informed requires members of the workforce at all levels to make certain paradigm shifts. These may include the following:

- **A “trauma lens.”** Developing a trauma lens includes reinterpreting behaviors that were previously seen as being caused by a mental illness or behaviors exhibited by a “bad kid” as the potentially reversible consequences of trauma.

In general, becoming a trauma-informed child welfare system involves a shift from asking, “What’s wrong with you?” to asking, “What happened to you?”

- **Shift in goals.** The focus of child welfare services is often on substantiating a defined occurrence of child maltreatment and ensuring children’s physical safety. In a trauma-informed system, the focus broadens to include healing the impact of trauma and improving children’s social and emotional well-being, along with the more traditional goals of safety and permanency.
- **Importance of collaboration.** To achieve the goal of enhancing well-being, many child welfare agencies find they must significantly deepen their collaboration with other service systems, including enhancing communication, planning and working toward joint goals, sharing robust data about the families they serve, and strategically blending or braiding funding streams.
- **Focus on early intervention.** A growing body of research demonstrates the long-term effects of trauma on children’s physical, social, and emotional well-being. A trauma-informed child welfare system reflects the understanding that by focusing more resources on identification of trauma and early intervention services, we may prevent or mitigate some of those long-term effects.
- **Approach to families.** In making this shift, it is important to be clear with families about the boundary between their involuntary participation in the child welfare system (substantiation of maltreatment) and what may be their voluntary participation in services to promote healing from trauma.
- **Awareness of intergenerational trauma.** It also is important to understand that family members are likely to have experienced their own trauma. Like their children, caregivers’ challenging behaviors may be most productively viewed as maladaptive responses to their own trauma.
- **Role of child welfare professionals.** With the shift in attention toward well-being and healing, the child welfare professional’s role changes. Staff will spend more time screening for trauma, facilitating effective mental health treatment, and following up to ensure appropriate progress is being made toward those treatment goals, including monitoring the use of psychotropic medication.
- **Awareness of secondary traumatic stress.** Hearing about children’s trauma histories may result in secondary traumatic stress among professionals and caregivers. Left untreated, this can decrease effectiveness and lead to excessive burnout or turnover. Being trauma informed requires attention to trauma’s effects on all participants in the system, including children, caregivers, and service providers.

Child Welfare Information Gateway
Developing a Trauma-Informed Child Welfare System

What are Adverse Childhood Experiences?

Stress operates along a continuum. In small or moderate doses, stress can be beneficial. However, stressful experiences in childhood that are powerful, frequent, prolonged, and in unpredictable doses can be detrimental to a child’s development and lifelong health.

Adverse Childhood Experiences, or ACEs are incidents that dramatically upset the safe, nurturing environments children need to thrive. Traumatic incidents are now commonly acknowledged by the scientific community to be a major determinant of health outcomes and a major public health issue.

ACEs can be a powerful determinant in our future health and well-being, but they do not have to be. Resilience is the ability to adapt, cope and thrive despite difficult times. Strengthening the protective factors for individuals, families and communities can help build a Resilient Iowa.

10 types of ACEs studied in Iowa

ABUSE

- 1 Physical
- 2 Emotional
- 3 Sexual

HOUSEHOLD DYSFUNCTION

- 4 Substance abuse in home
- 5 Family member with mental illness
- 6 Incarcerated family member
- 7 Separation/divorce
- 8 Domestic violence

NEGLECT

- 9 Emotional
- 10 Physical

For more information, please visit www.IowaAces360.org

