



Trauma-Informed Care for Children Exposed to Violence

Tips for Child Welfare Staff

What happens when children who are involved in the child welfare system are exposed to violence?

Children who are in the child welfare system have been affected by abuse, neglect, and/or domestic violence. Many of these children have experienced physical attacks, violations, and injuries. Once in the system, they face other stressors caused by the very system that was designed to protect them and remedy the situations that brought them into the system in the first place. For example, when children are separated from their families, their relationships with caregivers are ruptured, they are uprooted from familiar surroundings, and their daily routines are destroyed. In the child welfare system, families often face uncertainty and instability that can continue for years.

Violent events can cause ongoing and overwhelming feelings of hopelessness and fear. They may be compounded by other stressors, among them school and community violence, poverty, and homelessness. These issues have a cascading effect and leave children vulnerable to further victimization and increase the likelihood of school failure, substance abuse, and involvement in criminal activities. Later in their lives, these children may drop out of school or end up in programs for runaways, delinquents, or substance abusers.

Early and effective intervention can help children involved in the child welfare system begin a healing process and ultimately thrive. Child welfare workers can be more responsive to the needs of children exposed to violence and their families once they understand the impact of that exposure and become more knowledgeable about the symptoms to watch for. An effective response gives children the opportunity to regain a sense of safety and ultimately recover from the effects of exposure to violence.

What are some of the warning signs of exposure to violence?

Children's reactions to exposure to violence can be immediate or appear much later. Reactions differ in severity and cover a range of behaviors depending on the frequency, intensity, and closeness of the traumatic events. Many reactions vary according to a child's age.

Young Children (5 and younger)

Young children bear a disproportionate share of violence and abuse in the home. Exposure to domestic violence (abuse between adult partners in the home) affects many young children. When very young children are exposed to violence, their expectations for a predictable world are shattered and they may lose the basic trust that a caregiver will emotionally and physically protect them.

Children in this age range may respond in a variety of ways. They may:

- Be irritable or fussy or have difficulty calming down
- Become easily startled
- Resort to behaviors common to being younger (for example, thumb sucking, bed wetting, or fear of the dark)
- Have frequent tantrums
- Cling to caregivers
- Experience changes in level of activity
- Repeat events over and over in play or conversation
- Become passive and lose interest in playing
- Become over-compliant



Elementary School-Age Children (6–12 years)

Elementary and middle school children exposed to violence may show problems at school and at home. They may:

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful and sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or school



Teenagers (13–18 years)

During these years, the most rapidly developing brain areas are those crucial for success in forming interpersonal relationships and solving problems. Exposure to violence impedes this development and can lead to difficulties in behavior, cognition, and identity formation. Teenagers exposed to violence may:

- Talk about the event all the time or deny that it happened
- Refuse to follow rules or talk back with greater frequency
- Complain of being tired all the time
- Engage in risky behaviors
- Sleep more or less than usual
- Increase aggressive behaviors
- Want to be alone, not even wanting to spend time with friends
- Experience frequent nightmares
- Use drugs or alcohol, run away from home, or get into trouble with the law

What can child welfare staff do?

Child welfare staff can play a critical role in reducing the impact of exposure to violence on children. The first step is to recognize that a lifetime of exposure to violence is pervasive in families entering the system. Rates of exposure to different types of violence—including family, school, and community violence—vary across different groups. Families from different ethnic and linguistic groups may express the impact in different ways. However, it is critical to be sensitive to the ways in which exposure affects current behavior, treatment, and outcomes for each family. Child welfare staff may:

Screen for exposure to violence symptoms and mental health needs of children and their families on an ongoing basis

Routine screening for safety and risk in cases of exposure—especially to domestic violence—and the possible impact on children is recommended at every phase of the child protection process. In addition, it is critical for child welfare staff to screen for the ongoing mental health service needs of children and their families.

Refer for individualized comprehensive mental health assessment

Many children in the child welfare system exhibit behavior problems that warrant mental health care. An assessment of a family's history of exposure to violence and its impacts provides a solid basis for the development of a service plan. This plan should assist the family in resolving the issues that led to their involvement in the child welfare system and, at the same time, support each child's development and well-being.

Plan for individualized interventions that take into consideration traumatic experiences for both caregivers and children, which may be affecting the current family situation

Children's responses to violence differ based on age, gender, and life history. Treatment plans must be adjusted to ensure individualization, age appropriateness, and family history. In every case, however, it is critical that the treatment plan help the child and caregivers reestablish a normal routine, safety, and predictability. In addition, it is important to realize that families and other caregivers may have been exposed to violence themselves and may display signs of reaction to trauma. In such cases, it is critical to develop specific plans and structures that help caregivers address their own needs so that they can become a powerful anchor to the child's treatment.

Facilitate access to evidence-based interventions

Child welfare workers understand the needs that families have, and they advocate for specialized services for

those children with severe and persistent trauma-related symptoms. However, these specialized interventions are not a substitute for other needed services.

The report *Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases*¹ describes several interventions that have shown success in decreasing negative symptoms in children who have been exposed to violence. In addition, this report provides information on several common characteristics of effective treatments for children.

Help for child welfare staff exposed to violence

Child welfare workers may have been exposed to violence directly or indirectly. Exposure to violence may come from their own families and communities or from the families they serve. To be able to effectively respond to children's and families' needs, child welfare workers should develop their own plan for resolving personal issues and addressing job stressors.

For more information and resources, please contact the Safe Start Center, a National Resource Center for Children's Exposure to Violence:

<http://www.safestartcenter.org>

1-800-865-0965

info@safestartcenter.org

Additional Resources

Cohen, E., McAlister Groves, B., & Kracke, K. (2009). *Understanding Children's Exposure to Violence*. Moving from Evidence to Action: The Safe Start Series on Children Exposed to Violence, Issue Brief #1. North Bethesda, MD: Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. http://www.safestartcenter.org/pdf/IssueBrief1_UNDERSTANDING.pdf

Family Violence Prevention Fund. (2009). *Connect: Supporting Children Exposed to Domestic Violence, In-Service Training for Resource Families*. San Francisco: Family Violence Prevention Fund. <http://www.endabuse.org/content/features/detail/1314/>

National Child Traumatic Stress Network. (2010). *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <http://www.nctsnet.org/products/caring-for-children-who-have-experienced-trauma>

National Child Traumatic Stress Network. (2008). *Child Welfare Trauma Training Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008>

¹The report is available at http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf.