

In Harm's Way:

Aiding Children Exposed to Trauma

Every year, thousands of children nationwide experience trauma as a result of exposure to violence, abuse, or disasters. These traumatic events create intense stress that threatens children's mental health and well-being.

Exposure to the stress of trauma can have serious psychological, emotional, and developmental repercussions. Children and youth exposed to trauma and violence may experience fear, anxiety, flashbacks, nightmares and other sleep disturbances, poor concentration, regressive behavior, and suicidal thoughts. Psychiatric diagnoses associated with exposure to traumatic events include acute stress disorder, posttraumatic stress disorder, depression, and conduct disorder. There are also indications that child traumatic stress correlates with increased incidence of physical health problems, including allergies, asthma, and gastrointestinal problems (Graham-Bermann and Seng 2005). These and other problems interfere with children's ability to function in their families, schools, and communities and can lead to problems in adolescence and adulthood, including learning difficulties and involvement in violence (Nageer et al. 2002).

THE EFFECT OF TRAUMATIC STRESS ON BRAIN DEVELOPMENT

New research using brain imaging techniques demonstrates that exposure to chronic fear and stress during childhood alters brain development. Areas of the brain associated with anxiety and fear, for example, may be overdeveloped, while areas necessary for learning may be underdeveloped.

Source: National Clearinghouse on Child Abuse and Neglect Information 2001

A child can experience traumatic stress as either a victim or a witness to violence, child abuse and neglect, or natural and manmade disasters. The number of children exposed to these stressors is sobering. A recent estimate puts the cumulative total of children exposed to serious violence at almost 9 million, and the number of those who suffer from abuse and neglect is estimated to be over 800,000 (GAO 2002). While the precise number of children exposed to disasters is not known, there is an average of 63,000 natural and manmade disasters in the U.S. each year serious enough to require the services of the American Red Cross (American Red Cross 2004).

Many children exposed to trauma are from America's immi-

grant and refugee communities. In 2002, 2.8 million immigrant children were living in the United States (Parker and Teitelbaum 2003). These children and youth have left their homes, family members, friends, and a familiar way of life. Some have also experienced firsthand the horrors of violent conflict and war.

Recent events – including the continuing toll of violence, the 2001 terror attacks, and ongoing reports of threats to the nation's security – have raised public awareness about the mental health needs of children exposed to traumatic stress. In addition, the increasing exposure of young children to violent images and stories in the news and entertainment media has heightened concern about the consequences of this exposure to children's well-being.

Fortunately, early intervention and access to appropriate treatment services can ameliorate the immediate and long-term effects of exposure to trauma. Public officials, grantmakers, service providers, and others are turning their attention and support to programs that address the needs of children exposed to traumatic stress and their families.

OPPORTUNITIES FOR GRANTMAKERS

Several of the philanthropic strategies available for addressing childhood exposure to trauma are highlighted in the following paragraphs.

- **Grantmakers can link early childhood programs with mental health services** – Addressing problems early gives young children the best chance of overcoming the effects of traumatic stress. To ensure that young children receive timely services, The Health Foundation of Central Massachusetts funded *Together for Kids*, a program that improves the ability of child care staff and families to address the needs of children exhibiting problem behaviors. The program supports mental health consultants for child care agencies, teacher training, parenting education, substitute teachers that permit staff to meet with parents, and improved systems of communication between child care staff and parents.
- **Grantmakers can fund school-based mental health programs** – Because child traumatic stress can affect academic performance, addressing the mental health needs of school-age children can help schools meet state and federal academic standards. The Lucile Packard Foundation for Children's Health launched an initiative in 2002 that provided support

for after-school programs that promote behavioral, mental, and emotional health among preteens. In another example, the John Muir/Mt. Diablo Community Health Fund in California supported a collaborative among a counseling center, a school district, and a municipal arts agency that implemented an early intervention program for students ages 5 to 12 with mental health and adjustment problems. The children participated in group and family counseling, as well as after-school and summer arts programs.

- **Grantmakers can prevent further traumatization by supporting family-centered programs** – For children who experience violence in their homes, approaches that treat the whole family are the best way to address current needs and prevent further trauma. The California Endowment, through its *Special Opportunities in Mental Health* initiative, has supported several family-centered projects that address the mental health needs of children who have witnessed domestic violence or have been victims of abuse and neglect. Among the foundation-funded projects is *Healing the Circle*, a program for American Indian and Alaska Native families in San Diego who are at risk for or experiencing child abuse and neglect. The program provides culturally competent counseling services for children, facilitated support groups for adolescents, and therapy and anger management services for parents. The foundation also provided support to Child Abuse Listening and Mediation in Santa Barbara for a program that uses family advocates who are fluent in Spanish to provide center-, school-, and home-based services to families.
- **Grantmakers can increase the supply of well-trained children's mental health providers** – Many areas of the country are experiencing a shortage of mental health providers, including an acute shortage of pediatric mental health providers. The John Rex Endowment is addressing this problem by funding a project to train primary care and mental health providers to recognize social, emotional, and behavioral problems in children and to provide appropriate interventions. The Robert Wood Johnson Foundation is using a different approach. Partnering with Ohio funders through its *Local Initiative Funding Partners Program*, the foundation supports crisis intervention teams for children who witness domestic violence. Teams based at a local battered women's shelter and a victim assistance program provides home-based services within 30 minutes of a call from a police officer responding to a domestic violence call. These teams also provide round-the-clock trauma support services for children. The goal of the program is to stop the generational cycle of abuse by addressing the damaging effects to children of witnessing violence in their homes.
- **Grantmakers can improve understanding of child mental health and child traumatic stress** – Grantmakers can play a role in expanding the knowledge base about child mental health, the causes and consequences of child traumatic stress, and promising approaches for addressing mental health needs. The Hogg Foundation for Mental Health, for exam-

ple, supported some of the clinical research cited here that is leading to a new understanding of the effects of trauma on brain development in children. Grantmakers can also improve understanding by supporting policy analysis and model development. As part of its *Program on Child Development and Preventive Care*, The Commonwealth Fund funded a report on behavioral screening for young children, an examination of primary care services that promote healthy early childhood development, and a chartbook that includes indicators of young children's socioemotional development. In addition, the foundation is working with the National Academy for State Health Policy and state Medicaid agencies to test models of service delivery and financing that promote children's healthy mental development.

SOURCES

- American Red Cross, *History Timeline — 2000 - Present* <<http://www.redcross.org/museum/history/2000-present.asp>>, March 20, 2005.
- Graham-Bermann, Sandra and Julia Seng, "Violence Exposure and Traumatic Stress Symptoms as Additional Predictors of Health Problems in High-Risk Children," *The Journal of Pediatrics* 146(3):349-354, March 2005.
- Nageer, Davis R., Larry Cohen, Jean Tepperman, et al., *1st Steps. Taking Action Early to Prevent Violence* (Oakland, CA: Prevention Institute, 2002).
- National Clearinghouse on Child Abuse and Neglect Information, *In Focus: Understanding the Effects of Maltreatment on Early Brain Development* (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 2001).
- Parker, Emil and Martha Teitelbaum, *Percentage of Immigrant Children Without Health Insurance is on the Rise* (Washington, DC: Children's Defense Fund, 2003).
- U.S. General Accounting Office, *Mental Health Services. Effectiveness of Insurance Coverage and Federal Programs for Children Who Have Experienced Trauma Largely Unknown*, GAO-020813 (Washington, DC: 2002).

On May 4, 2005, GIH will convene an Issue Dialogue to discuss the mental health needs of children and adolescents who have experienced traumatic stress. This meeting will bring together grantmakers, researchers, mental health professionals, and other experts for an informative discussion of the physical, psychological, and developmental effects of childhood exposure to trauma and philanthropic strategies for ensuring early identification and timely access to treatment. For more information about the Issue Dialogue, visit GIH's Web site at www.gih.org.

This Issue Focus is supported by a cooperative agreement with the U.S. Department of Health and Human Services' Maternal and Child Health Bureau (MCHB), which administers the Title V Maternal and Child Health Services Program. In partnership with state Title V programs, MCHB works to ensure the health of women and children, including children with special health care needs.