



Bay Area First 5 Policy Brief

*Freeing Young Children from the
Lasting Effects of Violence and Trauma*

Investing in Our Children...
Investing in Our Future...
Investments that Last a Lifetime.



POLICY
BRIEF

04



About This Brief

This brief is the fourth in a series produced periodically by the Bay Area First 5 Commissions. First 5 Bay Area is a collaborative of the First 5 Children and Family County Commissions in eleven counties in the Bay Area: Alameda, Contra Costa, Marin, Monterey, Napa, San Mateo, Santa Cruz, Santa Clara, San Francisco, Solano, and Sonoma. For more information, contact www.first5kids.org/bay.

Introduction

For many, childhood calls to mind a carefree, playful time of life, when love is plentiful and development thrives. It is difficult to realize that each day, infants and young children in the Bay Area are exposed to circumstances that jeopardize their immediate and future health and development. Domestic violence, family disruption due to alcohol or drug use, severe mental illness of a parent, and natural disasters are examples of severe trauma that impact children's early development. "Trauma" refers to powerful, shocking events that overwhelm the child's limited ability to cope.⁸

Children who are exposed repeatedly to traumas may suffer the effects of "toxic stress" — exposure to sustained, uncontrollable events without available support to help children recover and feel safe. Continued exposure to toxic stress can permanently alter the architecture of the brain and can be a prelude to life-long problems with learning, behavior and physical health.⁹

This policy brief outlines how infants and young children react to frightening situations and summarizes the consequences of toxic stress on development. Recommendations are offered for policies and programs that can help to heal children who are exposed to extreme stresses and to significantly change the way we support young children and their families.



“Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral. The quality and stability of a child’s human relationships in the early years lay the foundation for a wide range of later developmental outcomes that really matter – self-confidence and sound mental health, motivation to learn, achievement in school and later in life, the ability to control aggressive impulses and resolve conflicts in nonviolent ways, knowing the difference between right and wrong, having the capacity to develop and sustain casual friendships and intimate relationships, and ultimately to be a successful parent oneself.”

–From *Young Children Develop in an Environment of Relationships*. (2004).
National Scientific Council on the Developing Child, Working Paper No. 1, page 1.



Fast Facts

- Traumatic events such as loss of a parent or exposure to violence can have lasting negative impact on children as young as six months of age.¹
- Infants and toddlers birth to age 3 are abused and neglected at rates higher than children of any other age, nearly twice as high as children age 4 to 7 years.²
- An estimated 122,902 California children under the age of 6 are homeless.³
- Parental job loss increases the likelihood of children’s emotional and academic difficulties.⁴
- Children who experience four or more adverse childhood events have 4 to 12 times the risk for heart disease, cancer, chronic lung disease, obesity and other health problems in adulthood.⁵
- For every \$1.00 invested in improving parenting skills and prevention of child abuse, the return on investment ranges from \$3.59 - \$16.00.^{6,7}

How Does Stress Affect Young Children?

Children are exposed to stress from infancy. Learning to cope with typical stresses helps children develop a sense of mastery over their world. Learning to signal a caregiver about hunger or discomfort and receiving responsive care that removes the discomfort help infants feel secure and competent. Toddlers gradually learn to deal with stresses such as meeting new people and entering new situations. They deal with frustration and learn to control their emotions with support from loving adults. Such support is central to a child's ability to cope.

Recent research has identified key points about stress and the developing brain:

- **Situations that raise fears in a child cause stress.** Stress releases hormones that trigger the “flight, fight, or freeze” response. This response helps protect us in threatening situations by putting us on alert, ready to run or defend against aggression. In most situations infants learn to manage this stress with the help of responsive caregivers. Unrelieved and chronic stress can have negative results. Infants and young children, being unable to flee, may “freeze,” withdrawing emotionally to protect themselves. Toddlers and older children may develop aggressive responses and behavior problems as reactions to chronic stress.¹⁰
- **Persistent traumatic stress causes the production of higher and higher levels of stress hormones.** These stress hormones can permanently change the structure of the brain during the early years of life when the brain's architecture is being built. Brain cells are destroyed if they are constantly flooded with stress hormones. Children experiencing toxic stress may act inappropriately in social situations, withdrawing or acting aggressively.
- **Young children who have been exposed to chronic, unrelenting trauma over significant periods of time show very different brain structures than typically-developing children.** They have larger ventricles (fluid-filled spaces in the brain) and less brain mass overall, affecting learning, decision-making, self-control and the ability to pay attention in school. High levels of stress hormones can also suppress the body's immune response, leaving young children vulnerable to infection and other health problems.^{11, 12}

The Impact of Toxic Stress Is Life-Long

New research findings confirm a link between repeated trauma or toxic stress during early childhood and outcomes later in life. A large-scale study investigating the link between childhood experiences and adult health status found that children who have multiple adverse early experiences suffer poor health later in life. Adverse childhood experiences include traumas such as abuse, neglect, parental substance abuse, or having a mentally ill parent or an incarcerated family member.¹³ The precise mechanisms creating the link between adverse experiences and poor health have not been identified, but the consequences are clear. Children who experience adverse experiences are at greater risk of serious adult health problems and behaviors. Individuals who had four or more adverse childhood events had 4 to 12 times the risk for later health problems including unintended pregnancy, tobacco use, substance abuse, heart disease, cancer, chronic lung disease, obesity and cancer.¹⁴

Researchers have found that even children under 6 months of age can be traumatized.^{15, 16} The financial costs of trauma are substantial: while the direct cost of child abuse is estimated to be \$104 billion nationally, approximately \$35,000 per abused child per year,¹⁷ the indirect costs of providing needed services to witnesses or victims of violence and trauma – special education, shelter, health care, child care, and mental health/substance abuse treatment services – may continue for years.

Prevention Is Effective

Prevention efforts can be effective and children can recover from traumatic events. The same circumstances that create vulnerability in young children — i.e., immature central nervous system and rapidly developing brain structures — also present an unparalleled opportunity for effective prevention, intervention and healing.¹⁸

How a child is affected by exposure to violence or other trauma depends on several factors, including characteristics specific to the individual (developmental level, age and gender), the child's ability to cope, and the severity and duration of the experience. Some children have the ability to do well despite their hazardous life circumstances, however, all children benefit from safe, stable, caring relationships with parents and other adults, which can provide a shield from the effects of toxic stress.¹⁹

With their limited coping strategies, infants and young children must rely on their caregivers to help them recover from stress. If these caregivers are unable to provide safe, stable, loving relationships, children are quickly overwhelmed. They no longer feel safe, and may experience adults as failing to protect them, or even as harmful. Even the most resilient children cannot manage this level of stress by themselves. These children and their families may require professional mental health interventions to recover their emotional well-being and rebuild their sense of safety and security.

Ideally, prevention efforts should focus on reducing the sources of trauma, and promote stability and safety for children and families. In particular, helping the most vulnerable children and families has the greatest likelihood for substantive return on investment by reducing need for far more costly services in the future.

Knowledgeable, skilled and culturally responsive professionals who understand and respond effectively to families can play a significant role in how children are affected. However, training for these professionals must improve. Early childhood professionals and others who work with families of young children may lack sufficient knowledge of the impact of violence and other severe stresses on children. They need additional skills and training to work with young children (and possibly with their parents) who experience toxic stress. Even professionals trained in mental health and similar fields do not necessarily have the specialized knowledge and skills.

Effective prevention programs pay for themselves in short- and long-term savings. The return on investment for prevention programs can be significant. "Return on investment" refers to the combined benefit in future productivity and reduced need for intervention and treatment services. For instance, a statewide prevention effort for pregnant women and young children in Michigan found a return on investment of \$16 for every dollar invested in parenting skills, community services, healthy family environments and other early childhood services.²⁰ A Pennsylvania delinquency prevention effort that included home visiting using the Nurse Family Partnership model to high-risk first-time mothers projected statewide savings of \$119,574,000 in later intervention for these children.²¹

Young children show effects of trauma through words, behavior and play:

- Crying easily or constantly; unable to be consoled
- Exaggerated startle response
- Extreme withdrawal
- Regression in toileting or language
- Trouble eating and sleeping
- Separation anxiety
- Unable to focus in preschool
- Pretend play related to witnessed aggression or the traumatic event
- Hyper-vigilance (extreme watchfulness)

Safe, Stable, Caring Relationships with Parents and Other Adults Can Shield Young Children from the Effects of Toxic Stress

Families who require intervention services need access to well-trained professionals who understand and can intervene with children experiencing toxic stress. It is beyond the scope of this brief to address the causes of community violence, however it is important to note that success will be hard for the children to achieve where the home environments are chaotic.

Changing the way we respond to these children requires a cross-system, multidisciplinary approach. Prevention efforts must involve public health, primary health care, early care and education, child welfare, domestic violence services, substance abuse prevention, the courts, law enforcement, family support, and mental health providers. Changes in policy and practices in the Bay Area such as those outlined below can help to stabilize families, reduce stress on children and the incidence and effects of family violence, community violence and abuse/neglect during the most critical developmental period – prenatal through age 5.

Policy Recommendations:

1. Reduce Exposure – Create Safe Homes and Communities for Young Children

- Advocate for investment in “upstream” prevention efforts to strengthen parenting skills, improve parent-child relationships, and create safer neighborhoods for all families, especially in supporting parents and other caregivers in addressing children’s challenging behaviors.
- Strengthen multidisciplinary, cross-agency efforts to respond to the needs of families experiencing domestic violence and support services for parents and children seeking escape from violent homes.
- Integrate resilience-building strategies such as early childhood mental health consultation for all early care and education programs.
- Create family support services for the emotional cost of job loss and loss of economic security.
- Create “family-friendly communities” in which the streets are safe, families have places to gather and connect with other families, and community services that support families are visible and accessible.

2. Support Children, Promote Healing

- Increase access to services and supports for child victims or witnesses of violence and their families; dedicate a portion of domestic/family violence prevention and treatment funds to child-specific needs.
- Encourage family courts to order appropriate services, referrals and case management for child witnesses of violence and their families.
- Train and support all providers involved in early identification and developmental screening (pediatricians and other health care providers, child care and early care/education providers, home visitors, public health workers, etc.) to conduct screening for domestic violence, prenatal drug and alcohol abuse, and maternal/perinatal depression.
- Fully implement federal and state Child Abuse Prevention and Treatment Act requirements by assuring that children under the age of 3 who have substantiated cases of child abuse/neglect are referred to Early Start services for assessment.
- Increase availability of early childhood mental health services (especially for infants), including those that address parent-child relationships.

3. **Increase Capacity of Early Care and Education, Law Enforcement, Child Welfare, Courts and Judges to Address the Needs of the Youngest Victims of Violence and Trauma**

- Train law enforcement, early care and education providers, other child service providers on identification of family violence, including child abuse and domestic violence.
- Coordinate child victim/witness response policies and procedures among law enforcement, the legal system, and child service agencies.
- Create court teams with specialized training and resources to support very young children in the court system.
- Implement service partnerships among domestic violence agencies, shelters and transitional housing facilities, child welfare agencies, child care, mental health, and other providers for coordinated services for children of vulnerable families.
- Encourage the development of community disaster response plans that include mental health providers, and provide follow-up monitoring of affected children and families.

4. **Continue to document the magnitude of the problem, and track trends**

- Create and implement law enforcement policies to add allegations of emotional abuse to tracking of abuse incidents. Notify child welfare services when domestic violence police reports indicate children under the age of 5 were present during the occurrence.
- Create/identify sources of county/regional/state data to consistently track and assess young children's exposure to violence, including witnessing violence in the home, school, and community.
- Contribute to state and national indicators on young child/family exposure to violence.

Helping Bay Area Children Heal

Safe and Bright Futures brought together over 20 public and private agencies in Contra Costa County to develop a strategic plan to reduce the impact of domestic violence on young children in the county. www.contracostazt.org

Healthy Homes of San Mateo County provides mental health services to children and parents exposed to domestic violence. The program has successfully reduced risk of emotional and behavioral disturbances among children and improved the level of functioning among parents. www.co.sanmateo.ca.us/portal/site/first5

Alameda County Family Justice Center (FJC) is a collaboration of over 50 organizations that provides a combination of services and interventions from one location. FJC's provide support to victims and children involved in family violence through improved case management and a more fluid exchange of information and resources. Bridging existing gaps increases a victim's access to services and resources and makes the entire process of reporting a domestic violence incident much less overwhelming for the victims and children involved. www.acfjc.org or for the National Family Justice Center Alliance www.familyjusticecenter.com





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²US Department of Health and Human Services, Administration for Children and Families (2007). *Child Maltreatment 2007*, Chapter 3: Children, Age and Sex of Victims. www.acf.hhs.gov/programs/cb/pubs/cm07/chapter3.htm

³The National Center on Family Homelessness, America's youngest outcasts: State report card on child homelessness. Retrieved on 11/27/09 from http://www.homelesschildrenamerica.org/pdf/report_cards/long/ca_long.pdf.

⁴Stevens, A. and Schaller, J. (2009). Short-run effects of parental job loss on children's academic achievement. National Bureau of Economic Research, NBER Working Paper No. 15480.

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⁷Michigan Children's Trust Fund. Michigan's Zero to Three Secondary Prevention Fiscal Year 2006 Report Child Abuse & Neglect Prevention Outcomes & Return on Investment. [www.childcr.org/pdf/zero%20to%20three%20FY%202006%20Report%20\(b\).pdf](http://www.childcr.org/pdf/zero%20to%20three%20FY%202006%20Report%20(b).pdf)

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¹²Middlebrooks, J. and Audage, N. (2008). The effects of childhood stress on health across the lifespan. Atlanta, GA: Centers for Disease Control and Prevention www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf

¹³Definitions available at <http://www.cdc.gov/nccdphp/ace/prevalence.htm#ACED>.

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¹⁵Scheeringa, M & Zeanah, C. Symptom expression and trauma variables in children under 46 months of age. *Infant Mental Health Journal*, 16(4), 1995.

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