

# LIVINGSTON COUNTY HUMAN SERVICES COLLABORATIVE BODY (HSCB)

## Health and Human Service Needs FACT SHEET

### Children and Trauma in Livingston County

September 2015

**What is “Trauma”?** According to the National Child Traumatic Stress Network<sup>1</sup>, trauma is a scary, dangerous, or violent event that can happen to any or all members of a family. Some types of trauma include: accidents or injuries, serious illness, house fires, crimes, community and/or school violence, sudden loss of a loved one or pet, death of a family member, violence in the family, abuse, neglect, and homelessness. “Children who suffer from child traumatic stress have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended.”

“**Complex Trauma**” describes both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect.

**What is the impact Nationally?** As of 2010, nearly 6 million children in the U.S. were victims of abuse or neglect. Among industrialized countries in the world, children in America die at a rate of five per day (an average of one child nearly every five hours). Such a dramatic increase over a decade could reasonably be considered an epidemic.<sup>2</sup> These statistics represent reported cases of child abuse or neglect, and do not take in to account the *unreported* cases or the incidence of children being traumatized by *indirect* means such as witnessing violence in their homes or communities.<sup>3</sup>

**Why is it important to understand trauma?** If we can understand the impact of trauma then we can more fully understand a child’s needs and provide appropriate services.

- 47.9%, or an estimated 1 million children in Michigan, experienced one or more adverse family experiences. This was significantly higher than the national rate.<sup>4</sup>
- 1 of every 8 children in our state will experience confirmed maltreatment by the time they turn 18.<sup>5</sup>
- Almost one in every 10 children lived in a family investigated for child abuse and neglect in 2013.<sup>3</sup>
- There is a direct correlation (2-5 times more likely) between:
  - Early adverse childhood experiences and adult substance abuse
  - Early adverse childhood experiences and adult depression
  - Early adverse childhood experiences and adult heart disease<sup>6</sup>

**What is the impact of trauma?** Each member of the family may experience trauma differently but each individual family member’s adaptation is linked to the reactions and responses of the others. Children who have been exposed to traumatic events can impact the child’s functioning within the cognitive, affective, behavioral, and physiological domains. Many symptoms can manifest following trauma, including hyper-vigilance, withdrawal, sleeping difficulties, depression, and significant mood swings. Often, such symptoms may not be immediately revealed and are misinterpreted as learning disorders or acting out. Early detection of trauma can minimize psychological and physiological risk to these children who often pose complex challenges for parents, caregivers and educators.

- Approximately 48% of children/youth in foster care, have emotional or behavioral problems and 63% are victims of neglect<sup>7</sup>
- Of children in foster care:
  - 60% of those sexually abused were diagnosed with post-traumatic stress disorder (PTSD)
  - 42% of those physically abused were diagnosed with PTSD
  - 18% of foster children who did not experience abuse also had PTSD<sup>8</sup>

**Why is this issue so important to Livingston County?** In 2015, Livingston County had nearly 200 children living in foster care. These children are especially vulnerable to the effects of trauma. Despite these compelling numbers of youth in foster care, there are many youth in our county who have experienced trauma, but who have not been identified as such. Often their behaviors are misdiagnosed and misunderstood, which influences their school and life experiences.

**What programs & services exist?** The Livingston County Trauma Informed System of Care (TISOC) is comprised of an interdisciplinary team of leaders from these local human service organizations: LACASA, Livingston County Community Mental Health, Livingston County Department of Human Services, Livingston Educational Service Agency, Livingston County Human Services Collaborative Body, Livingston County Courts, as well as community professionals and foster parents.

The TISOC offers oversight and gatekeeping for assessment enrollment, program implementation, and the Livingston Trauma Assessment Team (LTAT). The TISOC reviews all referrals and cases for assessment based on criteria and community priorities. The LTAT team is comprised of local professionals including social workers, counselors, occupational therapists, and speech therapists. LTAT members receive specialized training and coaching from the Southwest Michigan Trauma Assessment Center, a nationally recognized provider of trauma assessments. The LTAT completes a report, which details findings and recommendations.

Additionally, in 2015, Livingston County's TISOC launched a new training series for caregivers and providers (including foster parents). The training series focuses on the impact of trauma, and prepares caregivers to see behaviors through the lens of trauma and to learn evidence-based strategies and interventions to use with this vulnerable population.

- [National Child Traumatic Stress Network](#)
- [National Center for Trauma-Informed Care](#)
- [www.michigan.gov/traumatoxicstress](http://www.michigan.gov/traumatoxicstress)

### **What can the community do to help?**

Safety and structure are priorities in trauma intervention. The experience of safety is critical to relieving the experience of trauma.<sup>9</sup>

- Work with your local school district, law enforcement, and other supportive agencies to strengthen our trauma-informed community.
- Support continued use of evidenced based treatment models for traumatized youth, including Trauma-Focused Cognitive Behavioral Therapy, Child-Parent Psychotherapy, and Structured Psychotherapy for Adolescents Responding to Chronic Stress.
- Link children and families with resources and supports.
- Participate in community presentations and actions to inform and educate.
- Talk about it. Don't be afraid to address it, and to advocate for change.

<sup>1</sup> *Defining Trauma and Child Traumatic Stress*. Retrieved September 20, 2015 from <http://www.nctsn.org/content/defining-trauma-and-child-traumatic-stress>.

<sup>2</sup> US Department of Health and Human Services. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2011). The AFCARS report: Preliminary FY 2010 estimates as of June 2011. *Washington, DC: Administration for Children and Families*.

<sup>3</sup> Freado, M. (October 2013). *The Faces of Trauma*. Retrieved September 20, 2015, from <https://www.starr.org/research/faces-trauma>.

<sup>4</sup> Sacks, V., Murphey, D., & Moore, K. (July 2014). Adverse Childhood Experiences: National and State Level Prevalence. Retrieved September 20, 2015, from [http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\\_FINAL.pdf](http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf).

<sup>5</sup> *2015 Kids Count in Michigan Data Book*

<sup>6</sup> *InBrief: The Impact of Early Adversity on Children's Development*, The Center on the Developing Child at Harvard University

<sup>7</sup> Casey Family Programs, 2011

<sup>8</sup> Dubner, A. E., & Motta, R. W. (1999). Sexually and physically abused foster care children and posttraumatic stress disorder. *Journal of consulting and clinical psychology*, 67(3), 367.

<sup>9</sup> Kuban, C. (October 2013). *When Cognitive Interventions Fail*. Retrieved September 20, 2015, from <https://www.starr.org/research/when-cognitive-interventions-fail>.