

FUTURES
WITHOUT VIOLENCE[®]



CHANGING MINDS: Preventing and Healing Childhood Trauma State Policy Guide

Developed by Futures Without Violence

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Futures Without Violence (FUTURES) is a health and social justice nonprofit that advances policies, programs and groundbreaking public education campaigns created to end violence against women and children around the world. Providing leadership from offices in San Francisco, Washington, DC, and Boston, FUTURES has trained thousands of professionals, advocates and community influencers on improving responses to violence and abuse. The organization created the first public education campaign about domestic violence called “There’s No Excuse,” and was a driving force behind the passage of the Violence Against Women Act in 1994, a comprehensive federal response to the violence that affects families and communities.



There can be no keener revelation of a society's soul than the way in which it treats its children.

— Nelson Mandela
Former President of South Africa



BACKGROUND

Every child needs access to the opportunities that prepare him or her to compete in the changing economies and realities of the 21st century. Yet, for too many children, exposure to violence and traumatic events can deny them both access and opportunity. Early trauma and violence in the home, school or community can affect children throughout their entire lives. And, it is far too common an experience for our children.

A Department of Justice national survey on children's exposure to violence reports that nearly 60 percent of children surveyed were exposed to violence, crime, or abuse within the past year, either directly (as victims) or indirectly (as witnesses) — many in their own homes.¹

These traumatic events harm the development of a child's brain and body. Over time, repeated childhood exposure to violence is significantly correlated with adverse health, educational, and social outcomes later in life such as mental illness, poverty, and involvement in the justice system.² New and evolving brain science reveals that a child's positive and negative experiences can literally shape, and reshape, the brain.³ The more a child is exposed to traumatic events, the more neural connections are created in regions of the brain that involve fear, anxiety, and impulsiveness. The young brain, however, is malleable and we can reverse the adverse effects of toxic stress. And, the good news is that we know what works to prevent harm and heal children.

It is a challenging undertaking to identify the effective policies, programs, and practices that are working and advance them. Yet, states are well-positioned to be the difference between the life-long poor outcomes research indicates flow from experiencing violence and the opportunity to prevent and heal child trauma so children are safe, healthy and successful.




What is Trauma and Traumatic Stress?

The National Child Traumatic Stress Network defines this as stress that “occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical wellbeing.”⁴

Research on these Adverse Childhood Experiences (ACEs) documents the short- and long-term connections between exposure to violence and other adversity and poor health and educational outcomes, such as increased absenteeism in school and changes in school performance.⁵ Individuals who have experienced six or more ACEs die, on average, 20 years earlier than those who have none.⁶ Trauma can affect individuals, families and communities immediately and over time, even generations.⁷

INTRODUCTION

 In June 22, 2017, a group of 40 state and local leaders, federal partners, philanthropy, and national stakeholders met in Washington, DC to exchange policy approaches and craft a framework for preventing and healing childhood trauma at the state level. They hailed from governors' offices, advocacy organizations, research institutions, state and federal agencies as well as health, child welfare, education, justice, and child development organizations. The objective for the participants in the Policy Roundtable was to develop a *Policy Guide* of promising approaches that can be adapted for legislation and administrative action based on a state's circumstances and community needs.

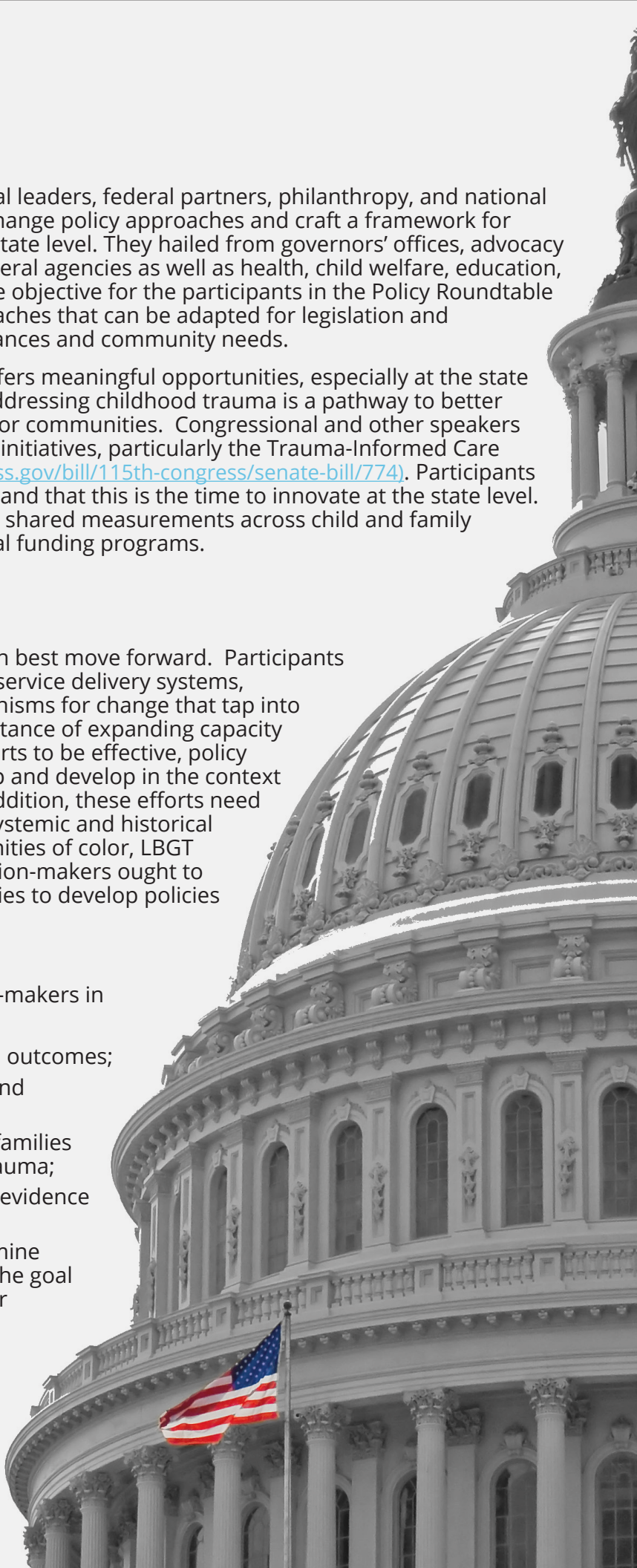
Participants agreed that the current landscape offers meaningful opportunities, especially at the state level, to build on a growing understanding that addressing childhood trauma is a pathway to better academic, economic, civic, and health outcomes for communities. Congressional and other speakers referenced federal legislation and federal agency initiatives, particularly the Trauma-Informed Care for Children and Families Act (<https://www.congress.gov/bill/115th-congress/senate-bill/774>). Participants agreed that state-level momentum is very robust and that this is the time to innovate at the state level. This includes aligning state agency goals, creating shared measurements across child and family serving systems, and utilizing and blending federal funding programs.

Growing Consensus

There was strong consensus about how states can best move forward. Participants agreed on the need to leverage existing funding, service delivery systems, procurement rules, state plans, and other mechanisms for change that tap into existing resources; they also agreed on the importance of expanding capacity and infrastructure across systems. For these efforts to be effective, policy needs to address the reality that children grow up and develop in the context of their families, communities, and cultures. In addition, these efforts need to expand our definitions of violence to include systemic and historical violence that disproportionately impacts communities of color, LGBT youth, and other marginalized groups. And decision-makers ought to unite with affected families, youth and communities to develop policies that focus on their needs and reflect their voices.

Addressing childhood adversity requires decision-makers in multiple systems to:

- Take an integrated approach toward common outcomes;
- Develop a common language across sectors and disciplines;
- Harness the strengths and knowledge within families and communities affected by violence and trauma;
- Adopt science-based approaches founded on evidence and promising practices;
- Challenge themselves to innovate and to examine long-held beliefs, policies, and practices with the goal of creating a more supportive environment for children and youth;
- Rapidly re-tool the existing and future workforce; and
- Advance with urgency.





Supporting Leadership in States

Pioneering states across the country as varied as Virginia, Wisconsin, Texas, Massachusetts, Montana, and California are acting to prevent children from being exposed to traumatic experiences in the first place, and, where they have occurred and persist, to intervene early and effectively to avoid far-reaching harm. These states are well-positioned to build on their progress and find consensus about policy change that is actionable and feasible. Recognizing that financial resources are limited, states are on the move to forge policy that prevents and heals trauma, eliminates disparities across gender and race, and uses taxpayer dollars more effectively.

Futures Without Violence believes this is a crucial moment to support states that are leading the way as well as spur interest in additional states. This *Policy Guide* incorporates the ideas and exchange from participants in the Policy Roundtable. Its goal is to provide a useful and actionable template of policy options for state-level leaders and other key stakeholders.

The *Policy Guide* that follows is organized around five goals for action:

- State-level Collaboration and Accountability
- Innovation and Learning
- Workforce Training and Wellness
- Prevention and Service Capacity
- Race and Gender Equity

Getting Started

By presenting a compendium of best practices, the policy guide offers a holistic framework for change at the state level. But because each state has its own unique context, distinct assets, and varying initiatives and priorities, some elements of the policy guide are likely to be more relevant than others. That said, it is worth noting that one area for action, State-level Collaboration and Accountability, surfaced throughout the day as a powerful priority because of its significant opportunity for impact. States with an existing state-level council or task force reported its importance as a highly feasible early win which also creates a springboard to galvanize ongoing change.

GOAL 1: STATE-LEVEL COLLABORATION AND ACCOUNTABILITY

A state-level, multi-sector council advances a shared vision and priorities to prevent and heal child trauma.

The State Council to Prevent and Heal Child Trauma is a critical leadership structure to create and guide collaborative strategies across sectors and monitor progress. The convening leadership and precise charge of such council will vary from state to state. However, who leads it can make a difference in leveraging state agencies to step up to the plate and achieve outcomes, loosen and braid resources, and create accountability. It is essential that leadership come from a variety of stakeholders including state departments, county human services agencies, community organizations, and grassroots constituents, such as faith leaders, parents and young adults who have been served by social service agencies. With the right leadership, the State Council can champion efforts to embed trauma-informed policy and resiliency in all programs and policies.

Through evidence-based policy approaches, the State Council will examine the context and data on childhood toxic stress and trauma, foster a culture of accountability, and marshal resources for improved life success for children and families. In addition to examining and reporting data on the many forms of childhood trauma (community violence, domestic violence, child abuse, sexual abuse, bullying, etc.), the Council will actively promote changes to improve the situation for affected families.

The State Council is responsible for developing a charter to promote a shared vision and common language to both prevent and heal child trauma as a root cause of poor life outcomes. This charter will:

- Promote a shared vision and common language to prevent and heal child trauma, recognizing it as a root cause of poor life outcomes;
- Ensure meaningful participation and leadership of survivors, first-responders, community providers, faith-based leaders, and parents and ensure their voice is incorporated throughout the process;
- Identify near-term policy and practice changes to embed strategies that address trauma and resiliency promotion into existing state plans and initiatives;
- Advocate for widespread workforce training that provides parent and staff with educational resources on trauma and healing, trauma-informed systems, and improving equity/reducing disparities;
- Promote flexible financing mechanisms to braid and blend existing funding to invest in priority activities and programs;
- Advance evidence-based, culturally relevant and community-supported programming in communities across the state;
- Support social norm strategies that promote the evidence that we can end child trauma, galvanize individual action and leadership, and accelerate policy change;
- Advocate for better and more consistent data collection and implement a data dashboard (results and indicators) to monitor progress, with attention to improving equity and child well-being;
- Use data to identify communities with the greatest need so they can become a priority for training interventions and other resources;
- Forge partnerships with philanthropy and make creative use of public funding streams, such as Medicaid that can support data collection;
- Implement best practice data-sharing agreements across sectors to facilitate effective service coordination and policy alignment and shared accountability;
- Innovate to launch, test, and evaluate population-based models to achieve trauma-informed systems and communities;
- Report regularly to the legislature and the public on the benchmarks for success; and
- Address gaps in administrative rules and legislation that create barriers to services or healing.

GOAL 2: INNOVATION AND LEARNING

An Innovation Portfolio exists to launch and test new approaches; lift up lessons and communicate broadly on the success and challenges related to addressing child trauma; develop benchmarks and implement a dashboard to tell the story and enhance shared accountability for children's success.

State leadership to promote the importance of ending children's experience of violence and trauma offers a significant bully pulpit opportunity. Innovations across sectors can be gathered into a portfolio of new approaches using existing funding streams and public-private partnerships with philanthropy and the business community. Connecting innovation to widespread learning and public discourse about the successes and challenges to ending children's exposure to violence and trauma provides an opportunity to hear directly from communities impacted by violence and trauma and advances the adoption of effective and scalable practice.



- Identify and launch innovations in multiple sectors alongside evaluation and communication strategies to learn from and share the results.
- Strengthen data collection and implement a data dashboard (results and indicators) to monitor progress through these new approaches, with attention to race and gender equity and immigration status. Ensure transparency and continuous improvement.
- Foster broad communication and discourse to scale success and inspire accountability to end violence and trauma.
- Offer state guidance on best practices related to:
 - trauma-informed care;
 - two-generation approach to improving child and family outcomes;
 - social and emotional learning
 - assessing for and advancing equity and inclusion;
 - data sharing across systems and sectors;
 - Establish common or aligned benchmarks for success within and where appropriate across sectors including tracking measures for resilience and protective factors;
 - the business case for successful approaches including cost-benefit analysis; and
 - Identifying relevant local systems for trauma-informed practices and policies (schools, places of worship, early learning centers, and law and immigration enforcement agencies).

GOAL 3: WORKFORCE TRAINING AND WELLNESS

Staff in *every* child-serving, family-serving, and community program receives trauma-informed and self-care wellness/vicarious trauma training to achieve trauma-informed systems and services.

Staff training and wellness is a significant lever of system change. As child-serving staff become more knowledgeable about brain science, healing and evidence-based resiliency (e.g. a consistent relationship with a caring adult, promoting culture as a resiliency factor), they begin to address trauma-informed organizational policy and practice and support broader system changes across the sector. Trained staff who understand the issues of trauma can use state agency work plans, funding requests for community services, contracted services, and procurement policies to further embed trauma-informed practices and systems. Following are ways states can promote the development and adoption of effective training programs and modalities to scale up trauma-informed practices:

- Develop policies to require sector-specific training for existing staff who interact with children and families, including early childhood and K-12 educators, health care, behavioral health and public health providers, home visitors, WIC and nutrition programs, immigrant-advocacy organizations, places of worship, domestic and sexual violence, child welfare, law enforcement, family and juvenile courts and immigration officials. For example, states can add language to state plans and funding requests to train state agencies, local, and direct-service organizations; and include requirements for workforce training and workforce self-care awareness in contracts with community service providers. Cross sector collaboration would also promote system understanding of how trauma plays out in people's lives.
- Integrate trauma-informed training in the educational and graduate school preparation, professional development, licensing, and re-certification for child-serving professionals (e.g. health care, early education, K-12 education, social work, courts and child welfare).
- Promote model workplace policies and procedures that support self- and organizational-care, trauma-informed leadership and healthy work environments while also promoting a trauma-informed approach to interacting with clients.



GOAL 4: PREVENTION AND SERVICE CAPACITY

Improved systems to assess and empower children and families exposed to toxic stress, trauma and violence, and link them to family-based, trauma-informed support and services across generations and services regardless of payment source.

States can promote model practices and support for community-level system improvements through a variety of no-cost options as well as expand resources to strengthen service capacity. Direct services through behavioral health, health care, child welfare, education systems, and other opportunities to assess, empower, and heal child trauma likely require adaptation as well as significant capacity improvements. Mapping direct-service capacity and developing policy guidance about how to use existing financing more effectively, as well as recommending new resources are important strategies to improve and increase population-based approaches, community supports, and services. Prevention and relationship-based approaches are an investment in long-term success to reduce toxic stress, violence and trauma. Achieving these successes requires sustained leadership alongside attention to direct services and supports for parents, caregivers and children. Income inequality, poverty, housing and food insecurity, and unsafe neighborhoods contribute to children's trauma and their family's instability. Additionally, a critical eye is needed to ensure that assessment of child trauma does not result in inappropriate labeling, inappropriate referrals to Child Welfare, or disproportionate impact on children of color, Limited English Proficient youth or other marginalized groups. Following are steps states can take to strengthen prevention and service capacity, both statewide and at the community level.

Statewide Systems:

- Engage the voices of youth and adults that have experienced trauma and violence with people and systems in all policy and program development;
- Deploy all relevant financing and funding opportunities to expand trauma-related programs and services and integrate trauma-informed processes and approaches. For example, states can make greater use of Medicaid and CHIP funds and of managed care organizations to finance home visiting, assessments, follow-up care, case management and supports for both parents and children. Early and Periodic Screening Diagnosis and Treatment (EPSDT) services and funds can also support these vital services. States could more fully implement the Medicaid coverage of Maternal Depressions screening as part of a well-child visit emphasizing the importance of early screening for maternal depression, incorporating assessment and response to trauma and clarifying the role Medicaid plays in identifying children with mothers who experience depression, trauma and its consequences, and connecting mothers and children to services. States can also direct new expansion funding through the Victims of Crime Act to serve children exposed to violence;
- Improve services by promoting successful low-cost strategies, such as encouraging existing child service providers (including e.g. well-child care, home visiting, WIC, and school nursing) to adopt universal assessment practices;⁸ and ensure appropriate training for them;
- Actively enforce parity requirements for mental health and substance-use services and reduce mental health disparities through timely access to services and appropriate oversight and monitoring;
- Increase early identification of child trauma and program effectiveness by strengthening child/family/community engagement, healthy relationship education, social and emotional learning, program assessment of equity and disparate impact, and recruitment of staff that mirrors the community and families served;
- Partner with statewide service networks that care for children (such as school-based health centers, Medicaid plans, Head Start and WIC programs), and support them to expand their prevention and service capacity;
- Support technical assistance and best practices in domestic violence and child welfare programs regarding how to identify and respond to adult and children survivors of domestic violence and provide two-generation services;

- Increase workforce training on—and programming for—children who have been sexually abused;
- Develop new practices and policy recommendations to respond to mandatory reporting child abuse laws when domestic violence is present in the home that include best practices for the child and support the relationship between the non-abusive parent and child; and
- Evaluate programs to ensure equity and inclusion of communities across race, gender, language and culture.

Community Program Capacity

- Convene community-based collaborations to build local capacity and improve the availability of culturally-based family support services. Build collaborations between community services and systems so that needs are more effectively met and coordination is bidirectional. For example, Increase school-health partnerships to identify children in need of services, and connect them to community-based services and promote medical-legal partnerships as a model that brings legal services to patients and their families in healthcare settings;
- Promote the supports that families need to succeed and prevent or heal trauma including: affordable quality childcare, respite care, food and housing support, parenting programs and family support centers for families exposed to violence, treatment for parents who use violence, positive fatherhood programs and workplace flexibility for employees with

children (e.g. visiting doctors, infant at work policies); support knowledge that healing is possible through supportive communities and appropriate interventions;

- Expand existing systems to foster healthy parenting under parenting training programs, Head Start, social support for parents, peer-to-peer support, and parent support programs for teens;
- Advocate for every school to have a school nurse to lead school health services for all students;
- Support schools and committees that are interested in starting and sustaining a school-based health center;
- Forge stable financing and reimbursement for universal home-visiting services that pregnant women and families with newborns would receive unless they opt out;
- Ensure that every health plan and primary care medical home understands trauma-informed practice, offers universal education and early identification of childhood adversity, and provides care-coordination along with linkages to family-centered services (as appropriate);
- Direct education funding (e.g. ESSA) and technical assistance to address school culture/ school climate and trauma-informed practices, including: training and wellness for staff and parents, classroom practices and programs, student leadership, school-community partnerships, and developing strategies to address social and emotional learning, school discipline and chronic absence; and
- Ensure language access across all community-based family support services.





GOAL 5: RACE AND GENDER EQUITY

State-level leadership addresses race and gender inequity and homophobia as root causes of violence and trauma through policy, planning, services, and community engagement.

Trauma impacts every community and population; however race and gender inequity and homophobia contributes disproportionately to multiple forms of violence and trauma and requires a long-term view for improvement. Structural inequities from historic and present policies, practices, and norms take a toll on mental and physical health as well as on educational and economic success. Studies have documented that those who suffer disproportionately from the stress of discrimination or the constraints of poverty also suffer disproportionately from chronic disease, including heart disease, asthma, arthritis, and cancer. Proactive steps that promote individual and community resilience and infrastructure development that empowers residents show promise to reverse social, economic, geographic, political, and physical environmental conditions that form the basis of inequity and in turn violence and trauma. Philanthropy is a strong partner in this area to support state leadership and offer resources to scale up promising approaches. To advance race and gender equity states can:

- Convene communities to assess policy opportunities that advance equity, reduce disproportionality, and diminish unintended consequences of existing systems;
- Review systems policies that contribute to inequities;
- Use funding levers and procurement opportunities to promote equity;
- Assess capacity of agencies and organizations serving children and report service outcomes with attention to race and gender equity in all sectors to promote transparency and accountability. Ensure that data is collected and reported to include race, culture, gender, income and zip code;
- Require trauma training to include education and skills development on cultural competency, language access, implicit bias, equity, and reducing disparities. Assure that training recognizes the inherent resiliency of those living in poverty and communities with high rates of violence;
- Actively diversify the workforce and workforce pipeline to reflect communities served, and support employee sustainability in schools and other organizations serving high-need communities; and
- Support and promote culturally-relevant services that incorporate resiliency.



IN CLOSING

Futures Without Violence offers this *Policy Guide* in recognition that we are early in this journey. Without doubt, there are lessons to learn and share as we travel the road together.

We look forward to continuing to partner with states as they apply these ideas and others in 2018 and beyond.

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ENDNOTES

- 1 Finkelhor, D., Turner, H., Shattuck, A., Hamby, S., & Kracke, K. (2015). *Children's Exposure to Violence, Crime, and Abuse: An Update*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- 2 McEwan BS, (2008). *Central effects of stress hormones in health and disease: Understanding the protective and damaging effects of stress and stress mediators*. 583(2-3), 174-85. doi: 10.1016/j.ejphar.2007.11.071. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/18282566>.
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- 4 *Defining Trauma and Child Traumatic Stress*. (n.d.) Retrieved from <http://www.nctsnet.org/trauma-types/refugee-trauma/learn-about-refugee-core-stressors%20>
- 5 The "ACE Study" refers to the original landmark project between 1995 and 1997 by the Centers for Disease Control (CDC) and Kaiser Permanente's Health Appraisal Clinic in San Diego. More information about the study can be found: <https://www.cdc.gov/violenceprevention/acestudy/index.html>
- 6 Ibid.
- 7 TRAUMA AND RESILIENCY: A SYSTEMS CHANGE APPROACH – Emerging Lessons and Potential Strategies from the Los Angeles County Trauma and Resiliency-Informed Systems Change Initiative. Retrieved from <http://www.first5la.org/files/Trauma.pdf>
- 8 There are distinct differences between trauma screening and trauma assessment tools. Screening tools are brief, used universally, and designed to detect exposure to traumatic events and symptoms. They help determine whether the child needs a professional, clinical, trauma-focused assessment. Functional assessments are more comprehensive and capture a range of specific information about the child's symptoms, functioning, and support systems. A trauma assessment can determine strengths as well as clinical symptoms of traumatic stress. It assesses the severity of symptoms, and can determine the impact of trauma (how thoughts, emotions, and behaviors have been changed by trauma) on the child's functioning in the various well-being domains. Source: *Child and Family Services Reviews of The Children's Bureau*, Administration for Children and Families, U.S. DHHS. <https://training.cfsrportal.acf.hhs.gov/book/export/html/2440>

Join Us and Other State Leaders

If you would like to learn about efforts in other states, join our effort and share your contact information by emailing: info@futureswithoutviolence.org with subject line "Changing Minds: Preventing and Healing Childhood Trauma State Policy."

Let us know about progress and challenges within your state related to this Guide.

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The following individuals advised in the development of this document, most of whom attended the Changing Minds: Preventing & Healing Childhood Trauma State Policy Roundtable held in Washington, DC on June 22, 2017.

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Points of view or opinions in the document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice, U.S. Department of Health and Human Services or the Key Informants and Contributors.

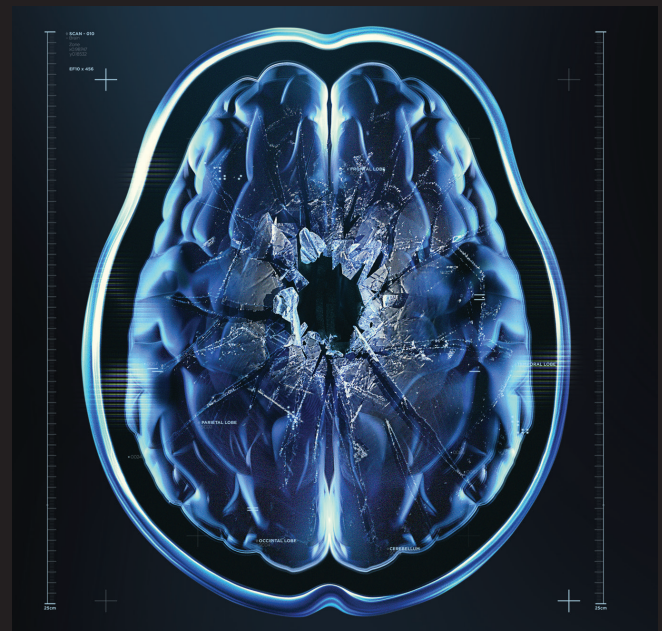
WITNESSING VIOLENCE CAN CHANGE A KID'S MIND. YOU CAN HELP THEM HEAL.

New research shows that witnessing traumatic events, like domestic violence, shootings, or even fighting, can impact the physical development of a child's brain — potentially leading to lifelong health and social issues.

Supportive, caring adults can prevent or help reverse the impact by practicing everyday, healing gestures like comforting, listening, inspiring, collaborating and celebrating.

Discover more about the Changing Minds everyday gestures, science of childhood trauma, and the power of a caring, consistent adult at:

www.ChangingMindsNOW.org





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