

Trauma-Informed Care for Children Exposed to Violence

Tips for Pregnancy Prevention Programs

Pregnancy prevention programs can be great allies for adolescents who have been exposed to violence and other traumatic events. By keeping in mind the principles of youth development, pregnancy prevention program staffs can play a pivotal role in preventing and reducing the negative impacts of that exposure. This tip sheet provides a rationale for addressing exposure to violence and recommends strategies to make programs trauma informed.

What happens when youth are exposed to violence?

Youth are very resilient, but they are not unbreakable. No matter what their age, youth are deeply hurt when they are physically, sexually or emotionally abused or when they see or hear violence in their homes and communities. Each child is different, and each situation is different, but exposure to violence can overwhelm a child at any age and lead to problems such as hyperactivity, smoking and drug abuse. We know now that exposure to violence—especially when it is ongoing and intense—can harm the natural and healthy development of youth, unless they receive support to help them cope and heal.

Not all youth who have experienced violence become teen parents or are involved in abusive relationships in adolescence. However, early exposure to violence is associated with an increased risk of being victimized or perpetrating violence as an adult. Youth who have been exposed to violence are more likely to be diagnosed with eating disorders, psychiatric problems and headaches and have psychosomatic complaints. The emotional, behavioral and social impacts associated with this exposure to violence remain poorly understood and are often not recognized in most settings serving adolescents.

Why should pregnancy prevention programs build their capacity to address children's exposure to violence and other traumatic events?

Direct and indirect exposure to child abuse and neglect, domestic violence and violence in schools and the community are part of a constellation of risk factors linked to poor outcomes in youth.¹ Youth exposed to violence are more likely to become teen parents. Also, youth who experience physical or sexual abuse are more likely to have a rapid repeat pregnancy.² It is well documented that exposure to violence increases the likelihood of later victimization,

Teenagers (13–18 years)

Depending on their circumstances, teenagers (ages 13 to 18) may indicate exposure to violence by:

- Being hypervigilant (constantly tense and “on guard”)
- Exhibiting hopelessness
- Having frequent nightmares and/or sleeplessness
- Using drugs and alcohol
- Engaging in violent or other risk-taking behaviors—including getting in trouble with the law
- Feeling intense fear
- Expressing suicidal thoughts
- Constantly recounting a traumatic event or denying that it happened.



¹ Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009) *Children's Exposure to Violence: A Comprehensive National Survey*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Retrieved January 30, 2012, from <http://www.safestartcenter.org/about/publications.php>

² Futures Without Violence. (2010, February). *The Facts on Adolescent Pregnancy, Reproductive Risk and Exposure to Dating and Family Violence*. Boston, MA: Author. Retrieved January 30, 2012, from <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Adolescent%20Pregnancy%20Reproductive%20Risk%20FINAL%202-10.pdf>

mental health problems and delinquent behaviors. Therefore, failure to address lifetime exposure to violence compromises the quality and effectiveness of pregnancy prevention programs and their outcomes. Addressing the consequences of exposure to violence can prevent the intergenerational transmission of family violence, decrease the risk of experiencing multiple forms of victimization and associated risk behaviors and ultimately improve outcomes.

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

To prevent first or repeated pregnancies, programs must screen, recognize, and address a history of exposure to violence. It is important to remember that teens are often rebellious or may be loud because they are finding their voices and determining their identities. They may react disrespectfully when they sense that adults do not value them as individuals who are capable of thinking for themselves. Warning signs of exposure to violence can be distinguished from “typical” behaviors partly by the associated functional impairments and partly by greater severity, persistence and pervasiveness of the behaviors.

For example, the signs usually are not onetime occurrences; they persist over several weeks and affect a youth’s functioning in school or at home. Obstacles to identifying problems in youth include staff concerns about labeling them inappropriately with a psychiatric diagnosis. For this reason, it becomes necessary to recognize when some behaviors are cause for concern and the program might need to consult with a specialized professional.

Reactions to a traumatic event or to a lifetime of exposure to violence can either be immediate or appear much later. They differ in severity and include a range of behaviors. People from different cultures may have their

own ways of reacting. How a young person responds depends on risk factors (e.g., drug use, family conflict, poverty or child neglect) and on protective factors (e.g., stable family relationship, participation in prevention programs) in the child’s life.

What can pregnancy prevention programs do?

Most youth who are exposed to violence and other traumatic events are not identified as such by the systems that serve them. The links between exposure to violence and behavior are often hidden or unclear. Therefore, few youth receive services for the violent event they may have witnessed or experienced.

If a professional has any concerns about a youth’s exposure to violence, the first step is to ask the adolescent how she is doing and to be compassionate when listening and responding. After discussing the experience with the youth, and depending on confidentiality policies, information can be shared or confirmed with parents or guardians and other adults in the youth’s life. To maximize the adolescent’s chance of success in the program, the program can address the adolescent’s concerns broadly, taking into account the possible relationship among traumatic stressors, behaviors and pregnancy. When developing a treatment plan, special attention should be given to the signs and symptoms of post-traumatic stress that might have been caused by the violence, pregnancy and the relationship between the two. In addition, the program might want to refer some youth and their families to local programs that work with those who have witnessed or experienced violence.

Seven strategies can be put in place in a pregnancy prevention program to help prevent, reduce and address the impact of exposure to violence.

1. Build program capacity to become a trauma-informed organization.

Trauma-informed care is not a standalone intervention. The following principles of trauma-informed care can be applied across the entire program:

- Understand the impact of trauma on children and their families.
- Give adolescents the opportunity to talk about what happened to them rather than immediately punish them for their behavior.
- Revisit policies and procedures, such as those that address program emergencies, crisis situations, reporting child abuse and neglect, community partnerships, resources and referrals, to be sure that they address issues related to trauma.

- Have intake, screening, observation and interview practices that incorporate strategies relevant to trauma and trauma history and that recognize trauma signs and symptoms.
- Refer adolescents who report a history of exposure to violence during the initial screening for a specialized trauma assessment. Assessments can be repeated periodically and used in treatment planning.
- Have guidelines for services that include addressing the individual needs of youth affected by trauma, providing reminders about avoiding unintentionally “re-traumatizing” adolescents in their care and supporting these teens in the program.

2. Design and implement strategies to keep adolescents engaged in the program.

Teens often have complex histories and numerous problems that make this population particularly difficult to treat. Empirically based treatment interventions may offer a good chance of success; however, many youth fail to obtain treatment, and those who enter treatment often end it prematurely. Most adolescents do not believe they need help, are unaware of the range of services that are available, may be concerned about stigma or are hesitant to seek out an adult for assistance.

The following strategies can increase program attendance and engagement:

- Make several attempts to get and stay in touch with participants and their families. For example, call the home the day before an appointment and speak with the youth and parent.
- Establish trust by providing participants with a service or resource they need immediately and avoid making commitments that cannot be honored.
- Allow the youth to tell her story, reassure her and validate her feelings.
- Convey an understanding of the youth’s language and culture.
- Avoid blaming. Reframe current situation in terms of relational factors rather than personal failure.

3. Respond appropriately to youth disclosures.

The most meaningful assistance staff can offer youth with a history of exposure to violence is to listen with compassion and use the power of their relationship to correct unhealthful and wrong views that have resulted from the violent event. Experts agree that a relationship with a caring adult is critical for beginning the healing process. Youth must have an opportunity to talk about what they have witnessed and how they feel in an emotionally safe space, with caring parents or adults

who can listen and understand. Staff willingness to listen to a child’s story can provide the foundation on which to increase resilience and personal strength.

4. Set policies and inform adolescents of the program’s legal requirements.

Programs often struggle with how to comply with legal requirements without violating the trust of their adolescent clients. Programs also have to grapple with balancing respect for adolescents’ growing autonomy from their families and respecting the important role of parents (and other caregivers) in their children’s life.

The legal definitions of mandatory reporting of abuse and neglect, as well as the circumstances under which an adult must report (e.g., known abuse, suspected abuse, reasonable grounds to suspect), vary from state to state. Mandatory reporting requirements apply for youth who are vulnerable to abuse. Nevertheless, staff members may be concerned that reporting abuse may prevent that teen from ever trusting or opening up to another adult.

Staff can take steps to minimize the loss of trust in situations that require reporting abuse to authorities. Program staff should clearly state from the beginning the circumstances under which they must report, the purpose of mandatory reporting laws and the events that typically follow a report to authorities. These efforts will help ensure that youth are not surprised if or when there is a need to report.

5. Train and support staff members to cope with their challenging work.

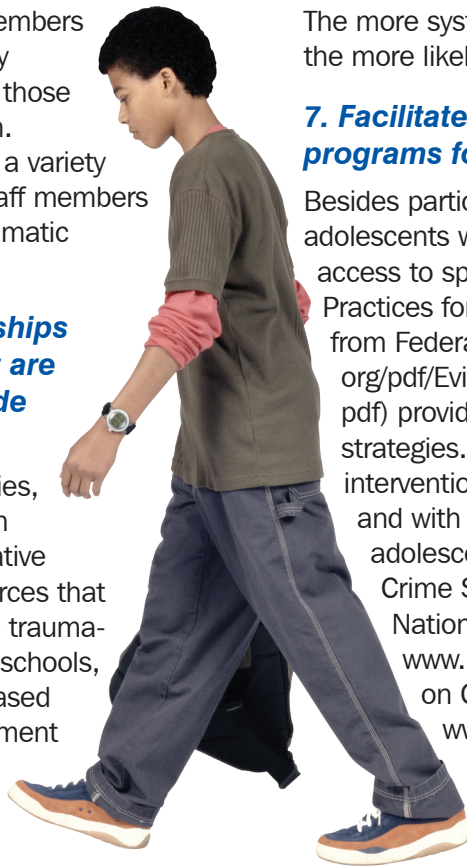
For staff working with youth who have been exposed to violence and their families, the essential act of listening to stories of victimization can take an emotional toll that compromises professional functioning and diminishes quality of life. Awareness of the impact of this indirect exposure—referred to as secondary traumatic stress, burnout or compassion fatigue—is a basic part of



protecting the well-being of staff members and ensuring that youth consistently receive the best possible care from those who are committed to helping them. Supervisors and managers can use a variety of assessment strategies to help staff members identify and address secondary traumatic stress affecting them.

6. Build collaborative relationships with community agencies that are trauma informed and/or provide trauma-related services.

Young people grow up in communities, not programs. Pregnancy prevention programs can build strong collaborative relationships with community resources that are trauma informed and/or provide trauma-related services. Collaboration with schools, youth-serving organizations, faith-based institutions, businesses and government agencies, for example, is essential to expanding trauma-informed services, expertise and resources.



The more systems involved in creating positive changes, the more likely the changes will “stick.”

7. Facilitate access to evidence-based treatment programs for children exposed to violence.

Besides participating in program services and supports, adolescents who have been exposed to violence require access to specialized interventions. Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases (http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf) provides a list of evidence-based programs and strategies. In addition, several websites describe interventions that have been tested with adolescents and with groups that share many of the risks of adolescents in pregnancy prevention programs: Crime Solutions (<http://www.crimesolutions.gov>), National Child Traumatic Stress Network (<http://www.nctsn.org>) and Promising Practices Network on Children Families and Communities (<http://www.promisingpractices.net>).

Mandated Reporting

Many children experiencing crises or violence are also at risk for child abuse and neglect. All States have child welfare systems that receive and respond to reports of child abuse and neglect, offer services to families, provide foster homes for children who must be removed from their parents' care, and work to find permanent placements for children who cannot safely return home.

Domestic violence does not equal child abuse and neglect, and therefore not all cases of domestic violence must be reported to child protective services. When responding to families affected by domestic violence, it is very important to consider simultaneously the safety of the child and the safety of the adult victim.

State by State information on reporting requirements can be found at http://www.childwelfare.gov/systemwide/laws_policies/state

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**