



Children can become vulnerable to developing mental health and substance use conditions when they have experienced trauma due to domestic violence or the child welfare system or juvenile justice system. This discussion is about ways in which trauma is a factor for children in these situations, how it relates to vulnerability, and how it needs to be addressed.

For too many children, home is not a safe haven. The devastating facts of domestic violence on women are well documented, but we know far less

and emotional responses to events threatening life or physical integrity of a child or of someone critically important to a child. Children also experience traumatic stress by community and school violence. In the immediate aftermath of such an event, everybody is affected, everybody responds. Recently, the Department of Justice published findings that show, in the course of lifetime, one in four, or 25% are exposed to domestic violence. In the past year, one in nine, 11%, were exposed to domestic violence.

Research has found that children who have had no exposure to domestic violence were in the normal range of IQ. As exposure domestic violence increased, IQ decreased; when tested, the IQ decrements were lower than



Because the numbers of traumas kids experience are associated with serious negative outcomes, we have to pay attention to what we are learning about our profiles and risk factors in that area. The issue is how trauma affects different developmental stages, and how to understand those developmental issues to understand the sequella associated with trauma. The good news is that kids are indeed getting better. Significant drops have occurred in each of these three categories of pre- to post-treatment outcomes for these kids: behavioral problems, post-traumatic stress, and other trauma-related symptoms.

With treatment, significant improvements in functioning on our standardized assessment measures have been observed in terms of behavioral problems, post-traumatic stress disorder, and other traumatic stress related systems. What does that mean when they get better in terms of functional impairment? Do those other domains of functioning improve also?

We need to begin to infuse this information and disseminate it to the people in the frontline as well as to folks that make policy decisions around children and families. In terms of policy implications, we can see that trauma is a common experience for children in many child-serving systems. We need to work towards the integration of trauma-informed services and care and evidence-based treatments across child-serving systems. We also have to think about how we train the providers, and create system improvements that will facilitate the sustainability of those changes.

Routine screening and data collection can help us identify the consequences of traumatic events on children but,