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PART 1

Understanding Trauma to Promote Healing in Child Welfare

For child welfare stakeholders, the concept that children and their families come into our systems bearing the burden of traumatic experiences associated with neglect and abuse is not new. What has evolved over the last couple of decades is the science of ACEs (Adverse Childhood Experiences) and understanding of the long-term physical and behavioral health consequences and high societal costs. A landmark study,¹ and the many since that have supported the initial results, have led to a growing consensus on the need for policies and practices to prevent, intervene, and promote healing.



California Child Welfare
Co-Investment Partnership

IN THIS ISSUE:

- Trauma 101
- Facts & Findings
- Prevention, Intervention, and Healing
- Moving Forward

“The child welfare community is dealing with the most acute and severe cases of childhood adversity. It is absolutely critical for us to focus on primary, secondary, and tertiary prevention; raising awareness; two-generation work; and empowering caregivers. We know that early detection and early intervention improve outcomes.”

Nadine Burke Harris, California Surgeon General

“There is an uncoordinated system of care on the state level. Start by looking at California’s healthcare, education, and juvenile justice systems, and the fact that they have a difficult time working together as a coordinated team to deal with childhood trauma. The systems are also significantly underfunded in terms of providing comprehensive programs to address trauma.”

State Senator Jim Beall, District 15

¹ [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract)

Creating Healing Systems: The child welfare system has a significant and central role in ensuring the safety and well-being of children and families that come to the attention of child welfare. That noted, they share this responsibility with many other systems, including the judiciary, behavioral and physical health, education, and provider agencies. For each of these systems, it's essential that the workforce is both trauma informed and trauma sensitive. And beyond the workforce, each of the systems should evolve from what is often trauma-inducing to becoming a vehicle for healing.

Many advocates and practitioners are also working toward responses that **move beyond "What happened to you?" to "What's right with you?"** and view those exposed to trauma as agents in the creation of their own well-being. Healing Centered Engagement (HCE) comes from the idea that people are not harmed in a vacuum, and well-being comes from participating in transforming the root causes of the harm within institutions. HCE also advances the move to "strengths-based" care and away from the deficit-based mental health models that drive therapeutic interventions.

Healing centered engagement is:

- Explicitly political, rather than clinical. Communities and individuals who experience trauma are agents in restoring their own well-being.
- Culturally grounded, and views healing as the restoration of identity. Healing is experienced collectively, and is shaped by shared identity such as race, gender, or sexual orientation.
- Asset driven and focuses on well-being we want, rather than symptoms we want to suppress. An asset-driven strategy acknowledges that young people are much more than the worst thing that happened to them, and builds upon their experiences, knowledge, skills, and curiosity as positive traits to be enhanced.
- Supports adult providers with their own healing. It's an ongoing process that we all need, not just young people who experience trauma.

Secondary Trauma of the Child Welfare Workforce

In addition to being trauma informed, child welfare workers need to address their own trauma. In a prior issue of *insights*²⁸ we described the role of the child welfare workforce, and the intensity and often trauma-inducing nature of their work. Recent research has also documented secondary traumatic stress (STS), which is the result of exposure to others' experiences. Given the nature of their caseloads, child welfare workers are particularly vulnerable. Left untreated, STS can lead to decreased effectiveness and high rates of burnout and turnover, which can also interfere with the ability to be "trauma sensitive" with the children and families they are trying to support.

“ I don't know if we can heal trauma; we have to empower people to do that. We can create an environment that is not punitive, that supports wellness, and that doesn't make people go to five different places in a week to get the services they need. We can make it easier for them to survive in the world.”

Judge Katherine Lucero, Superior Court of Santa Clara County

“ We must work to prevent our workforce from feeling inadequate and hopeless given the lack of control we have over the situations we face, which is why we need a work environment that values and promotes safety and well-being so we can provide the same for the children and families we serve.”

Melissa Lloyd, Deputy Director, Sacramento County Child Protective Services

²⁸ <http://co-invest.org/wp-content/uploads/Final-insights-14.pdf>