Findings Exhibit CC

Arkansas Legislative Task Force on Abused and Neglected Children

Mental Health Research and Recommendations

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This submission for the Legislative Task Force on Abused and Neglected Children contains two components. First, a review of the literature concerning childhood mental health, trauma symptoms, and common effects of exposure to violence is provided. Secondly, I give recommendations on ways that we can help our children, families, and communities through prevention, early identification, and treatment of abuse.

Review of the Literature

Although sometimes unpreventable, children are exposed to traumatic and violent events in life. Children may experience sexual abuse, neglect, or domestic violence in their homes and an even greater number may observe violence in their schools, communities, and the media. Parents, teachers, and mental health professionals are often faced with the challenges of assisting these young people in an effort to avoid emotional problems. Although not all children go through severe emotional disturbances after experiencing trauma, observed behaviors include posttraumatic stress, anxiety, depression, behavior problems, (Norris, Friedman, & Watson, 2002) learning difficulties, developmental delays, and physiological-somatic effects (Alat, 2002). Untreated child stress may also put the individual at a higher risk of later substance abuse (Duke University Medical Center, 2003) and criminal activity 9 Fraser, 1996).

Childhood Mental Health Issues

The number of young children that display mental health problems is increasing, with a suggested 10% to 25% of children displaying mild or serious social-emotional disorders (Bricks, Davis, Squires, (2004). This percentage is consistent with the 20% reported by the World Health Organization (Poster, 2003).

The U.S. Department of Health and Human Services (2001) analyzed data from the National Child Abuse and Neglect Data System, identifying 903,000 children as victims of abuse and neglect in 2001. Child Protective Service Agencies received more than 50,000 referrals each week alleging child abuse or neglect and 56.5% of those calls that warranted investigation were submitted by professionals. Children between the age of birth and 3 years accounted for 27.7% of the victims and this percentage declined as age increased (U.S. Department of Health and Human Services, 2001). A Bureau of Justice Statistics study of trends in violent victimization between 1973 and 2002 reported the younger the person the more likely they are to experience violent crime (2000). One in every seven victims of sexual assault were under the age of 6 and 40% of the offenders were juveniles, as reported by the National Incident-Based Reporting System based on data collected between 1991-1996. These identified victims of maltreatment, as well as those children whose abuse are not reported to child protective services, are at high risk of severe emotional and behavioral problems.

Even with the increased identification of childhood mental health issues, Thomasgard and Matz (2004) pointed out the needs of young children have been minimized due to the concern of labeling them with a mental illness. Data suggest that 6% to 7.5% of children in the United States receive mental health services (Katoaka, Zhang, & Wells, 2002). Furthermore, about 7.5 million children who need mental health services are not receiving them. African American and Latino children have lower rates of mental health service use than Caucasians (Katoaka et al.).

Trauma and Its Associated Symptoms

Extreme traumatic stressors that may lead to posttraumatic stress disorder (PTSD), as described in the DSM-IV-TR (2000), involves the personal experience, witnessing, or learning of an event that involves actual or threatened death, injury, or serious harm to self, family members, or close associates. Although the DSM-IV-TR description of extreme traumatic stress can be used as a guide for the diagnosis of PTSD, defining what is considered traumatic from the understanding and developmental level of a child that experiences trauma is a difficult task. Responses to stressors may vary from child to child and even if a child does not meet the criteria for PTSD, significant distress may be present.

The National Center for Children Exposed to Violence (2004) identified several symptoms frequently displayed by infants, toddlers, and preschool children that experience distress. Infant distress symptoms include sleep problems, fussing, disruptions in eating, withdrawal, and lack of responsiveness. Toddler distress symptoms include sleep problems, disruption of eating habits, increased tantrums, increased clinging to caregiver, and withdrawal. Preschool children in distress may display sleep problems, disruption in eating, increased tantrums, bed wetting, irritability and frustration, defiance, difficulty separating from caregiver, and preoccupation with traumatic events.

The degree to which a child is affected by an event depends on several factors. These factors include (a) the event that has occurred; (b) the child's resiliency; (c) the child's developmental stage; (d) the support available; (e) whether the child observed the violence or was a victim, (f) and if the event occurred once, over time, or there were multiple acts (Falasca & Caulfield, 1999). With so many factors involved it becomes

questionable whether what is considered traumatic for children can be defined (Falasca & Caulfield), when in fact, what may be traumatic for one child may not be traumatic or cause negative outcomes for another (Alat, 2002).

Although the definition of what should be considered traumatic for a child varies, there is research to support the risk of severe emotional problems if left untreated. For example, The National Center for Posttraumatic Stress Disorder (2004) estimates that 7.8% of Americans will experience PTSD at some point in their life, and children who experience trauma before the age 11 are at a higher risk of displaying psychological symptoms associated with PTSD than children who experience traumatic events at a later age. For males, the traumatic events most often associated with PTSD are rape, combat exposure, childhood neglect, and childhood physical abuse. For women, the events most associated are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse (National Center for Posttraumatic Stress Disorder).

Traumatic events experienced in childhood were listed as most often associated with PTSD in both males and females. Childhood neglect, physical abuse, and sexual abuse have been associated with PTSD, but experiencing these acts of violence may also have other short-term and long-term effects on the victims. Research indicates that children experiencing trauma may suffer a variety of negative outcomes (Armsworth & Holaday, 1993; Falasca & Caulfield, 1999; Levendosky, et al., 2002).

Effects of Exposure to Violence and Trauma

Research suggests that children exposed to high levels of trauma may experience psychological symptoms. Norris, Friedman, & Watson (2002) pointed out

that following a traumatic event, youth may exhibit age expected behaviors such as behavioral problems and hyperactivity, just as with adults who have experienced trauma, children are also vulnerable to PTSD, depression, somatic complaints, and on-going stress. Because many children have not learned to express themselves verbally and have not learned to manage life stressors, children often express themselves aggressively (Goodwin, Pacey, & Grace, 2003). Although a child may display anger or aggression, he or she may have underlying issues related to experiencing overwhelming stress. Children reacting to their environment with anger, aggression, and opposition may cause challenges for family and school systems. Early intervention and diagnosis may decrease the family disturbances, as well as the long term negative outcomes (McDonnell & Glod, 2003).

Karr-Morse and Wiley (1997) described factors in early childhood associated with violent behaviors that may be modified or prevented by early intervention. These factors included, but are not limited to, Posttraumatic Stress Disorder, parental mental illness, inconsistent care giving in early life, child abuse and neglect, and parental substance use. Early behavior problems put children at risk of problems throughout their school years (Corcoran, 2000). Children labeled with serious emotional and behavioral disorders who receive special education or related services are more likely to be suspended, expelled, drop out of school, and have a higher rate of unemployment (U.S. Department of Education, 1998, 20th Annual Report to Congress, Washington: DC). Fraser (1996) explained how violent behaviors rarely develop spontaneously and often have roots from early childhood. Aggressive behaviors may be a sign of other issues being experienced by the child. Early childhood aggression has been linked to

depression (Greenspan, 2000), increased risk of delinquency, substance abuse, school dropout, and early parenthood (Cairns, Cairns, Neckerman, Ferguson, & Gariepy, 1989).

For many researchers, early detection and quality interventions have been encouraged to prevent additional struggles due to childhood mental health and behavioral problems (Alat, 2002; Baydar, Reed, & Webster-Stratton, 2003; Bricker, Davis, & Squires, 2004; Durlack, 1998; Norris, Friedman, & Watson, 2002). Because school systems are frequently faced with the challenge of assisting children with mental or emotional disturbances, early intervention and prevention programs are being developed in cooperation with school systems (Alat; Dwyer, 2002; Fremont, 2003; Goodwin, Pacey, & Grace, 2003; Levant, Tolan, Dodgen, 2002). It is important for school administration and educators to work with mental health professionals for early detection of behavioral and emotional problems in students in order to begin the intervention process. In addition, these professionals can work together to identify the risk factors associated with childhood trauma and develop methods to assist in prevention.

Recommendations

The following mental health recommendations focus on the areas of: (1) prevention, (2) early identification, (3) treatment, and (4) research and resources. I will describe several suggestions concerning how we can better assist children of violent crimes and neglect. In addition, I will list areas where increased research and resources needed for issues related to abuse.

Prevention

- Provide easy access to education and heightened awareness of abuse and neglect in our state. Provide opportunities for professionals to provide in-service training for helping professionals, educators, churches, and other organizations that heavily influence children and families.

- Provide education in schools. With appropriate training, teachers, school counselors, and mental health professionals can work together to educate children and families about issues of abuse.

- Provide support and education for families who have a history of abuse and who feel their family is at risk. There are risk factors for families. Awareness about these risk factors can be open the door for families to seek assistance and prevent abuse.

- Provide support groups and resources to assist families. When families are in high stress situations, abuse substances, and/or have poor coping and parenting skills, they are at risk of experiencing emotional and physical abuse.

- All helping professionals and those who assist victims should be thoroughly educated on the risk of revicitimization due to the retelling of the story or the lack of comfort and assistance felt by the victim.

Early Identification

- Children in homes where a parent a mental health disorder are at a higher risk of abuse and neglect. Identifying and providing support for parents could decrease the risk of abuse. Research indicates that when parents have symptoms of posttraumatic stress disorder, children are at higher risk of social and emotional problems (Kilic, Ozguven, & Sayil, 2003; Green, Lorol, Grad, Vary, Leonard, Glesser, & Smithson-Cohen, 1991; Solomon, Waysman, Levy, Friend, Mikulincer, Benbenishty, Florian, & Bleich, 1992).

- Assessments for children can detect risk factors, protective factors, and what makes some children more resilient than others. Appropriate checklists and screenings should be made available for concerned parents, teachers, caregivers, etc.

- Programs to continually update and educate helping professional, educators, law enforcement officers, etc. on the latest information and trends in sexual abuse, neglect, and domestic violence.

- Increased education and training for mental health professionals to help understand how to appropriately assess, diagnose, and treat, young children who experience trauma and abuse.

- Educate through brochures, pamphlets, and advertisements on how to identify signs of abuse and resources on what to do.

Treatment

- Access to mental health services for children that have experienced abuse. There is not adequate funding available for mental health services and the system needs to be evaluated. Although we have programs in place through AR Kids and the Victims of Crime Act. Children sometimes fall through the cracks due to not meeting the criteria, not showing the level of distress needed to justify treatment, or lag time for getting a PCP referral or needed paperwork. This system should be reviewed because research indicates that early intervention improves recovery.

- Research has indicated that treatment and support for family/friends/caregivers of victims can assist the victim and family in recovery. Our state has some agencies that provide support groups and self-help treatment, but these programs are limited to heavily populated areas of the state. Additional assessment and support around the state is needed.

Research and Resources

Although we have made significant progress as a nation to research abuse and neglect, it only adds to more questions and greater needs for improved treatment. We have a lot of resources in our state that could be organized and data collected if there was funding and a system to oversee this project.

- Further mental health research is need in the areas of:
  - Age appropriate criteria for assessing and diagnosing
  - Brain development after experiencing trauma
  - Resiliency and protective factors
  - Effectiveness of medication on young children
  - Further exploration of effective treatment modalities
  - Increase and improvement of assessment and measurement tools for young children
  - Effects of trauma on family. friends, and caregivers of victims

- Additional resources
  - website of resources that includes services around the state
  - brochures and pamphlets for parents and community leaders to use for education
  - Additional financial supports for Rape Crisis Agencies, Crisis Intervention Centers, and Child Advocacy Centers so that community resources are available
  - One agency or state department to organize all this information

Conclusion

The work of this committee has proven that the issues related to the abuse and neglect of children encompass many state agencies and professions, and there is numerous areas in need of improvement. I submit my recommendations with the precaution that changes in one system may effect others without intention. For example, I recommend psycho-educational groups/guidance lessons about abuse and neglect in the schools. I do not think we can mandate this without it effecting other programs and responsibilities already being provided. For that reason, I think that a better approach would be to establish an agency or department within our state government to appropriately integrate our recommendations over time.

I have learned through this experience that we have a lot of dedicated professionals doing a lot of good work. Working together though this committee has shown the importance of communication between groups. I think that one agency/department designed to help continue this communication, assess the effectiveness of the services provided to these families, develop the plan to implement improvements, and collect the outcome data, is the ideal method for tackling these problems.

I CAN GO INTO DETAIL AND GIVE RESEARCH TO SUPPORT ALL OF MY RECOMMENDATIONS. PLEASE LET ME KNOW IF YOU NEED ANYTHING FURTHER. angiewaliski@hotmail.com, 479 601-6443

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