

An Act relative to trauma screening for childhood trauma S.91 (Senator Creem)



What problem does this bill address?

Childhood trauma, defined as a response to events or circumstances a child experiences as physically or emotionally threatening, frightening, or harmful, has been found to strongly influence an individual's health and development over their life course. Exposure to prolonged or persistent trauma can negatively affect a child's developing brain, physical and mental health, and behavior. Research shows that by age 18, 45 percent of children in the U.S. have experiences at least one adverse experience.

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Trauma screenings are a common tool providers can use to assess children, allowing for early detection of behavioral health concerns. Some trauma screening tools, however, often lack age- and culturally-sensitive measures and can perpetuate a deficit focus as opposed to a strengths-based approach to addressing adversity. Care and expertise is needed in determining appropriate tools and ensuring these tools are used appropriately and in conjunction with a comprehensive assessment of a child's wellbeing.

The bill establishes an advisory working group to update, amend, and recommend whether and, if so, how select tools and protocols for the screening of all children for the mental health impacts of trauma should be used. It requires a particular focus on screening and assessment of children who are in the care and custody of the Department of Children and Families.

What difference will this bill make? Traumatic events that may impact a child's well-being include witnessing or experiencing violence or abuse, exposure to an adult or caregiver with a substance use disorder, prolonged parental separation due to divorce, incarceration, or child welfare intervention, and community-level adversities, including the effects of racism. This list must now be expanded to include events that occur as a result of the COVID-19 pandemic which continues to disrupt children and families' lives, including but not limited to: the death of a loved one; housing or food insecurity; parental separation due to exposure or sickness; social isolation. Trauma compounds, and children who have experienced prolonged or frequent trauma are significantly more likely to have both mental and behavioral health challenges in adulthood.

The advisory working group will address the efficacy and appropriateness of different screening tools, certify that providers are given adequate training in these screening tools, and establish regular review of these tools and protocols.

With a focus on equity:

COVID-19 has exacerbated existing behavioral health problems for children and youth with an even more acute impact on Black and Brown children from historically disenfranchised communities. Interventions and services for children of color are often not as positive as those for white children, due in part to a lack of interventions developed or adapted for these communities. The systemic inequalities are felt acutely for DCF-involved children as children of color are significantly more likely to be removed from their homes and less likely to receive comprehensive behavioral health supports.

Why is this bill needed now?

This country is experiencing a collective trauma as a result of the COVID-19 pandemic, economic downturn, natural disasters, and the persistent racial injustice that has had a multi-generational impact on Black and Brown communities. These factors can have a detrimental and long-lasting impact on children. Trauma screenings are a highly effective method for licensed professionals to determine a child's need for services, but oversight is required to ensure these screenings are used appropriately.

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