

Integrating Essential Elements of Trauma-Informed Practice In A Child Maltreatment Investigation: Using A Trauma Focused Lens

Adapted by Donna M. Pence, 2011, 2023

1. Maximize the child's sense of safety.

Physical safety:

- ❖ Immediate concerns for injuries, hunger, thirst, clothing
- ❖ Location child feels safe
- ❖ Privacy

Psychological safety:

- ❖ Where does the child feel safe?
- ❖ What does the child need to feel safe that you can provide or control?
- ❖ Neutral, child-friendly environment for interview
- ❖ Non-threatening, relaxed and calm approach by interviewer
- ❖ Reduce fear of the "unknown" for child
- ❖ Explain what is happening and who people are in developmentally and culturally appropriate language
- ❖ Give the child choices when you can

Triggers:

- ❖ What sights, sounds, smell, tastes, people, places, actions, situations, emotions, etc. experienced now might "trigger" a surge of the same overwhelming and disturbing emotions felt when the traumatic event or events occurred?
- ❖ In the investigative interview, how can questions about the events/ actions or behaviors under investigations be asked in a way that reduces the risk of re-traumatizing the child?

2. Comprehensive assessment of the child's trauma experiences and the impact on the child's development and behavior to guide services, when appropriate.

Understand what the child and family history means in terms of "cumulative" trauma and cultural context as you review existing records before going out on the referral.

3. Assist children in reducing overwhelming emotion.

Think "crisis intervention" before and during each contact

Be prepared to give time and space to a child before and during interview

Be aware of likely "triggers" and avoid sudden movements toward child or loud noises which may startle him or her- SLOW and CALM are needed here

If responding with law enforcement, consider the possible impact of their uniforms, authority, and what it may mean to the child

De-escalate the emotional stress level of the child during the closing phase of the interview

4. Address any impact of trauma and subsequent changes in the child's behavior, development, and relationships.

5. Help children make new meaning of their trauma history and current experiences.

"It's not your fault"

"We're here because we want to make sure you're OK. Not because of anything you did or didn't do."

"Sometimes things happen to kids because grown-ups (moms/ dads) have problems knowing how to ... (knowing what to do when they get mad)."

6. Coordinate services with other agencies.

Multidisciplinary child abuse investigations-Always! Discuss in advance how best to coordinate the beginning steps of the investigative process.

Consider who should be involved in performing investigative tasks in order to reduce the risk of additional trauma to the child, whenever possible.

Examine all aspects of the initial investigative steps through the eyes of a traumatized child and make changes to practices wherever possible to reduce the risk of additional trauma to the child

Include relevant medical providers in discussions in reducing system-induced trauma. How are medical evaluations explained to the child and carried out?

Develop common protocols & frameworks for documenting trauma history

Exchange information & coordinate assessments

Minimize the number of interviews and interviewers through cooperation, collaboration, and precise documentation- re-interview only if there are new issues to explore or if the child needs additional interviews to provide a complete statement

7. How and when to apply the right evidence based treatments.

8. Support and promote positive and stable relationships in the life of the child.

Ask the child who they know that they feel safe with

9. Provide support and guidance to child's family and caregivers.

Approach the parent or parents as "experts" on their child, knowledgeable about the child's culture, development, likes and dislikes

Explain to the parent/ caretakers how children who experience traumatic events such as those in this case may react.

Normalize the child's reactions, if appropriate

Place the child's behaviors in the context of trauma history

Help the caregivers see the connection between the environment and the child's behavior, such as explaining the concept of "trauma triggers"

10. Recognize many of the adults caregivers you interact with are trauma victims as well: trauma in childhood, trauma last week...

Think of how this investigation and the process might well be trauma triggers or reminders for one or both parents or other family members:

- ❖ Ability to regulate emotions
- ❖ Caseworkers can be "triggers" or "reminders" of their trauma history
- ❖ Sense of safety, personal responsibility, self concept
- ❖ Engage in relationships
- ❖ Parent effectively
- ❖ Maintain family stability
- ❖ Ability to recognize risks to children & keep them safe
- ❖ Work effectively with child welfare staff
- ❖ Respond to the requirements of child welfare system

11. Manage professional and personal stress.

Secondary Traumatic Stress:

- ❖ You can absorb the reverberations of all the traumas you come in contact with
- ❖ Cause you distress and may impact you outside of work
- ❖ You are confronted with intense verbal or possible physical assaults by clients or community members
- ❖ Co-workers injured "on the job"
- ❖ You bring your own trauma history to work with you

References:

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Additional Information provided by Charles A. Wilson, Senior Director, Chadwick Center for Children & Families, Chadwick Trauma-Informed Systems Project, 2011



