

“Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue That Needs Greater Federal Attention”
House Committee on Oversight and Reform
10:00 AM, Thursday, July 11, 2019
2154 Rayburn House Office Building
Rep. Gerald E. Connolly (D-VA)

Mr. Chairman, thank you for holding today’s hearing to examine the long-term consequences of childhood trauma and what the federal government is doing to respond to this public health threat. I appreciate the time the witnesses took to come here today and share their stories with us. It takes incredible strength to appear publicly before Congress and share such personal testimony, and I thank Mr. Kellibrew, Ms. Martin, Mr. Miller, and Ms. Rygg for being here. Childhood trauma is an on-going, widespread public health challenge, and existing federal programs and initiatives are insufficient to address it. This problem does not discriminate—it affects Americans from all walks of life.

This hearing is particularly relevant today as we see the squalid conditions in which children are forced to live at our southern border. We do not yet know the long-term effects on placing children in cages, but these border facilities are clearly not nurturing environments where a child can cope with the toxic stress of being separated from his or her family. Being forced into an ad hoc border facility shelter without access to medical care, basic sanitation, water or adequate food certainly qualifies as an adverse childhood experience (ACE). I thank the Chairman for his work to ensure that we address child trauma as a pervasive public health issue in the same week we examine this Administration’s abhorrent family separation policy.

In 2018, a national study found that 62 percent of respondents reported at least one ACE. ACEs include physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, exposure to domestic violence, incarceration of a parent, parental separation or divorce, and living with a household member who has substance abuse issues or mental illness. The study found that people who experience at least one ACE are more likely than those with no such experiences to die of heart disease, cancer, chronic lower respiratory disease, and suicide. This likelihood increases with every additional ACE. These negative health outcomes are on the rise nationally, as well as in my home state of Virginia. Nationwide, the suicide rate has increased 33 percent since 1999. In Virginia, the rate has increased by 17.4 percent since 1999.

Toxic stress for children can be detrimental to development. Toxic stress is the prolonged, repeated activation of a cortisol stress response—the fight or flight response. For children to cope with such toxic stress, it is imperative that they have nurturing relationships for support. If a parent passes away, has a mental illness, is incarcerated, or becomes a victim of domestic violence, this type of nurturing relationship may no longer exist.

There is hope, however. Several studies examining childhood resilience demonstrate that children can recover and that early interventions do work. I support Congress’s efforts to ensure trauma-informed services, which provide interventions that can lead to recovery, are available to children. The SUPPORT for Patients and Communities Act (P.L. 115-271) established an Interagency Task Force on Trauma-Informed Care. This Task Force has a three-year timeline to

make recommendations on best practices for trauma-informed identification, referral, and support.

Virginia is a nationwide leader in assuring state policies are trauma-informed and the Commonwealth may serve as a role model for the Task Force. Virginia has regional and local trauma-informed community networks that form cross-sector partnerships to spread awareness, conduct training, and support and implement new practices in schools, courts, and community services. In my district, the community network worked with the juvenile court to ensure its operations and services are trauma-informed. This work included evaluating how the courtrooms appeared to a child affected by an ACE and examining the way judges spoke with youth to ensure that engagement was trauma-informed. I applaud the work Virginia is doing to raise awareness and embed trauma-informed services in its critical services using practical approaches.

Every child who enters the foster care system has experienced some form of trauma. They enter foster care because of trauma, be it the death of a parent, physical abuse, or the parent's mental illness or addiction. The Family First Prevention Services Act (P.L. 115-123) allows federal reimbursement for mental health services, substance use treatment, and in-home parent skill training to families with children at risk of entering the child welfare system. These services can help prevent the need for foster care placements. In 2017, the number of children in foster care rose nationwide for the fifth consecutive year. In 2018, there were 5,344 children in foster care in Virginia, an increase of 14 percent since 2013. I hope that the Family First Prevention Services Act can work to reverse this upward trend. We want to keep children in homes where they can develop the type of nurturing relationship needed to cope with toxic stress, and we want to help parents get the services they need to ensure their children grow-up in a trauma-free environment. Guidance on how to implement the Act is needed immediately because states have been hesitant to use funding without clarity on which services qualify.

We need a whole of government response to tackle this pervasive public health issue. The federal approach must seek to remediate the direct impacts of childhood trauma, such as an increased suicide rate and a higher likelihood of incarceration. And we should also find ways to remedy the root causes of the trauma, like a parent's death, opioid abuse, and exposure to domestic violence. Childhood trauma is not limited to childhood. Its impact persists throughout a lifetime and often perpetuates into the next generation. That is why we must ensure that all children—no matter where they live—have access to the trauma-informed services necessary for healing.