

Student Access to Trauma-Informed Schools Should Be A Priority in the District

By Jarred Bowman

The District's leaders are not doing enough to lessen the impacts of trauma that thousands of young people face as a result of living in poverty and economically underserved communities. Public health research confirms that the trauma of living in prolonged stressful environments can often lead to developmental challenges and exacerbate the systemic inequities that many children of color already face growing up in the nation's capital. If DC leaders really want to improve educational outcomes they need to increase investments in trauma-informed health services provided in schools, neighborhoods and child development centers, so that students living in poverty have access to the mental health supports they deserve.

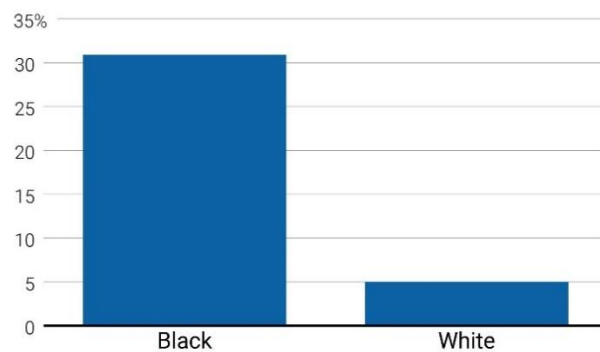
Children in low-income communities are often at risk of experiencing toxic stress from systemic inequalities. These can include the death or incarceration of a parent, neglect or abuse from a family member, or inadequate income and access to food at home. Such "adverse childhood experiences" (ACEs) can have powerful life-long effects and profoundly impact a young person's ability to succeed. Nationally, children or teens who experience four or more of these encounters are 4 to 12 times more likely to suffer from alcoholism, drug abuse, depression, and even suicide as adults.¹

These problems are very serious in the District and contribute to the city's ongoing racial inequities. One-third of Black children in the District experience two or more traumatic experiences, six times the rate among white children.² Communities of color in DC have been so systematically under-resourced and segregated that children of color not only experience higher rates of traumatic exposure, but also vast inequities in access to health care services in their neighborhoods.³ The public health outcomes of most District children, both immediate and long-term, are too often predetermined by zip code and household income.

The District should do more to address these inequities by creating trauma-informed school environments that provide safe spaces for students to develop their academic, behavioral, and social-emotional skills. One in six District youth suffer from emotional, behavioral, or developmental conditions.⁴ Yet only one-third of

About One in Three Black Children in DC Have Two or More Adverse Childhood Experiences

Share of DC children who have experienced two or more ACEs by race



Source: Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query.

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DCPS and public charter schools have full-time mental health clinicians, despite the goal that all schools be staffed with at least one by the 2016-2017 school year. The \$3 million increase in the city's 2019 budget to better support mental health in schools is helpful, but not enough to equip all schools with the mental health supports that students need.

Beyond that, the Department of Behavioral Health should request additional funds to supplement the School Based Support Behavioral Health Comprehensive Plan Amendment Act of 2017, which helps to identify the major causes of ACEs in the District and collaboratively develop services in schools and communities to help children cope with toxic stress levels. Finally, the District should strengthen support for behavioral health care services in all child development centers by expanding programs like Healthy Futures, so that educators of infants and toddlers are also trained in how to lessen the impact of adverse childhood experiences.

¹ Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev. Med.* 1998; 14(4):245-258

² Data Resource Center for Child & Adolescent Health. Retrieved from <http://childhealthdata.org/browse/survey/results?q=4783&r=1&g=617&r2=10&a=7293>

³ Kwarciany, J. (2017, September 25). Back to School: Focusing on Mental Health. Retrieved from <https://www.dcfpi.org/all/back-to-school-focusing-on-mental-health/>

⁴ Kwarciany, J. (2017, September 25). Back to School: Focusing on Mental Health. Retrieved from <https://www.dcfpi.org/all/back-to-school-focusing-on-mental-health/>