Voices
for Georgia's Children

CHILDHOOD TRAUMA

**Defining, Preventing, and Mitigating
Adverse Consequences**

November 2021

SUGGESTED CITATION

ACKNOWLEDGEMENTS

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FOREWORD

When Voices for Georgia's Children published its first report on the subject in 2013, childhood trauma was a lesser known topic among elected officials, policymakers, government officials, and state employees. Since then, increased local and national advocacy, widespread education and training, and deeper conversations about root causes of child and adult outcomes have expanded awareness of trauma and its long-term repercussions. Terms like trauma-informed, trauma-responsive, and ACEs (adverse childhood experiences), once foreign to many, have become more common in policy discussions.

Daily, an array of Georgians – from lawmakers to state agency leaders, health care providers to school teachers – are aware of and learning more and more about childhood trauma. Indeed, over the last decade, various investments have been made to create and strengthen trauma-informed child- and family-serving systems in Georgia, including those listed in the table.

Table 1: Public-Private Investments in Building Trauma-Informed Child- and Family-Serving Systems

STATEWIDE INITIATIVES

A Vision for Child and Family Well-Being in Georgia: Our State's Child Abuse and Neglect Prevention Plan (CANPP), which includes high-level objectives that **support child and family well-being on individual, societal, and systems/ government levels** and strategies to achieve these

Strengthening Families Georgia, a framework led by Prevent Child Abuse Georgia, which **promotes the integration of protective factors** like parental resilience, social connections, parenting and child-development knowledge, concrete support, and social-emotional competence of children into child-serving systems and programs

Georgia Essentials for Childhood, born out of the Centers for Disease Control and Prevention's Essentials for Childhood framework, which aims to **raise awareness about and commitment to promoting safe, stable, and nurturing environments and relationships for children**, it brings together state agency and advocacy stakeholders to effect norms and policy change around child well-being and child abuse and neglect prevention

Philanthropic investment in trauma prevention, mitigation, and response via Resilient Georgia, a statewide coalition of public-private partners creating a pipeline of trauma-informed behavioral health services and resources

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i.   "Pair of ACEs" refers to adverse childhood experiences and adverse community experiences, such as poor housing quality and affordability, poverty, systemic racism, community violence, and lack of opportunity, economic mobility, and social capital. https://abuse.publichealth.gsu.edu/essentials/pair-of-aces-graphic-from-essentials-ace-one-pager1/

ACES RESEARCH

Georgia Department of Public Health's (DPH's) **Preventing Adverse Childhood Experiences: Data to Action** project, which builds on prior ACEs research and the Georgia Essentials for Childhood work by utilizing 11 national and state-level databases on ACEs and the Pair of ACEs[i] to inform the Division of Family and Children Services' (DFCS') efforts to prevent ACEs via the CANPP

TRAINING

Trauma trainings provided to child-serving employees by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Early Care and Learning, Department of Education, Georgia State University School of Social Work via the Child Welfare Training Collaborative, Medicaid managed care organizations, and dozens of provider organizations throughout the state

Trauma-informed care training provided to emerging behavioral health professionals via Trauma-Informed University, an initiative of the Interagency Directors Team (a multi-agency collaborative that designs and implements an integrated approach to a child and adolescent system of care), in the state's major master's in social work and counseling programs

These investments, among many others, bolster and promote critical support for Georgia's children and families.

This report aims to build on current interest, increasing the reader's understanding of childhood trauma broadly, what types of trauma exist, how trauma impacts children over the course of their life, and – perhaps most importantly – how each of us can work toward preventing the instances of and mitigating the effects of trauma in a child's life. Additionally, we outline specific and practical policy opportunities to strengthen this system (page 21).

Careful consideration and implementation of the proposed policy opportunities will well-position Georgia to support and meet the needs of children and families, especially in light of the impacts of the COVID-19 pandemic. For many children and families, the pandemic has caused additional stressors, including a disruption in feeling safe, economic hardships, social isolation, job loss, and grief. These stressors have been compounded by limited and reduced access to needed services and supports, including mental health care. Advancing policies and practices that promote integrated and trauma-informed child- and family-serving systems will help families navigate these stressors and prevent and mitigate other potential sources of trauma.

EXECUTIVE SUMMARY

While in many ways it is easy to see how trauma experienced during such a formative time as childhood might have long-lasting effects, the concept alone also raises many questions: What is childhood trauma and what causes it? What kind of long-lasting effects can occur? Can anything be done to prevent its occurrence, or mitigate its effects? This report attempts to answer these questions – and others.

Trauma is defined by the Substance Abuse and Mental Health Services Administration (a branch of the U.S. Department of Health and Human Services) as a condition resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

There are many sources of trauma, and the list continues to grow as we better understand the impact of different experiences on individuals.

Some sources of trauma may include:

- **Adverse childhood experiences** resulting from potentially traumatic events that are segmented into three overarching categories – abuse (physical, emotional, sexual), neglect (physical and emotional) and household dysfunction (mental illness, incarcerated relative, domestic violence, parental substance abuse, divorce)

- **Intergenerational**, resulting from psychological trauma that is transmitted within families and communities because of disrupted attachment, biological mechanisms, or historical traumatic events

- **Historical**, resulting from the experience of violence or sudden disruption because of genocide, war, oppression, discrimination, racism, natural disaster, or other traumatic events

- **Racial** (or race-based stress), resulting from experiencing or witnessing events of racism or racial discrimination

- **Sanctuary**, resulting from an individual being separated from a traumatic experience and then experiencing another traumatic event in what was supposed to be a supportive and protective environment, challenging an individual's idea of safety

While there are many sources of trauma that extend beyond those mentioned above, each source typically fits within the following overarching categories:

- **Acute**, resulting from a single event (e.g., accident, natural disaster, rape)

- **Chronic**, resulting from exposure to repeated and prolonged traumatic events over an extended period (e.g., bullying, domestic violence, parental separation due to incarceration or divorce)

- **Complex**, resulting from varied and multiple traumatic events, often interpersonal in nature, or where there is the simultaneous or sequential occurrence of child maltreatment (e.g., physical abuse, violence exposure, racism)

Experiencing trauma in childhood can impact the individual well into adulthood – particularly when an adequate support system and appropriate services are not accessible. The more adverse or traumatic the event and corresponding stress are, the more likely a child may suffer long-term consequences to their brain development (limiting its functional capacity), physical health (chronic conditions such as cancer, autoimmune and heart diseases,

obesity, frequent headaches), behavioral health (anxiety, depression, substance use disorder), and employment and educational gains (unemployment, poverty). Many of the negative health outcomes resulting from childhood trauma are associated with the damage caused by toxic stress – a stress response resulting from a child experiencing strong, frequent, or prolonged adversity without the support from caring adults. (See more on the Impact of Childhood Trauma and Toxic Stress, page 13.) The long-term impacts of childhood trauma are costly not only to an individual's quality of life and opportunity to thrive, but to the state as well – including its health care and legal systems.

Unfortunately, when you consider the types of events that can cause childhood trauma, an overwhelming number of our state's children are currently at risk. There are approximately:

- **160,000** Georgia children not living with their parents (mother nor father)[1]

- **250,000** Georgia children who have a parent who has been incarcerated[2]

- **96,000** crisis calls to Georgia's certified family violence and sexual assault agencies annually[3]

- **40,000** Georgia K–12 students who are experiencing homelessness[4]

- **11,000** Georgia children and youth in foster care[5]

- **6,000** Georgia children in secure detention facilities run by the Department of Juvenile Justice[6]

- **33%** of family violence incidents reported in Georgia that had at least one child present[7]

- **One in six** children suffer daily food insecurity due to poverty and barriers to food access.[8]

While certain traumatic experiences, like natural disasters, are not preventable, many traumatic experiences can be avoided or lessened if the right investments are made. By surrounding children and families with the systems that protect their well-being, the state and its community partners strengthen the ability of children and families to avoid and rebound from adversity. (See more on page 17)

The importance of such support for Georgia's child- and family-serving systems cannot be overstated. Accordingly, Voices for Georgia's Children suggests the following select policy recommendations for Georgia to continue to better prevent and mitigate childhood trauma (see page 21 for a full list of recommendations):

- Provide state funding to ensure a licensed counselor, nurse, and social worker in every school.

- Ensure that training on trauma-informed care and implicit/explicit bias is provided to all stakeholders who engage with children in any way (e.g., law enforcement, school resource officers, school faculty and staff, child care and after-school providers, child welfare and foster care settings) to recognize trauma and serve children in a trauma-informed way.

- Expand wraparound services in schools[i] and assist school leaders in leveraging community assets to provide needed services and supports within schools.

- Invest in affordable housing via the Georgia Department of Community Affairs' Safe and Affordable Housing initiative and incentivize landlords to accept housing vouchers.

- Increase access to evidence-based home visiting, early intervention services,[ii] and universal screenings to provide early diagnoses, appropriate care, and intervention when needed.

- Continue to invest in Department of Behavioral Health and Developmental Disabilities' youth peer drop-in centers,[iii] resiliency support clubhouses,[iv] and other programs that assist youth in developing stress management, coping, and problem-solving skills.

- Increase behavioral health professional training in evidence-based therapies to support parents or caregivers who have experienced trauma.

- Continue to invest in comprehensive school-based health centers, the Georgia Apex Program[v] (a state-supported program that provides mental health services in schools), and other school-based mental health programs.

Continuing and building such public and private momentum is key to improving not only outcomes for Georgia's children and families but also the future of Georgia itself.

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i.   As of July 2021, there were 16 part-time wraparound services coordinators in Georgia schools
ii.   Approximately 19,000 children are served each year by DPH's Babies Can't Wait program. https://georgiavoices.org/wp-content/uploads/2021/01/Babies-Cant-Wait.pdf?9d7bd4&9d7bd4
iii. Peer drop-in centers provide a supportive environment for young adults, aged 16-26, to learn skills needed for adulthood.
iv.   There are currently 13 in the state. https://dbhdd.georgia.gov/document/document/dbhddmhresiliencyclubhousesfy21pdf/download
v.   As of January 2021, the Georgia Apex Program served approximately 630 schools.

WHAT IS TRAUMA?

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." [10]

Trauma is frequently discussed in policy sectors, including behavioral health, public health, health care, and education, but there are various interpretations of what trauma means. In an attempt to develop a concrete definition that could be shared with practitioners, researchers, and trauma survivors, in 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA)[i] consulted a panel of experts to define the concept (defined on page 5).

Building on this concept, SAMHSA focuses on the three E's: events, experiences, and effects:

- **Events** and circumstances may include the extreme threat of or actual physical or psychological harm (e.g., natural disasters, abuse, physical or sexual violence, etc.) or severe, life-threatening neglect.[9]

- An individual's **experience** of events or circumstances and the impact of these on the individual helps determine whether it is a traumatic event. An event or circumstance may be traumatic for one individual and not for another (e.g., a child removed from an abusive home may experience this differently than their sibling; a refugee may experience fleeing one's country differently than another refugee).[10] How the individual labels, assigns meaning to, and experiences the outcome of an event will contribute to whether it is a traumatic experience. As it pertains to children, it is important to note that witnessing an event that threatens the physical well-being of a loved one can also be traumatic.[10]

- The adverse **effects**, as a result of experiencing the event, are a critical component of trauma. Depending on the individual, the adverse effects may occur immediately or may develop over time and can be short- or long-term. The individual may not recognize the connection between the experienced trauma and the effects. Some examples of adverse effects include shifts in cognitive processes (e.g., memory, attention, thinking), inability to cope with daily stressors, difficulty regulating behaviors and controlling the expression of emotions, and mistrust of new and familiar relationships.[10] In the short term, one may experience rapid breathing and heart rate, headache, stomachache, and dissociation ("shut down").[11] In the long term, one may experience anxiety or depression, exhibit unhealthy behaviors like smoking and substance use, and even develop chronic conditions like heart disease and cancer.[12]

While traumatic events can have a significant impact on anyone, such events can be particularly detrimental for children. A prolonged experience of childhood trauma – arising from events such as physical abuse, emotional abuse (e.g., belittling), or witnessing physical abuse of a parent – can alter one's stress response system in a way that can damage the developing brain and limit its functional capacity.[12] (See more in The Impact of Childhood Trauma and Toxic Stress, page 13.) Access to the right services and supports, however, can help mitigate the impact of traumatic experiences and help put a child on the path to recovery.

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i. "The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families." Retrieved from https://www.samhsa.gov/about-us/who-we-are

Understanding Childhood Trauma through Studies of Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs), or the selection of experiences used to study childhood adversity, are experiences that can – but do not necessarily – result in childhood trauma. These studies provide great insight into childhood adversity (used at times in this report as a proxy for childhood trauma) and its relationship to health risk behaviors and disease in adulthood. [13]

The first ACEs study – conducted from 1995 to 1997, with more than 17,000 Kaiser Permanente members from Southern California – used a 10-item list of potentially traumatic events segmented into three overarching categories: abuse (physical, emotional, sexual), neglect (physical and emotional) and household dysfunction (mental illness, incarcerated relative, domestic violence, parental substance abuse, and divorce).[14] This list served as a screening tool to produce an ACEs score, which is a sum of the number of adversities or potentially traumatic events that an adult experienced as a child. The study found that the more ACEs an individual experienced, the higher their risk of poor health outcomes in the long term.

While the ACEs study was a landmark public health survey that significantly contributed to the conversation about childhood trauma, adversity, and possible long-term effects, it focused on a narrow set of experiences (the 10-item list) and excluded other potentially impactful traumatic events or circumstances, such as bullying, health problems, displacement or resettlement, natural disasters, racist events, terrorism, violence, grief, and more.[15] Additionally, the ACEs study did not capture the severity, frequency, duration of exposure, co-occurring experiences, or timing of exposure (developmental age), and thus this study alone should not be used to determine a child's risk for poor lifetime outcomes or to identify clinical and service needs.[16] National and international replications of the study, however, have expanded the set of adverse experiences to include community violence, peer rejection or victimization, poverty, and more.[17,18] As a result, the field now has a more comprehensive understanding of potential sources of trauma.
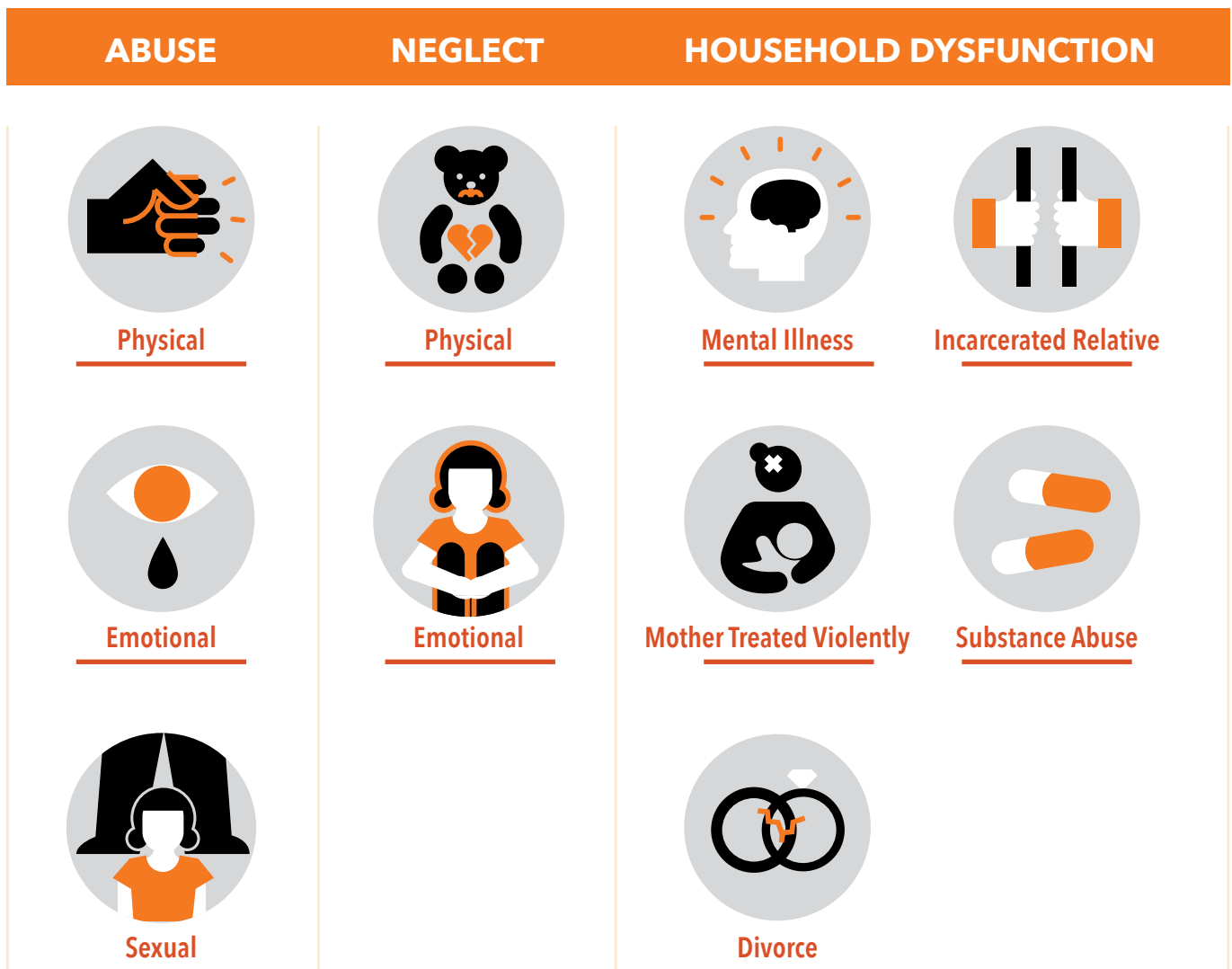
TRAUMA FACT

Survivors of trauma may have difficulty being physically and psychologically responsive to their children, potentially creating a cycle of childhood trauma and/or disrupted attachment.

Therefore, addressing trauma experienced by a parent or caregiver may reduce the likelihood of their child experiencing trauma.

The original ACEs study provided a childhood trauma identification tool (the 10-item list), but replicated studies have expanded the list to include other traumatic events, including community violence, peer rejection/victimization, poverty, and more.

Figure 1. 10-item List of ACEs from Original ACEs Study

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother Treated Violently	Substance Abuse
Sexual		Divorce	

Additional Sources of Trauma: Intergenerational, Historical, Racial, and Sanctuary Trauma

As researchers have learned more about trauma, there has been a growing body of studies that have sought to understand other factors that may contribute to an individual being negatively impacted by a traumatic event, including a family history of trauma, genetics, culture, race, and threats to an individual's sense of safety beyond those described in the original ACEs study. The following concepts describe how such factors could play a role in an individual developing trauma:

Intergenerational Trauma

Intergenerational trauma is the concept that psychological trauma can be transmitted within families and communities because of disrupted attachment, biological mechanisms, or historical traumatic events.[19,20,21] Attachment theory [ii] has helped us understand that survivors of trauma – specifically trauma that occurs within interpersonal relationships (e.g., child maltreatment) – may have difficulty being physically and psychologically responsive to their children. These children may then become parents facing similar struggles, potentially creating a cycle of childhood trauma and/or disrupted attachment. Research also supports that intergenerational trauma can be transmitted biologically. On the simplest level, this happens when a pregnant woman has a heightened stress response (e.g., post-traumatic stress disorder) and this stress results in modifications to the unborn child's DNA or stress response.[22] The final mode of transmission is as a result of a historic event, like displacement or forced migration (also called refugee trauma) due to mass violence, war, or political instability, resulting in long-term effects that extend beyond an individual to families or communities.[23] (See Historical Trauma for other examples.)

Historical Trauma

Historical trauma is perhaps the most complex source of trauma to understand. Historical trauma happens when individuals experience violence, or sudden disruption because of genocide, war, oppression, discrimination, racism, natural disaster, or other traumatic events, and as a result of that experience they develop new ways of thinking and behaving.[25] Historical trauma can be a collective experience, especially when the experience impacts a population of people that share a common identity (e.g., race, ethnicity, culture).[40] Research suggests that an individual's response to historical trauma can be influenced or magnified by several factors, including ecological (family, culture, community), biological (evolution, neurological processes), psychological (mental well-being), social (supports), and spiritual (beliefs). Historical trauma is most often associated with events such as slavery, colonization, displacement, and genocide.

While some descendants of the events described above may experience no effects, others may experience unresolved grief. Unresolved grief can manifest in several ways, including mistrust of government and systems, internalized oppression, psychological distress, or self-destructive behaviors (e.g., suicide, homicide, child maltreatment, domestic violence, substance abuse).[40] Individuals who are impacted by historical trauma can be further traumatized by microaggressions (i.e., a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group[iii]).
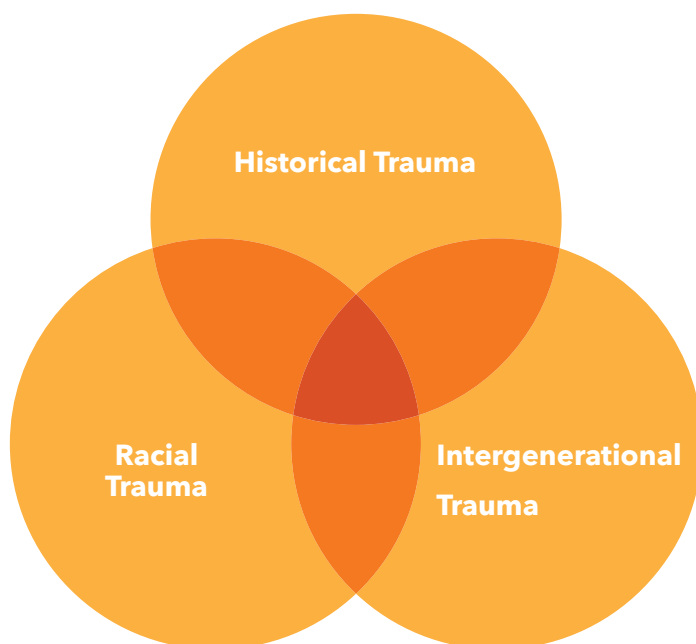
Figure 2. Intersection of Intergenerational, Historical, and Racial Trauma

ii. Bowlby and Ainsworth's attachment theory asserts that "the same motivational system that gives rise to the close emotional bond between parents and their children is responsible for the bond that develops between adults in emotionally intimate relationships." http://labs.psychology.illinois.edu/~rcfraley/attachment.htm

iii. Groups or communities that have been discriminated against and excluded from rights, opportunities, and resources based on race, ethnicity, cultural identity, or difference.

Sanctuary Trauma

Sanctuary trauma occurs after separation from an initial traumatic event or events. The individual that experienced the trauma encounters another traumatic event in what was supposed to be a supportive and protective environment.[26,27] This latter event challenges the individual's idea of safety because the experience brings yet additional feelings of vulnerability, helplessness, fear, or shame in an environment that was supposed to protect them and help them heal.[28] These experiences may happen in medical systems, corrections (e.g., jail/prison, juvenile detention facility), foster care, religious establishments, and more.[iv] Individuals who experience or witness physical or sexual abuse while in a "sanctuary" setting are most at risk of developing sanctuary trauma.[41]

Individuals in institutional facilities and those that seek community-based care (e.g., medical systems, behavioral health services) could also be at risk for retraumatization (i.e., "a situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them"). Depending on an individual's history of trauma, a traumatic event in the above-mentioned settings may lead to either sanctuary trauma, retraumatization,[41] or both. For example:

- A survivor of child sexual abuse that witnesses another individual being sexually assaulted in these settings could both develop sanctuary trauma and be retraumatized.

- A female adolescent that is a survivor of rape may be retraumatized by being put in four-point restraints (legs and arms are restrained) or during a routine gynecological exam.

Developing trauma-informed care systems and practices can help prevent this and other types of retraumatization. (See more on Ensuring a Trauma-Informed Child-Serving System.)

Racial Trauma

Racial trauma, or race-based stress – often experienced by individuals who have also developed historical trauma – occurs when Black, Indigenous, and other people of color experience or witness events of racism or racial discrimination (e.g., police brutality, hostile or violent xenophobic behaviors, inhumane immigration practices).[24] These events may include physical violence, threat of physical harm and injury, humiliation, and shaming. Common reactions to racial trauma may include hypervigilance and suspicion, a sense of a foreshortened future, a maladaptive response to stress (e.g., aggression, withdrawal, substance misuse), and feelings of being undervalued, unseen, or mislabeled.[37] The effects of racial trauma can be long-lasting, especially if an individual experiences race-based stress frequently.[37]

TRAUMA FACT

Witnessing another person experience a traumatic event (e.g., physical violence) can cause trauma.

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iv. Note: though it may be odd to view the correctional system as a "sanctuary," sometimes an individual involved in the system experiences a sense of comfort due to the predictability of the routine (structure) and accessibility to certain supports or services that they may not have in their community.

Categories of Trauma

While there are multiple circumstances and experiences that can be considered a traumatic event,[29] childhood trauma can be broadly categorized into three different types, based on the frequency, duration, and variation of events: acute, chronic, and complex. These classifications can assist child-serving providers in identifying the right level and combination of services and supports to promote a child's recovery.
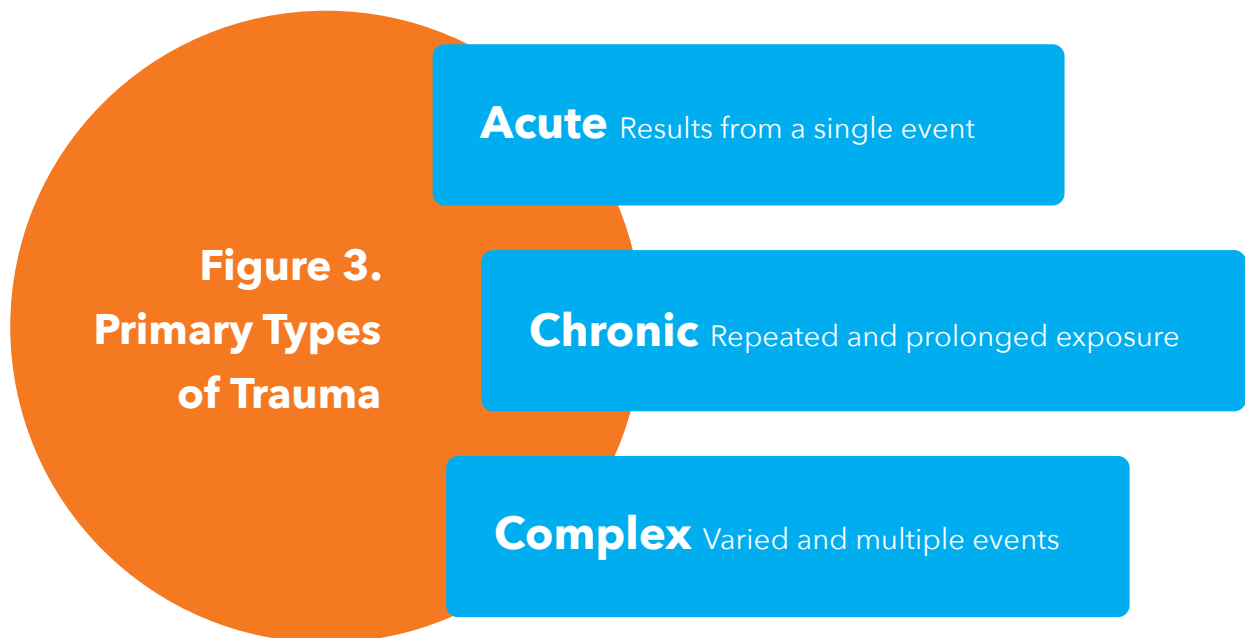
Acute Trauma

Acute trauma results from a single event (e.g., accident, natural disaster, rape) that threatens an individual's emotional or physical security.[30] Individuals who experience acute trauma are generally more likely to recover with the appropriate services and supports.[31]

Chronic Trauma

Chronic trauma is when an individual is exposed to repeated and prolonged traumatic events over an extended period.[32] Individuals who experience bullying, domestic violence, sexual abuse, war, the threat of parental deportation, parental separation due to incarceration or divorce, neglect or abuse due to untreated parental mental illness or substance misuse, and other continuous events are at risk of developing this type of trauma. Constant exposure to a traumatic event may result in long-lasting effects, with individuals taking more time to recover than someone who has experienced trauma from a single event.[33]

Complex Trauma

Complex trauma is when an individual experiences varied and multiple traumatic events, often interpersonal in nature, or where there is the simultaneous or sequential occurrence of child maltreatment (psychological maltreatment, neglect, physical or sexual abuse, exposure to violence).[34] Such impactful experiences are likely to disrupt a child's development and the formation of a sense of self.[35,36] In addition to the traumatic events previously described, complex trauma may also include intergenerational, historical, and racial traumas.

Figure 3. Primary Types of Trauma

Acute Results from a single event

Chronic Repeated and prolonged exposure

Complex Varied and multiple events

Prevalence of Childhood Trauma

Childhood trauma is more common than one may think. Nationally, more than two-thirds of children reported experiencing at least one traumatic event[v] by the age of 16, according to SAMHSA.[37] And in Georgia's latest ACEs study, conducted in 2018, three in five respondents reported having experienced at least one ACE. [vi, 38] (See Figure 4.)

When you consider the types of events that can cause childhood trauma, an overwhelming number of our state's children are currently at risk. There are approximately:

- 160,000 Georgia children not living with their parents (mother nor father)[39]

- 250,000 Georgia children who have a parent who has been incarcerated[40]

- 96,000 crisis calls to Georgia's certified family violence and sexual assault agencies annually[41]

- 40,000 Georgia K–12 students who are experiencing homelessness[42]

- 11,000 Georgia children and youth in foster care[43]

- 6,000 Georgia children in secure detention facilities run by the Department of Juvenile Justice[44]

- 33% of family violence incidents reported in Georgia that had at least one child present[45]

- One in six children suffer daily food insecurity due to poverty and barriers to food access[46]

Further, the impact of COVID-19 on childhood trauma cannot be denied. In addition to the stress that many families experienced related to health, housing, and financial stability, an estimated 40,000 children nationally have lost parents to the disease.[47]

Figure 4. Georgia ACEs Findings, 2018

In a survey of 11,581 adults in Georgia,[vi] the following percentages reported having experienced these ACEs:

Divorce	33%	Physical abuse	16%
Parental substance abuse	26%	Parental mental illness	15%
Emotional abuse	25%	Sexual abuse	13%
Domestic violence	19%	Parental incarceration	10%

v. According to SAMHSA, potentially traumatic events include psychological, physical, or sexual abuse; community or school violence; witnessing or experiencing domestic violence; national disasters or terrorism; commercial sexual exploitation; sudden or violent loss of a loved one; refugee or war experiences; military family-related stressors (e.g., deployment, parental loss or injury); physical or sexual assault; neglect; and serious accidents or life-threatening illness.

vi. Demographics of study participants reporting one or more ACE – Male/Female: 59%, 61%, respectively; Race: Black – 63%, White – 60%, Hispanic – 58%; Education: Less than high school – 64%, High school graduate – 62%, Some college – 62%, College graduate – 53%

THE IMPACT OF CHILDHOOD TRAUMA AND TOXIC STRESS

The more adverse or traumatic events and corresponding stress that a child faces, the more likely they are to suffer negative long-term consequences to their physical and mental health, and employment and educational gains.[48] However, a child's trajectory can significantly improve if just one adult is able to recognize the behaviors associated with experiencing trauma and ensure that the child gets access to the right services and supports.

Stress Response

Children need to learn how to cope with some degree of stress and adversity to develop healthy stress response systems. But when a child experiences high or prolonged levels of stress, called "toxic" stress, their stress response systems can suffer, causing long-lasting negative impacts on their health. Indeed, toxic stress can disrupt brain development, including attention, judgment, learning, and memory; the immune system and inflammatory response, which protect organs;[49] and the endocrine system, which regulates important functions like metabolism, growth, development, sleep, and mood.[50] Many of the negative health outcomes resulting from childhood trauma are associated with the damage caused by toxic stress. Luckily, research shows that early damage caused by toxic stress can be prevented or reversed through the presence of supportive relationships with caring adults early in the child's life.[51] (See more on Prevention, Response, and Mitigation Strategies.)

Figure 5. Three Types of Stress Response Systems[52]

Stress Response	Health/Developmental Risk to the Child	Physical Characteristics	Stressor Examples
Positive	**Low risk** – Normal and necessary part of a child's healthy development	• Brief increases in heart rate • Slight elevations in hormone levels	• First day with a new babysitter • Receiving a vaccine
Tolerable	**Medium risk** – When buffered by relationships with supportive adults, a child's brain and other organs are able to recover and avoid otherwise damaging effects when they experience this type of stress	• Longer/more frequent periods of increased heart rate • Higher/more frequent elevations in hormone levels	• Loss of a loved one • Natural disaster • Serious injury
Toxic	**High risk** – This type of stress response occurs when the child experiences strong, frequent, or prolonged adversity without support from caring adults	• Consistent/frequent periods of increased heart rate • Consistent/frequent periods of elevated hormone levels • Disrupted development of the brain and other organ systems • Increased long-term risk of disease and cognitive impairment	• Physical abuse • Emotional abuse • Chronic neglect • Caregiver substance misuse or untreated mental illness • Exposure to violence • Family economic hardship

Education and Employment

Childhood traumatic stress is associated with learning challenges, lower grades in school, higher rates of suspension and expulsion, and increased interactions with the juvenile justice system.[58] The more ACEs a person has, the le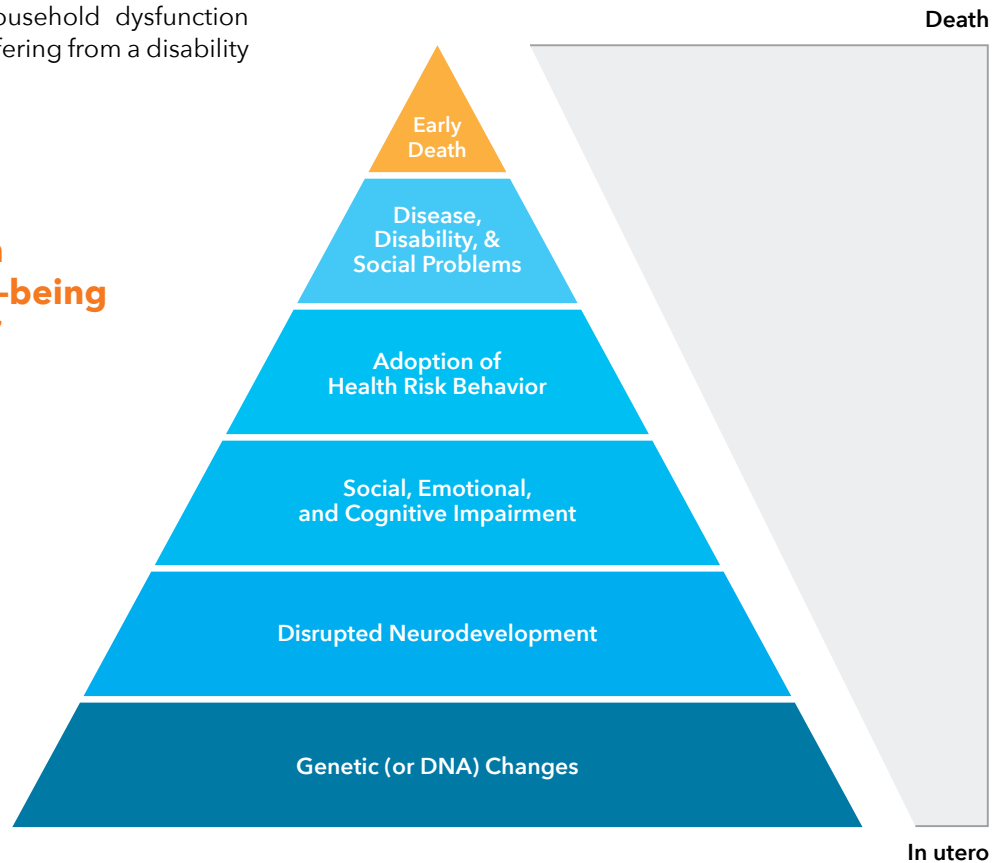ss likely they are to graduate from high school and be employed later in life – and the more likely they are to live below the federal poverty level.[59] Accordingly, adults who experienced trauma or toxic stress as children may have difficulty forming healthy relationships, maintaining employment, and being financially stable.

Physical Health

Using ACEs as a proxy for childhood trauma, previously discussed research has highlighted that the more trauma a person experiences in childhood, the more likely they are to suffer a myriad of negative health outcomes as adults, such as diabetes, coronary heart disease, stroke, frequent headaches, obesity, cancer, hospitalizations for autoimmune diseases, and disability caused by health.[vii,53] Notably, there is a strong correlation between toxic stress and increased inflammation throughout the body, which over time can lead to damage to the heart, arteries, and the immune system or to many of the aforementioned illnesses.[54] Further, experiencing abuse and household dysfunction during childhood has been tied to suffering from a disability (described as activity limitation or the need for use of an assistive device) in adulthood, even for those who do not have health conditions that typically cause disabilities.[55] Another study focusing on child maltreatment specifically found that victims are significantly more likely to have worse health-related quality of life when compared with those who did not experience maltreatment.[56]

Figure 6. How Trauma Can Influence Health and Well-being Throughout the Lifespan[57]

Death

Early Death

Disease, Disability, & Social Problems

Adoption of Health Risk Behavior

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Genetic (or DNA) Changes

In utero

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vii. Diabetes, myocardial infarction, coronary heart disease, stroke, and disability caused by health are specifically more likely to occur in individuals with four or more ACEs. Individuals who experience physical, emotional, and sexual abuse as a child are more likely to be obese as adults.

Behavioral Health

Childhood trauma increases an individuals' risk of nearly all mental health and substance use disorders, according to SAMHSA.[60] Children, including very young children (i.e., under the age of 5) who have experienced traumatic events are commonly diagnosed with acute stress disorder, post-traumatic stress disorder (PTSD), adjustment disorders, reactive attachment disorder, and a range of unclassified trauma disorders that capture children experiencing emotional and behavioral reactions to trauma but do not fit precisely into other diagnoses.[61]

- **Acute stress disorder** (ASD) involves recurrent, distressing memories or dreams of the traumatic event, flashbacks, and prolonged psychological distress in response to reminders of the traumatic event, among others.[62] ASD and PTSD are similar, but ASD symptoms are short-term, typically diminishing two days to four weeks after the traumatic event, whereas PTSD symptoms last longer, beyond the four-week period.

- **PTSD** symptoms also include prolonged psychological distress following the traumatic event, with a greater likelihood of having a profound effect on multiple aspects of the individual's life.[63] (People with PTSD are also commonly diagnosed with major depressive, anxiety, or obsessive-compulsive disorder.[64])

- **Adjustment disorders** involve unhealthy reactions to stressful events in a child's life. Reactions include depression, anxiety, misbehavior, and violating others' rights.

- **Reactive attachment disorder** involves understated emotional responses, such as a lack of response following poor behavior or to emotional triggers.

Childhood trauma is associated with other behavioral health disorders experienced in adulthood, as well. In a study of psychiatric patients who were diagnosed with

Approximately one in three youth in Georgia's juvenile detention system has been diagnosed with PTSD – higher than the prevalence of PTSD among veterans of recent U.S. wars, according to the U.S. Department of Veterans Affairs.[71]

mood disorders, schizophrenia, anxiety disorder, and other psychotic disorders, more than half reported experiencing a traumatic event in childhood.[65] Substance misuse is very common following the experience of trauma and among those who experience PTSD, and alcohol and illicit drugs are sometimes used to manage the stress related to one's trauma.[66,67] In fact, individuals who have experienced four or more ACEs are more likely to engage in binge drinking, heavy drinking, smoking, and risky sexual behaviors and to struggle with depression.[68,69] ACEs are also associated with an earlier age of initiating alcohol and opioid use, and opioid use and overdose as adults.[70]

Given this established link between childhood trauma and health concerns, the American Academy of Pediatrics recommends that all pediatricians screen for factors that may impact a child's overall health (e.g., inadequate housing, food insecurity, intimate partner and neighborhood violence), and such practices are increasingly prevalent among primary and behavioral health providers.

TRAUMA FACT

Experiencing childhood trauma has been linked to mood disorders (e.g., schizophrenia, anxiety, depression), substance misuse, and risky sexual behaviors.

PREVENTING AND MITIGATING THE IMPACT OF CHILDHOOD TRAUMA

With the wide range of events that can cause childhood trauma, prevention and mitigation of its occurrence and consequences may seem daunting. However, over the years, researchers, practitioners, and policymakers have identified a number of ways to help reduce the occurrence of certain traumatic events, and identify and treat trauma, so that long-term negative health, education, social, and other consequences are minimized.

Prevention, Response, and Mitigation Strategies

The Centers for Disease Control and Prevention has identified the following community-level prevention strategies that prevent ACEs and mitigate trauma:[72]

- **Connect youth to caring adults** and activities (e.g., mentoring and after-school programs).

- Strengthen **economic supports** to families (e.g., strengthening household financial security, family-friendly work policies).

- Promote **social norms that protect against violence and adversity** (e.g., public education campaigns, legislative approaches to reduce corporal punishment in schools).

- Ensure a **strong start for children** (e.g., early childhood home visitation, high-quality child care).

- **Teach skills** (e.g., social-emotional learning, parenting skills and family relationship approaches).

- Intervene to **lessen immediate and long-term harms** (e.g., enhanced primary care and behavioral health care, treatment to address delinquent behavior, family-centered treatment for substance use disorders).

Policies that support these key areas not only reduce the likelihood of potentially traumatic events, but also help to buffer children with protective factors that lessen the odds that such an event is experienced by an individual as traumatic, with adverse effects. Prevention strategies have also proven to lessen the economic impact of childhood trauma.[73]

> One of the most impactful factors in building a child's resilience is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult. Such relationships protect a child's needs and foster life skills — like the ability to adapt to new challenges, make plans, and regulate behavior.[74]

Ensuring Trauma-Informed Child- and Family-Serving Systems

Investing in developing trauma-informed child- and family-serving systems is paramount, as adequate response to childhood trauma requires that local and state agencies, direct service providers and organizations, and community partners meaningfully embed trauma awareness, knowledge, and skills in cultures, practices, and policies.[75,76] (See Figure 7.) The National Child Traumatic Stress Network describes a trauma-informed child and family system as one that is rooted in ongoing education, strength-based approaches, and the practice of cultural humility:[77]

- Ongoing education on trauma exposure, its impact, and treatment is essential to providing the best response to help individuals navigate and recover from the complexities of childhood trauma and minimize the likelihood of retraumatization.

- A strength-based approach focuses on building on positive attributes rather than the drawbacks of negative ones. Such an approach emphasizes a person's self-determination, capabilities, and strengths and fosters resilience and recovery.

- Cultural humility is a process that takes cultural competency a step further by acknowledging one cannot be adequately knowledgeable about various cultural inferences and requires ongoing learning of how an individual's behavior may be influenced by their own cultural norms and factors.[78]

In addition to these guiding principles, several others have been identified through federally supported demonstration projects geared toward creating a multisystem trauma-informed approach.[79] These principles include[80] (See Figure 7.):

- Transparency – Promoting openness and clarity among child-serving professionals and between these professionals and the children and families that they serve.

- Collaboration and power-sharing – Reducing power differences and promoting a culture of shared responsibility for decision-making and partnership among administrators and direct service providers at all levels and between providers and children and families.

- Resilience, recovery, and growth – Instilling hope and belief that recovery from trauma is possible and promoting practices that support self-healing, resiliency building, and growth.

Employing prevention strategies coupled with fostering trauma-informed child- and family-serving systems ensures that the state or community is well-positioned to recognize and appropriately respond to childhood trauma. Taking this approach can significantly improve the trajectory of a child's life and reduce the economic impact of childhood trauma.

Figure 7. Multi-System Trauma Informed Approach Framework [viii,81]

Key Principles

Ongoing eduction

Strength-based approach

Cultural humility

Transparency

Collaboration, power sharing

Resilience, recovery, growth

viii. Adapted from the U.S. Department of Justice report, Building a Multi-System Trauma-Informed Collaborative: A Guide for Adopting a Cross-System, Trauma-Informed Approach Among Child-Serving Agencies and Their Partners. https://www.ojp.gov/library/publications/building-multi-system-trauma-informed-collaborative-guide-adopting-cross

POLICY OPPORTUNITIES

Preventing and addressing childhood trauma requires a multipronged approach that strengthens protective factors for children and families and invests in a child- and family-serving support system. Over the past decade, various stakeholders in Georgia – policymakers, philanthropists, providers, and others – have invested in the state's child- and family-serving systems, supporting child well-being and preventing or mitigating childhood trauma. Such investments have included the integration of training on child development and trauma within child-serving state agencies and among child-serving professionals, the collaboration between state agencies and nonprofit organizations on efforts to prevent childhood trauma, and the expansion of programs and services that support family safety and well-being and thus protect children from potentially traumatic events. (See detailed descriptions in the Foreword.)

Building on these investments, and aligning with the protective factors for child well-being outlined on page 18, Voices for Georgia's Children recommends the following state and local policies to improve upon the state's systems to prevent, respond to, and mitigate childhood trauma:

Connect Youth to Caring Adults

- Continue to invest in high-quality after-school programs.

- Provide state funding to ensure a licensed counselor, nurse, and social worker in every school.

- Expand wraparound services in schools[ix] and assist school leaders in leveraging community assets to provide needed services and supports within schools.

- Promote policies and practices that help create an organizational culture that supports child-serving professionals in navigating clinical burnout and secondary traumatic stress.

Strengthen Economic Supports

- Continue to explore a Division of Family and Children Services (DFCS) needs-based triage system for Family Support Services to connect families with resources for housing, food access, and other basic needs.

- Promote the Prevent Child Abuse Georgia helpline (1-800-CHILDREN) and resource map that connects caregivers to needed resources.

- Continue to invest in alternative paths to obtaining post-secondary education, including affordable tuition and flexible class schedules (e.g., HOPE scholarships and grants).[x]

- Invest in affordable housing via the Georgia Department of Community Affairs' Safe and Affordable Housing initiative and incentivize landlords to accept housing vouchers.

Promote Social Norms That Protect Against Violence and Adversity

• Continue to promote trainings like Connections Matter[xi] that are designed to improve resiliency and prevent childhood trauma, and evidence-based sexual abuse prevention training (e.g., Darkness to Light) for caregivers and child-serving professionals.

• Maximize implementation of the federal Family First Prevention Services Act and expand efforts to recruit and onboard kinship and foster care families and, once they are onboarded, ensure that they have the assistance they need (financial and otherwise).

• Raise the age of juvenile court jurisdiction to include 17-year-old adolescents to ensure a developmentally appropriate response to the youth and provision of supportive services (e.g., mental health and substance use disorder treatment, evidence-based programs for social-emotional development).

• Eliminate provisions that automatically transfer (without juvenile court approval) certain youth to adult courts and consider eliminating juvenile life without parole sentences.

Ensure a Strong Start for Children

• Expand evidence-based home visiting programs.[x]

• Continue to invest in Georgia Pre-K and Childcare and Parent Services.[x]

• Increase access to early intervention services[xii] (including infant and early childhood services) and universal screenings to provide early diagnoses, appropriate care, and treatment when needed.

Teach Life Skills

• Continue to invest in Department of Behavioral Health and Developmental Disabilities' youth peer drop-in centers,[xiii] resiliency support clubhouses,[xiv] and other programs that assist youth in developing stress-management, coping, and problem-solving skills.[x]

• Continue to expand school climate improvement strategies (e.g., Positive Behavioral Interventions and Supports) and mental health awareness trainings for schools (e.g., Youth Mental Health First Aid, Trauma 101, Sources of Strength).[x]

• Continue to invest in DFCS' Personal Responsibility and Education Program, which provides sex education and teen pregnancy prevention, financial literacy, and educational and career preparation.

Intervene to Lessen Harms

• Increase behavioral health professional training in evidence-based therapies to support parents or caregivers who have experienced trauma.

• Ensure that training on trauma-informed care and implicit/explicit bias is provided to all stakeholders who engage with children in any way (e.g., law enforcement, school resource officers, school faculty and staff, child care and after-school providers, child welfare and foster care settings) to recognize trauma and serve children in a trauma-informed way.[x]

• Continue to invest in comprehensive school-based health centers, the Georgia Apex Program[xv] (a state-supported program that provides mental health services in schools), and other school-based mental health programs.

• Strengthen case management and planning for successful transitions for youth who are in foster care or juvenile justice detention and transitioning out of the system.

• Fund the implementation of the Children in Need of Services, or CHINS, program established by Georgia law[xvi] that mandates certain children (who have committed an offense only applicable to a child such as running away, truancy, driving past curfew, etc.) must always be placed in the least restrictive placement and that provides/coordinates supportive services.

• Invest in family-centered treatment for substance use disorders.

• Adopt a universal standard of cultural and linguistic competency and trauma-informed care training and requirements for new and existing behavioral health professionals.

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ix. As of July 2021, there were 16 part-time wraparound services coordinators in Georgia schools.

x. This recommendation reinforces and aligns with recommendations for increasing family economic stability, family mental health or access to early childhood education in the child abuse and neglect state plan, A Vision for Child & Family Well-being in Georgia: Our State's Child Abuse & Neglect Prevention Plan.

xi. https://cmgeorgia.org/

xii. Approximately 19,000 children are served each year by DPH's Babies Can't Wait program. https://georgiavoices.org/wp-content/uploads/2021/01/Babies-Cant-Wait.pdf?9d7bd4&9d7bd4

xiii. Provides a supportive environment for young adults, aged 16-26, to learn skills needed for adulthood.

xiv. There are currently 13 in the state. https://dbhdd.georgia.gov/document/document/dbhddmhresiliencyclubhousesfy21pdf/download

xv. As of January 2021, the Georgia Apex Program served approximately 630 schools.

xvi. O.C.G.A. 15-11-2

CONCLUSION

Experiencing trauma in childhood can lead to long-lasting, highly impactful consequences and effects throughout a child's life and into adulthood. While certain traumatic events such as natural disasters are out of anyone's control, many instances of childhood trauma can be prevented and mitigated with proper support. Such supports do more than prevent or mitigate childhood trauma — they increase the quality of life for an individual, as well as for their families, communities, and the state as a whole. Starting from a trauma-informed and trauma-responsive place protects state and local governments from having to address costlier behaviors, conditions, and events down the line and guarantees a thriving workforce, safe communities, and a successful populace.

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