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 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, 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, resiliency support clubhouses, 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 (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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1. As of July 2021, there were 16 part-time wraparound services coordinators in Georgia schools
3. Peer drop-in centers provide a supportive environment for young adults, aged 16-26, to learn skills needed for adulthood.
5. As of January 2021, the Georgia Apex Program served approximately 630 schools.