

SCOPE OF THE PROBLEM

Every day thousands of children experience child abuse, neglect, violence, frightening accidents, serious injuries and illnesses, loss of loved ones and friends, and other types of potentially traumatic events.



Some of these traumas can't be avoided – others are preventable. Evidence shows that traumatic events can cause serious, immediate emotional and physical harm to children and their families, as well as long-term problems that can alter entire lives. Undiagnosed and untreated early childhood trauma can affect people over the lifespan, increase demands on all health and human service systems

and cost billions of dollars annually in both health care and social services. However, with the right kinds of support, protection and early and effective interventions, children and their families can overcome these obstacles and build successful and productive lives. Child and adult-serving systems can help by providing a continuum of trauma-informed services and resources to reduce the negative impact of these adverse childhood experiences.

WHY WE SHOULD CARE

Child traumatic stress is an urgent and collective public health concern. It can impact how children and adults function in every day living, including academic learning, family stability and interpersonal relationships, as well as maintaining employment, housing and physical health. Research shows that long-term symptoms of trauma can mimic other problems or appear as seemingly unrelated health concerns.

Brain development implications – Repeated exposure to threatening and traumatic situations has been shown to decrease the size of a child's developing brain, including inhibiting parts of the brain responsible for learning, managing behavior and emotional reactions, social reasoning and social skill development. All of these key areas are essential for success in school, employment, and relationships. Repeated traumatic experiences can change the physiology of the brain and increase the risk of anxiety, depression and difficulties forming healthy attachments to others.

Behavioral health issues – The National Comorbidity Survey (1991), based on face-to-face interviews with a sample of 5877 respondents, has found strong relationships between childhood trauma and subsequent mental disorders. Higher suicide rates; depression; mood, anxiety and substance abuse disorders; visual, auditory and tactile hallucinations and psychotic symptoms can be found in trauma survivors. Children who have experienced significant traumatic events are at a greater risk for conduct disorder, post traumatic stress disorder, anxiety and depression. Infants and children who witness violence show excessive irritability, immature behavior, sleep disturbances, emotional distress, fears of being alone and regression in toileting and language. Being abused or neglected as a child increases the likelihood of arrest as a juvenile and as an adult.

Adverse Childhood Experiences (ACE) Study – This landmark large-scale epidemiologic study by Kaiser Permanente and the Centers for Disease Control and Prevention shows how 10 different types of traumatic or violent childhood experiences contributed not only to mental illness in the 17,000 middle-class adults who participated in the study, but also to later health problems, health risk behaviors (smoking, substance abuse, obesity, etc.), psychopathology and utilization of health care services. Findings from the study demonstrate that individuals with four or more of the ten adverse life experiences (including child abuse/neglect, domestic violence, parental loss or



Statistics to Know!

Between 25% - 43% of the population of youth who live in the United States may experience at least one traumatic event in their lifetime.

Approximately four million adolescents have been victims of a serious physical assault, and nine million have witnessed serious violence during their lifetimes.

Every year three to ten million children in the United States are exposed to domestic violence between their parents.

For the years 2003-2005, on average there were 45,486 indicated and substantiated reports of child abuse and neglect in Ohio.

Of Ohio's 44,353 victims in 2005: 10,257 (23%) were physically abused; 22,811 (51%) were neglected; and 8,171 (18%) were sexually abused.

Ohio estimated \$3.7 billion total cost for 2001 (\$1,002,733,391 in direct costs & \$2,730,529,258 in indirect costs).

This far exceeds the \$809 million federal, state, and local dollars spent on Ohio's child protection system.



ACE Study continued

dysfunction, and parental substance abuse) are:

- Nearly two times more likely to smoke cigarettes
- Four and a half times more likely to engage in drug abuse
- Seven times more likely to suffer from chronic alcoholism
- Eleven times more likely to abuse drugs via injection
- Nineteen more times likely to have attempted suicide
- More likely to suffer from health problems that put them at risk of early mortality
- Suffer from chronic health problems such as diabetes, heart disease, and cancer that puts them at risk for early mortality

"The truth about childhood is stored up in our bodies and lives in the depths of our souls. Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets. And because we are one, one whole soul in one body, someday our body will present its bill." – Alice Miller

WHAT'S ALREADY IN PLACE



Ohio has a solid foundation on which to build a trauma-informed cross-systems care approach. The Childhood Trauma Task Force has developed a comprehensive strategic plan to infuse trauma-informed care into Ohio's child-serving systems. Three federally-funded programs in Toledo, Cincinnati and Cleveland participate with the National Child Traumatic Stress Network (NCTSN) and provide a wealth of experience and expertise on trauma-focused best practices. Ohio Family and Children First (OFCF) is partnering with the Task Force and recognizes how early childhood traumatic events impact the work of several other OFCF initiatives, including Help Me Grow, the Incredible Years, and Access to Better Care (ABC). Trauma-informed care principles are aligned with and can help achieve Governor Strickland's TurnAround Ohio goals, including the Early Childhood Cabinet Council, Healthy Ohio and the Transformation State Incentive Grant.

WHAT OHIO NEEDS TO DO

There is clear evidence that children who have experienced traumatic events and their families can heal and reclaim their lives in communities that have the knowledge, commitment, skills and resources to support them. Using a collaborative model, we must integrate an understanding of child traumatic stress into the policies and practices of Ohio's child-serving systems (child welfare, juvenile justice, law enforcement, behavioral health, health, education) as well as natural support systems. Ohio leadership must coordinate financial and human resources to implement and support a comprehensive strategy that will:

- Reduce the incidence of preventable childhood trauma
- Reduce the negative impact that results from trauma
- Provide adequate trauma screening and assessment
- Provide access to a continuum of trauma-informed services and resources



ACTIONS WE CAN TAKE NOW

Under the leadership of the Ohio Family and Children First Cabinet Council and using the framework of the Childhood Trauma Strategic Plan goals, we must:

1. Develop public awareness/education activities and materials to help individuals, families and communities understand the impact of trauma and the need for an appropriate continuum of trauma-informed prevention, intervention and treatment services and resources.
2. Identify developmentally appropriate trauma-focused screening and assessment tools to help inform appropriate interventions and treatment approaches, and promote, disseminate and provide training on these tools to all child-serving systems.
3. Partner with and actively involve consumer survivors/families/providers to identify, develop and/or adapt evidence-based/emerging best practices, and change organizational cultures across systems by implementing and training local communities on trauma-informed evidence-based/emerging practices to achieve recovery/resiliency.
4. Develop and implement a cross-systems strategy to collect and analyze data on children and families that includes the ability to identify traumatized children.



The information provided is sponsored by the Ohio Department of Mental Health and the Childhood Trauma Task Force in partnership with the Ohio Family and Children First Cabinet Council.

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