

# CALL TO ACTION: Reducing the Impact of Childhood Trauma in Ohio

## SCOPE OF THE PROBLEM

Every day, thousands of people experience loss of loved ones, serious injuries and illnesses, frightening accidents, abuse, neglect, violence and other types of potentially traumatic events. Some of these traumas cannot be avoided – others are preventable. Evidence shows that trauma during childhood can cause serious, immediate emotional and physical harm to children and their families, and may create problems that persist through adulthood.

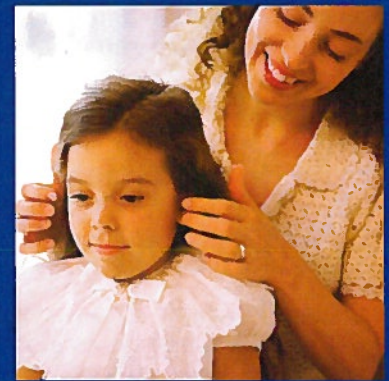
Undiagnosed and untreated early childhood trauma increases demand on health and human service systems and costs billions of dollars annually in both health care and social services. With the right support, protection and early interventions, however, children and adult survivors can overcome obstacles and build successful, 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 adverse childhood experiences.

## WHY WE SHOULD CARE

Childhood trauma 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 manifest as seemingly unrelated concerns, such as learning disabilities, self-harming behavior and physical pain or illness.

**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, emotional self-regulation, 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 for anxiety, depression and harmful coping behaviors such as substance abuse, eating disorders and promiscuity.

**Behavioral health issues** – The National Comorbidity Survey (1991), based on face-to-face interviews with a sample of 5877 respondents, found strong relationships between childhood trauma and subsequent mental disorders. Trauma survivors experience higher rates of suicide, depression, anxiety and substance abuse. They are also at greater risk for developing visual, auditory and tactile hallucinations and psychotic symptoms, and post-traumatic stress disorder. 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. Research suggests that witnessing violence is as traumatic as being the victim. Being abused or neglected as a child increases the likelihood of arrest as a juvenile and as an adult.



## Statistics to Know

Three months following Hurricane Andrew, 86% of a South Florida sample of 500 school children experienced symptoms of post-traumatic stress disorder (PTSD), and for 47% of the sample, symptoms were in the moderate-to-severe range.

In a Midwestern sample of urban youth held at a detention center, 84% reported multiple exposures to trauma. Eleven percent of the youth met criteria for a diagnosis of PTSD.

A large sample of youth aged 12 to 17 collected through a national telephone survey estimated that 17% had experienced a physical assault, 13% of females a sexual assault, and 39% had witnessed one or more incidents of interpersonal violence.

During 2008, Ohio's public children services agencies investigated 85,163 incidents of abuse and neglect involving 109,747 children, and placed 26,394 children in out-of-home care at a cost of more than \$336 million.

The 2008 Ohio Family Health Survey found more than 54,000 children living in homes where an adult reports being the victim of intimate partner violence.

Nearly one-half of adults with schizophrenia reported three or more adverse childhood experiences, as did 50% of men and 33% of women who attempted suicide.

A comparison of health care utilization and costs incurred by women with a childhood history of abuse versus women without abuse histories found that total annual health care costs were 36% higher for the survivors of childhood abuse.

About 25% of all mood disorders, which include major depressions, have been attributed to childhood trauma. In 1990, lost worker productivity related to depression cost U.S. employers an estimated \$24 billion.

**Adverse Childhood Experiences (ACE) Study** –This landmark study by Kaiser Permanente and the Centers for Disease Control and Prevention shows how 10 different types of traumatic or violent childhood experiences affected 17,000 employed, insured middle-class adults who participated in the study. These experiences contributed not only to mental illness but also to later health issues, 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 10 adverse life experiences 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 times more likely to have attempted suicide
- More likely to have health problems that put them at risk of early mortality, such as diabetes, heart disease and cancer.

**Types of questions asked by the ACE study**

*While you were growing up:*

- Was a household member depressed?
- Did you often feel unloved?
- Did you often feel hungry?
- Did you live with an alcoholic/drug user?
- Did a parent or adult often insult you?
- Were your parents separated/divorced?
- Was your mother ever hit or threatened?
- Did a parent or adult hit or push you?
- Did an older person ever fondle you?
- Did a household member go to prison?



### WHAT OHIO CAN DO

There is clear evidence that children and adults who have experienced traumatic events 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 traumatic stress into the policies and practices of Ohio’s systems (child welfare, juvenile and criminal justice, law enforcement, behavioral health, health, education) as well as natural support systems. To reduce risk to child and adult survivors, they should have access to timely and effective services.



Communities can minimize the burden of trauma exposure by embracing a system of care approach that includes prevention, early intervention, comprehensive assessment using trauma indicators, and multi-disciplinary services that are trauma-informed. Additionally, 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 identification and assessment
- Provide access to trauma-informed services and resources

### ACTIONS WE ARE TAKING NOW

1. Developing 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, interventions and treatments.
2. Partnering with survivors and families to develop collaborative and coordinated cross-system training so that health and human service professionals understand trauma dynamics, recognize trauma indicators, and use a public health approach that includes trauma-informed prevention, screening, early intervention, and treatment strategies that encourage survivors’ resiliency and recovery.
3. Creating a Web-based resource for individuals, families, professionals and communities to learn about trauma and trauma-informed practices, and access links to community providers, advocacy organizations and local supports.
4. Developing and implementing a cross-systems strategy to collect and analyze data on children and families that includes the ability to identify traumatized children and adults.



**Department of Mental Health**

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Provided by the Ohio Department of Mental Health (ODMH) in partnership with the Ohio Family and Children First Cabinet Council. To learn more, contact ODMH at (614) 466-5415 or [trauma@mh.state.oh.us](mailto:trauma@mh.state.oh.us). Visit ODMH at [mentalhealth.ohio.gov](http://mentalhealth.ohio.gov) or [mentalhealth.ohio.gov/what-we-do/provide/trauma-informed-care/index.shtml](http://mentalhealth.ohio.gov/what-we-do/provide/trauma-informed-care/index.shtml)

